Doctor Roleplay Task: Diverticular Disease

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Setting: General Practice Surgery

Doctor

Your patient is Joan Thompson aged 45. She is unmarried and lives on her own. She has been your patient for 5 years and you have repeatedly asked her to consider changing her dietary habits as she relies heavily on take away foods with a high fat content and now weights over 90 kilos. Joan works full time as a factory hand and says she is too tired to bother cooking at night. You have asked her to come to your surgery to discuss the results of a recent colonoscopy examination. There is no evidence of bowel cancer which she was concerned about as her father was diagnosed with bowel cancer two years ago. However there is evidence of diverticular disease.

Task

- Reassure her that there was no evidence of bowel cancer
- · Explain what diverticular disease is
- · Discuss complications that can occur and treatment planned
- Convince patient of the importance a healthy diet and of regular exercise. Point out consequences of taking no action.

Setting: Dental Surgery

Patient

You are a single 45 year old woman. You have been a patient at this surgery for five years. You rarely visit the doctor because he is always telling you that you need to reduce your weight. He does not seem to understand that after working hard in a factory 8 hours a day all you want is an easy take away meal and to relax by watching TV. Recently you have had abdominal cramps and are very concerned it may be bowel cancer as your father was diagnosed with this disease 2 years ago. You are at the surgery to hear the results of a recent colonoscopy examination.

Task

- Express relief that it is not bowel cancer
- · Ask if you need an operation to cure diverticular disease
- · Ask what will happen if you do nothing
- Continue to express your reluctance to change your diet.

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Doctor Transcript: Diverticular Disease

Doctor: Hello Sally, you're here regarding your test results, aren't you?

Patient: Yes doctor I am

Doctor: Well I have some good news

Patient: yes..

Doctor: The colonscopy has found no evidence of cancer

Patient: Are you sure doctor?

Doctor: I know you are worried and that your father had bowel cancer, but your tests came back negative, so that is a good result for you. And let me reassure, we can see caner if it is present in the colon in more than 90% of cases, so we miss very few early stage cases.

Patient: it is relief doctor, but there must be something wrong with me as I am still experiencing these abdominal pains

Doctor: Yes, we have discovered what is causing the problem. You have something called diverticular disease. Have you ever heard of this condition?

Patient: No doctor, but it sounds serious

Doctor: Well, if we follow the proper management it does not have to be so serious. Let me tell you a little bit more about this condition.

Patient: okay

Doctor: It's like a herniation of the large bowel or colon. It can be caused by not having enough fibre in the diet. Overtime, small pouch like swellings have developed in the bowel wall. Bacteria can develop in these areas which can lead to infection which is what is causing you pain. Is that clear so far?

Patient: I guess so

Doctor: So, as we have discussed before it is time to make some changes to your diet.

Patient: grumble

Doctor: It is time to start eating more fibre. It is time to start eating more vegetables, and it is time reduce the amount of fast food you eat.

Patient: yeah but as you know, that will be very hard for me.I have eaten this way all my life.

Doctor: Well, I realise that, but I do want you to understand that are significant risks and complications that can be associated with this condition. Sometimes the infection can lead to an abscess and potentially move into other organs.

Patient: oh okay

Doctor: Now if that happens we would have to do emergency surgery.

Patient: that doesn't sound good

Doctor: No, and the surgery can be more difficult than the surgery for cancer to tell you the truth.

Patient: I see

Doctor: So I think if we do not follow a good diet habit now, we have to face the possibility of having to do emergency surgery to do a resection of the whole colon which is not a very good experience.

Patient: Oh dear,well yeah I guess I need to do something then, but I don't really understand what I have to do

Doctor: Well I am sure you will find that it is not so difficult to make the changes that are required . For example, what do you normally have for breakfast?

Patient: Well, I usually go to Macdonalds on my way to work

Doctor: Well, instead of that try having cereals for breakfast such as muesli or porridge this will increase your fibre intake

Patient: okay, I could do that

Doctor: And during the day, start having more vegetables, especially leafy green vegetables as well as more fresh fruit. I believe that it will be easier to make these changes than you think. There are a lot of people like yourself who have succeeded in doing this and become very healthy.

Patient: Okay, I will try doctor

Doctor: I think you are making a wise choice Sally, and once you start having a high fibre diet, I believe the symptoms will disappear quite quickly.....and in the meantime I will start by prescribing some antibiotics to kill off any organisms that may settled in the diverticula

Patient: oh good

Doctor: ..and in that way we will fight the disease from two angles. One from my side with the medication, and the other one is from your side by following a healthy diet. So can you do that?

Patient: Yes doctor

Doctor: Now there is one more very important area I would like to address if I may

Patient: yes doctor

Doctor: As you know, your weight has been increasing steadily over the last 5 years. And the last time I weighed you were over 100kg, which does mean you are quite overweight.

Patient: Hmmm

Doctor: So with heavy weight and diet high in fat, it increases your risk factor for a variety of serious health conditions. Therefore not only do I want you follow a health diet, but I also want you to start doing regular exercise.

Patient: aahh what type of exercise doctor

Doctor: well you start by doing at least 30 minutes of walking, or about 2 kilometres, at least 5 days a week and more if you can manage it

Patient: That will be hard, it's so hot at the moment

Doctor: well go early in the morning before work. Swimming is also another excellent exercise or you could consider joining your local sports centre.

Patient: uh huh

Doctor: This will help burn off the calories and you'll be surprised how much better you feel in a short time

Patient: Alright doctor, I will make an effort

Doctor: I'm pleased to hear that. Here is your prescription and I would like to see you in a month's time to see how you are progressing

Patient: Okay, thank you doctor

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Concluding the Interview

This can be a difficult part for some people. The important thing to remember is to make the closing sentence short and concise. Here are some examples of how to do this:

At a suburban medical clinic, general practice or pharmacy

- Please make an appointment with reception to see me in a week. Goodbye.
- Here is your prescription. Take it to your chemist and they will give you the medication. All the best.
- Thanks for coming to see me today. Goodbye.
- Please come and see me again in a week.
- I would like to see your child again in two months time. Take care now.
- Is there anything else I can help you with today?

In a hospital ward

- I'll come back and check on your condition later today.
- If there is any change in your condition please let me know.

Of course there are many other ways to conclude the interview but you should make sure your ending in clear and mistake free so that you end on a positive note.

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Providing Information

It is very important that, as a health professional, you are able to express information in a clear and organised manner. This worksheet provides a framework for doing this as outlined below.

- 1. Begin with a topic sentence outlining what you are going to explain.
- 2. Use signposting language to facilitate patient understanding.
- 3. Check that the patient has understood your explanation before moving on.

Topic sentence	Signposting	Checking Understanding
We have some very effective strategies to cope with eczema. I would like to explain them to you one by one. Is that ok?	FirstlySecondlyThirdlyFinally First of all	Is that clear? Is that Okay?
Let me explain it to you in detail. Epilepsy is a condition	It is also important to It is also necessary to	How does that sound?
Well, Mrs. Smith, let me explain why the insulin therapy is necessary for you.	This means For this reason	Do you think you can do that? Are you prepared to do that?
How much do you know about osteoarthritis? Okay, let me explain.	Therefore So However, Now,In addition	Do you have any questions so far?

Here are some role-play scenarios which demonstrate successful communication between a health professional and a patient.

Doctor/Patient

Eczema

Mother: So, doctor, please give me more advice on the treatment options. You know, not only the rash, but also itchiness, which has made John feel so uncomfortable.

Doctor: All right, Mrs. Small. Don't worry. If you can follow my suggestions, John will get much better soon. We have some very effective strategies to cope with eczema. I would like to explain them to you one by one. Is that okay?

Mother: Sure

Doctor: <u>Firstly</u>, as I said, the rash might be related to allergy and irritation, so please avoid things that may irritate the skin, like soaps and woolen clothes. <u>It is also important to</u> keep John away from dust and pets, because they are the main sources of allergen. <u>Secondly</u>, please keep an eye on the food John eats, to find the possible food that may trigger the condition or make it flare up. <u>Especially</u> pay more attention to eggs, milk and wheat. <u>Thirdly</u>,try to stop from John scratching the rash. It can make it worse especially when the skin has become cracked and infection follows. **Finally**, I will prescribe some skin emollient for you. You can apply it on the rash, 4 times a day, to keep the skin moist. That's -

Nurse/Patient

Poor Nutrition

Nurse: Okay Mrs. Wilson, What I am going to do now is discuss the importance of proper diet including a nourishing breakfast and having meals on time. Your child needs to have a nourishing breakfast so that he will have energy for the whole day. Also it will help for your child's brain function and concentration in class. How does that sound?

Patient: Uhhmmm, I see.

Nurse: Good, Now, another thing I'd like to mention is having soft drink with meals is not good for your son, especially if your son is not having regular meals. This is because soft drinks are acidic and high in sugar. Secondly, I suggest that you organise a weekly plan for your family's meal. For example, you can cook some food on the weekend then store it in the fridge so your eldest daughter Marie can heat it up at meal time. After cooking the food, put it in the container and make a label, please include the time and date so that you cook the food and have a routine check at night before you go to bed if your kids eat their food. Also, you can stock some groceries. For example, you can buy some cereals, Weetbix, milk, bread and jam. So it will be easy for your children to prepare their breakfast. Lastly, please explain to your kids, especially to Ronnie, that having enough rest and sleep will help him keep going in the morning and he won't feel tired in the afternoon. So is that clear for you Mrs. Wilson?

Patient: Yes Nurse.

Dentist/Patient

Braces

Dentist: Based on my examination, your daughter's teeth are crowded and have come forward. I am glad that you brought your daughter to

see me today and I am sure we can help align and straighten her teeth. So, what we need to do is put an orthodontic appliance into the mouth to fix her teeth. The common term for this is braces.

Patient: Will braces be effective in straightening the teeth?

Dentist: Yes, braces are the most effective and accurate way of moving teeth. In addition, modern braces are more comfortable and less noticeable than in the past.

Patient: I see

Dentist: Now I'll explain the treatment procedure. First, to move the teeth we'll need to make space between the teeth. In your daughter's case, to create spaces we have 2 options. The first option is by means of extraction of the teeth and the use of braces to move the teeth. The second option is to cut in between teeth and then use fixed braces as I've explained before. Is that clear?

Patient: Yes, so far.

Dentist: Now I'll tell you about the length of treatment.

Patient: Okav

Dentist: Well, it usually takes 18 to 24 months. The total time depends on the severity of crowding and the progress she makes.

Patient: I see. Are there special requirements regarding what she can eat and brushing her teeth during this period?

Dentist: That's a good guestion. It is important to maintain good oral hygiene and have regular check ups. She may have to change her daily routine and diet. For example, it is better not to chew gum or eat toffees or similar foods. She should also avoid soft drinks. In addition, brushing and flossing daily will help to keep her teeth clean and healthy.

Patient: What is the cost of braces?

Dentist: The cost is approximately 3 to 4 thousand dollars depending on severity of crowding and length of treatment The fee covers the entire treatment process including fitting the braces, periodic adjustments, removal of braces and later visits to assess the result of treatment.

Patient: I see.



thoughtful Study Strategy

While it is impossible to control what a patient will say in the interview. You can at least be half prepared by having a clear approach as described above. To develop confidence and skill in this area, practise writing out dialogues based on common situations which require explanations including:

- · the cause of a condition or illness
- a particular medical condition
- · a treatment procedure
- the pros and cons of a particular medication
- · lifestyle advice
- · a prognosis

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3 minute Roleplay Preparation

Effective use of the 3 minutes provided to prepare for your task can make the difference between success and failure!

Therefore you need to use this time wisely and to your advantage. Here is check list of the key points to identify:

- · What is the setting?
- Is it a known patient or new patient?
- · What relevant background details are provided?
 - Medical History
 - Social History
 - Patient Concerns
- What is the patient's mood?
 - anxious
 - angry
 - in a hurry
 - uncooperative
 - depressed
 - intoxicated
- What do you have to do to complete the roleplay?
 - Question
 - Explain
 - Advise
 - Educate
 - Reassure
 - Persuade
 - Justify

Then use this information to ensure your communication is clear and focused.

Handy Tip

- Plan 2 or 3 questions related to the task beforehand by turning provided information into questions. For example, your card may state the patient's profession, marital status or blood type, but you can still ask:
 - What do you do?
 - · Are you married?
 - What is your blood type?

This will help to create immediate interaction between you and the patient.

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Roleplay Structure

The roleplay scenarios are based on real situations you are likely to encounter in you work as a health professional in Australia. There are a variety of possible settings for the roleplay as follows:

- Private Practice or Suburban Clinic
- · Emergency Department of a Hospital
- · Local Pharmacy or Chemist
- Hospital Ward or Hospital Outpatients
- Community Health Centre
- Suburban Dental Clinic
- · Veterinary Surgery
- · Physiotherapist Clinic

A typical roleplay structure is as follows:

- · Brief introduction
- · Ask questions to make an initial diagnosis
- Respond carefully to the patient's responses.
- Provide an explanation of the condition & respond to further questions and concerns of the patient.
- Provide advice and reassurance as required.
- · Short simple concluding sentence.

You only have 5-6 minutes to complete the roleplay so it is important to follow the task closely and not spend too long on any one section. If the roleplay lasts more than 6 minutes the interviewer may signal you to end the roleplay. This could be a problem if you have not finished key aspects of the task.

Stage 1: Introductions and Opening Questions

Introductions are a very important part of the role-play as they allow you to start the conversation in a positive way and in line with requirements of the roleplay card. Therefore the first thing to do is read the card very carefully looking for information which will help you, as a health professional, determine how to approach the patient or carer.

Important factors to consider

- Identify the setting
- Identify the patient, male, female, parent of child etc. Note, in the exam, most cards are not gender specific, so that if the interviewer is a male the patient will be a male and if the interviewer is a female, then the patient will be a female.
- Is it the first time to meet the patient or are they a regular patient of yours
- For example if you know the patient is a good idea to begin with a familiar tone such as
 - Hi Jane, how can I help you today? Rather than.
 - Hello I am Tim, your Doctor. How may I address you?

It is very important to start the roleplay in a confident manner. Here are some standard ways to begin the conversation.

At a medical clinic, health centre, general practice or pharmacy.

- Good morning Madam, I'm Kate your Nurse . What brings you here today?
- Good morning Sir. I'm Kate one of the doctors. Tell me why you've come here.

- Good morning John, please sit down. I'm Kate your dentist. What seems to be the problem?
- Hello Steven, you're here to have your stiches removed, aren't you?
- Good morning Patricia, you've brought your daughter along I see. What seems to be the problem?
- Good morning I'm John your pharmacist. How can I help you?

In a hospital ward

- · Hello Maria, how are you feeling today?
- Hello John, you are looking better today. How do you feel?

Taking the patient history

Once you have made the initial introduction, you will need to ask some questions to determine the exact nature of the patient's problem or concern. Some of this information will be given to you on your card, but it is a good idea to ask the basic questions anyway as forms the basis of your consultation. Just remember, however, to keep your line of questions quite narrow and specific to the patient's condition as you have only 5~6 minutes to complete your task so there is no time for a general history. Asking questions about the patient's problem (heartburn example)

- When did you first have the problem?
- · What do you understand by 'heartburn'?
- · When have you been getting it?
- Have you ever noticed any particular kind of other discomfort or pain, perhaps associated with the heartburn?
- When you say 'after meals' is that long after?
- · You're not regularly over-eating, are you?

More detailed questions

- Do any particular foods seem to bring on your heartburn?
- Now, have you noticed that any particular foods that trigger the heartburn, for example fast food?

Stage 2: The Main Body

Once you have taken the history to a satisfactory level it is time to move to the second stage of the roleplay which is often an explanation about a certain condition or method of treatment. This may take up to a third of the roleplay (1-2 minutes) so it essential that you do it in a clear and well organised manner as outlined below:

Informing the patient

- Based on my examination it will be necessary to......
- The x-ray indicates that your child has.......
- The blood test results indicate that child has.......
- The tests show that it is probably a condition known as.....

Describing the condition

Make sure your explanation is clear and well organised. For example:

The blood tests results indicate that you have Hepatitis A. Do you know anything about this condition? No? Okay I will explain it to you.

It is a condition caused by....

The symptoms include......

The best treatment is to......

It is highly contagious so you need to....

Try not to talk continuously. Stop from time to time to check if the patient understands your explanation.

- · Is that clear?
- Do you understand so far?
- Do you have any questions?

Reassuring the patient

Commonly, the patient will be concerned about their condition or treatment method, so there are some standard expressions you can use to reassure the patient.

- It's nothing to get alarmed about. It's just a routine check.
- There really is nothing to worry about. It's a standard procedure.
- Let me reassure you, if you follow my advice the risks of future problems will be greatly reduced.

Persuading the patient

- If you return to work you run the risk of doing further damage to you health.
- What is more important? The risk of permanent damage to your arm or a single game of cricket?
- Let me reassure you, if you follow my advice the risk of heart attack will be greatly reduced. However if you do not follow my advice, and continue to smoke and drink heavily, then the risk of heart attack is much higher.

Stage 3: Concluding the Roleplay

At a suburban medical clinic, general practice or pharmacy

- Please make an appointment with reception to see me in a week. Goodbye.
- Here is your prescription. Take it to your chemist and they will give you the medication. All the best.
- Thanks for coming to see me today. Goodbye.
- Please come and see me again in a week's time to see how you're progressing.
- I would like to see your child again in two months time. Take care now.
- Is there anything else I can help you with today?

In a hospital ward

- I'll come back and check on your condition later today.
- If there is any change in your condition please let me know.

Useful Website

English Med is a useful website which contains some sample conversations & transcripts between a health professional (usually a doctor) and a patient.

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Speaking Sub-Test Overview

Timing

The speaking sub-test consists of two roleplay scenarios. The interviewer will take the part of the patient and the candidate takes his/her professional role. The interview is usually about 20 minutes long and structured as follows:

- 1. Identification check (not assessed)
- 2. Brief chat regarding the candidate's medical career (not assessed)
- 3. The first roleplay including 3 minute preparation time and 5-6 minute roleplay (assessed)
- 4. The second roleplay including 3 minute preparation time and 5-6 minute roleplay (assessed)

You only have 5-6 minutes to complete the roleplay so it is important to follow the task closely and not spend too long on any one section. If the roleplay lasts more than 6 minutes the interviewer may signal you to end the roleplay. This could be a problem if you have not finished key aspects of the task.

Roleplay Card

During the preparation time you must read the role-play card handed to you and you can make notes on the card or underline key words. You may ask questions to interviewer if there is anything you are unsure about, especially vocabulary. This is important because if you misunderstand the situation it could effect how you approach the task.

You can refer to the card during your role-play and you should use the 3 minute preparation time to identify:

- 1. The setting
- 2. Background information about the patient and their condition or situation
- 3. Task requirements you need to complete in your role as a doctor including questioning, explaining, giving advice, reassuring & persuading

The Interviewer

Generally, if the interviewer is a male then the patient will be a male and if the interviewer is a female then the patient will be a female. You can use the interviewer's name to address them with if you like, or simply refer to them as Sir/Madam. Whatever you feel more comfortable with.

The interviewer may also take the role of a parent or carer of the patient i.e if the patient is a child, or has a serious illness.In this case, always address your communication to the parent or carer.

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Starting the Roleplay

It is very important to start the roleplay in a confident manner. Here are some standard ways to begin the conversation. If it is the first time to meet the patient you can begin with

- Hello I am Kate your Nurse. How may I address you?
- Hello I am Kate your Nurse. Could you tell me your name please?

If you know the patient it is a good idea to begin with a familiar tone such as

Hi Jane, how can I help you today?

At a medical clinic, health centre, general practice or pharmacy.

- Good morning Madam, I'm Kate your Nurse . What brings you here today?
- Good morning Sir. I'm Kate one of the doctors. Tell me why you've come here.
- Good morning John, please sit down. I'm Kate your dentist. What seems to be the problem?
- Hello Steven, you're here to have your stitches removed, aren't you?
- Good morning Patricia, you've brought your daughter along I see. What seems to be the problem?
- Good morning I'm John your pharmacist. How can I help you?

At a hospital ward

- Hello Maria, how are you feeling today?
- Hello John, you're looking better today. How do you feel?
- Good morning, Madam. I'm Jane, the nurse who'll take care of your daughter during her hospitalization.

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Techniques for Asking Questions

Correct questioning is a key aspect of the medical interview. It has many functions and is used in all stages of the role-play. We ask questions in order to

- identify the patient's main problem or concern
- gather information
- to confirm what we have heard
- to encourage the patient to express themselves
- to check that the patient understands

Therefore, a good questioning technique can help the role-play run smoothly and allow for effective communication between the health professional and the patient.

Open Questions

Open questions are often used at the start of the interview as they allow the patient to tell their story. Open questions often begin with wh & how question words. Always listen attentively to what the patient says in response to these questions as this will guide you on what to ask next.

What	Where/When/Why	How long	How often	How many/How much
What kind of exercise do you do?	Where does it hurt?	How long have you had the pain?	How often do you brush your teeth?	How many cigarettes do you smoke per day?
What does your daughter usually have for breakfast?	When did the pain start?	How long has your daughter had this rash?	How often do the fits occur?	How many hours sleep do you get each night?
What time does she go to bed?	When was the last time you visited a dentist?	How long have you been on this medication?	How often do you get headaches?	How many children do you have?
What time did the accident happen?	Why have you come here today?	How long have you had this cough?	How often do you take this medicine?	How much do you drink?

Closed Questions

Closed questions are useful to get specific details that you may not have got from the open questions. They are also effective in the OET exam as they encourage natural interaction between the health professional and the patient.

Do/Does	ls/Are	Have/Has	Can/Could
Do you drink alcohol every day?	Is your daughter toilet trained?	Have you had any nausea and vomiting?	Can you cook for yourself?
Do you know what eczema is?	Is there asthma in the family?	Have you been taking your medication?	Can you put pressure on your foot?
Does anyone in your family have high blood pressure?	Are you eating normally?	Has your condition improved since you started taking drug x?	Could you tell when you first noticed the rash?
Does the pain wake you up at night?	Are you in any pain at the moment?	Has there been any change in your symptoms?	Could you open your bowels this morning?

Introducing the Question Topic

One common questioning technique which is very effective is to introduce the subject first with the phrase **what about** or **how about** then follow with a **yes/no question** as in the sample dialogue below.

Nurse: What brings you here today?

Patient: Well nurse, I haven't been feeling well recently. Nurse: I'm sorry to hear that, please tell me more.

Patient: I have been getting tired a lot.

Nurse: I see, what about your appetite. Are you eating well?

Patient: Not really, I haven't felt hungry.

Nurse: What about your sleeping habits. Are you getting enough sleep?

Patient: Well about 4 or 5 hours a night Nurse: Oh, it's really not enough, is it?

Patient: I guess not.

Nurse: **How about your work. Are you under any stress at the moment?** Patient: Yes, a little as it's the end of the financial year so I am busy.

Embedded Questions

You can soften your questioning technique and sound more polite by using embedded questions. Practice this form as it easy to get the word order wrong. *Note, however, that embedded questions follow the word order of statements not questions.*

Direct Question	Embedded Question
Why have you come here today?	Could you tell me why you have come here today?
How did you injure your leg?	Could you tell me how you injured your leg?
What time did the accident happen?	Do you remember what time the accident happened?
When did the pain start?	Can you tell me when the pain started?
How long have you had the pain?	Could you tell me how long you've had the pain?
Is it a sharp or dull pain?	Could you tell me if it is a sharp or dull pain?
Does the pain bother you at night?	Can you tell me if the pain bothers you at night?
Why do you want a prescription for sleeping tablets?	Can you explain why you want a prescription for sleeping tablets?

Encouraging Reluctant Patients

Sometimes the patient may need encouragement to provide the information that you need to make a proper assessment of the patient's condition or situation. In these cases, try not to move onto the next stage too quickly. It is better to persist until you get the information that you need. A good technique in this situation is

- Tell me more about that please, John.
- Could you tell me more about that, Mary?
- Please tell me more.
- Is there anything you'd like to tell me?

Probing Questions

Probing questions are sometimes necessary to get more detailed or precise information from the patient.

- What do you mean by that?
- Where exactly is the pain?
- You look a bit anxious. Is there anything else that is troubling you?
- Can you explain exactly why you are worried?

Checking Understanding

It is very important to periodically check that the patient can follow your explanations and advice.

- Is that clear?
- How does that sound?
- Do you think you can do that?

Tag Questions

Tag questions are used to confirm that your information is correct, and are a good indicator of confidence and and fluency with English. However, they can be tricky to use, as it easy to make errors.

- It's your first visit to this clinic, isn't it?
- You are here to get your blood test results, aren't you?
- You haven't been taking your medication regularly, have you?
- You didn't sleep well last night, did you?
- Your daughter is only 8 years old, isn't she?
- It is causing you quite a bit of discomfort, isn't it?

To study the grammar rules of tag questions click here

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A to Z of Common Phrasal Verbs in a Medical Context

A	Example Sentence
Adds up to: equal	The cost of the medication adds up to \$86.95
Apply for: make a request	You will need to apply for some time off work to recover.
Abide by: adhere to	You need to abide by the doctor's orders
Account for: explain	I can't account for the spots on my leg.
Ask for: make a request	Please ask for anything you need while you are on bed rest
В	Example Sentence
Break down: fail or collapse	 After losing his job, Mark suffered a mental break down There was a communication break down between the doctor and the medical staff.
Break out in: develop a rash or skin condition	 My daughter broke out in a rash after catching chicken pox. The patient broke out in to welts all over his body.
Break through: force through a barrier	 Despite the medication, he was suffering from break through pain. We are waiting for a medical break-through.
Bring about: cause something to happen	Sarah's obesity was brought about by a diet high in saturated fats and sugar and a lack of exercise.
Bring something on: cause something unpleasant, to occur or develop	Too much sweet food can bring on tooth decay.

Bring someone to: restore consciousness	The nurse brought him to with smelling salts.
Bring someone up: raise	After Mary died, John brought up the 3 children on his own.
Bring something up: start talking about a subject	The patient brought up all his lunch.
Bring it on: cause to happen or encourage	What brings on your headaches?
Build up: strengthen	These vitamins should help build up your immunity.
С	Example Sentence
Call around: phone many people or place	The nurse will call around and get you an appointment.
Call someone back: return a phone call	I will call you back in an hour.
Call something off: cancel	All surgeries have been called off tomorrow because of the strike.
Call on someone: ask for an answer or opinion	All the specialists call on each other when they need to.
Call on someone: visit someone	The physiotherapist will call on you this afternoon.
Calm down: relax after being tense	The medication calmed her down.
Care for: look after	Is there someone to care for you at home?
Carry out: perform	We need to carry out an examination before you can be admitted.
Check in: to register	Please check in at the front desk for admission.
Check out: leave a hospital	Don't forget to check out before you leave the hospital.

Check something out: look at carefully, examine	The doctor needs to check you out before you are discharged.
Check up: medical examination	You need a complete medical check up.
Cheer up: become happier	Your visitors will cheer you up.
Cheer someone up: make happier	I bought you some chocolates to cheer you up.
Clean something up: tidy, clean	The cubicle needs to be cleaned up before the next patient.
Clear up: get rid off	This ointment will help clear up your son's acne.
Come across: find unexpectedly	We came across your old X rays the other day.
Come apart: separate	The stitches have come apart.
Come down with something: become sick	I have come down with a cold.
Come forward: volunteer for a task	Any potential donors were asked to come forward.
Come from somewhere: originate in	The infection must have come from somewhere.
Come to: regain consciousness	I will let you know when she comes to.
Count on: rely on	You can count on the best treatment at this hospital.
Cross something out: draw a line through	The signature on the prescription was crossed out.
Cut back on something: use less	The medical practice cut back on staff.
Cut down: decrease	The dietician advised her to cut down on fatty foods.
Cut in: interrupt	The ambulance officer cut in before I could explain.

Cut something off: remove with something sharp	The surgeon cut off his leg because of gangrene.	
Cut something out: remove part of something	The surgeon cut out the cancer.	
Call on: ask for help	Is there anyone you can call on for help?	
Confide in: tell your innermost thoughts	You can confide in the counselor.	
D	Example Sentence	
Dispense with: forget about	We can dispense with formalities.	
Do away with something: discard	I feel like doing away with the treatment.	
Do something up: fasten, close	Can you do up my hospital gown please?	
Dress up: wear nice clothing	You will need to dress up for the occasion.	
Drop dead: die	She dropped dead of a heart attack.	
Drop in: come without an appointment	It is fine to drop in if you have any problems.	
Dwell on: think about continually	Don't dwell on your problems.	
E	Example Sentence	
End up: eventually reach	Just follow the signs and you will end up in the right place.	
F	Example Sentence	
Face the facts: look at the truth	You need to face the facts. The treatment is risky.	
Fall apart: break into pieces	The dressing fell apart after he had a shower.	
Fall apart: become upset	He fell apart when he heard the news.	

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Fall out: separate from an interior	Most baby teeth fall out by age eight.
Figure out: understand, find the answer	The oncologist figured out what was causing the pain.
Fill in: to write information in the blanks	Please fill in the admission form.
Fill something up: fill to the top	I will fill up the bath for you.
Flare up: inflamed	Have you had any flare ups recently?
Flare up: increase in intensity	What causes your arthritis to flare up?
Find out: discover	The staff tried to find out where he came from
G	Example Sentence
Get something across/over: communicate, make understandable	I tried to get my point across.
Get along/on: like each other	I am sure you will get along with the other residents.
Get around: have mobility	A new walking frame will help you get around much better.
Get away: go on a vacation	Try to get away to relax and recuperate.
Get back: return	 You can start your therapy when you get back from holidays.
Get something back: receive something	The patient finally got the results of the test back.
Get back into something: become interested in something again	She got back into teaching after a long break.
Get back on track: heading in the right direction	If you give up smoking, you will get your health back on track.

Get over something: recover from an illness, loss or difficulty	It took her years to get over the tragedy.
Get around to it: find time to do something	I hope you get around to doing some exercise for your health.
Get together: meet for social reasons	The medical staff will get together for a fund raising activity next week.
Get up: get out of bed	You can get up as soon as the anaesthetic has worn off.
Give in: reluctantly agree to or stop arguing	The doctor finally gave in and let her go home.
Give something out: give to many people (at no cost)	The chemist gave out free samples of energy drinks.
Give something up: quit a habit	We can help you to give up smoking.
Get through: deal with	You will get through it, if you don't give up.
Give up: stop trying	After a while she just gave up hope.
Go ahead: start, proceed	They decided to go ahead with the operation despite the risks.
Go over something: review	The nurse went over the patient's notes.
Go under the knife: to have an operation	The young man went under the knife yesterday.
Go without something: suffer lack	He decided to go without pain relief.
Grow back: regrow	We don't expect the lump to grow back.
Grow up: become an adult	She grew up quickly after her mother died
Grow out of something: mature	Your son will probably grow out of it, as he gets older.

Н	Example Sentence
Hang in: stay positive	Hang in there. You will get better soon.
Hang on: don't let go	She hung on as long as she could.
Hold someone/something back: prevent from doing/going	The nurse tried to hold back the visitor from entering the room.
Hold something back: hide an emotion	The mother tried to hold back her tears.
Hold on: wait a short time	Hold on while I connect you to the patient.
I	Example Sentence
Inquire about: investigate	Can I inquire about your past illnesses?
K	Example Sentence
Keep on doing something: continue doing	Keep on taking deep breaths.
Keep something from someone: not tell	They decided to keep the truth from the family.
Keep something up: continue at the same rate	You will recover quickly if you keep up your exercise.
L	Example Sentence
Let someone down: fail to support or help, disappoint	She felt that her work mates had let her down by not visiting.
Live on: exist	What did you live on when you were incapacitated?
Look after: take care of	Have you got any one to look after you when you get home?
Look for: try to find	I am looking for my glasses.

Look forward to something: to be excited about the future	I am looking forward to going home.
Look into something: be especially vigilant for	I will look into the problem straight away.
Look out: be careful, take notice	You need to look out for any signs of infection.
Look over: check, examine	The doctor will look you over for any skin cancer.
M	Example Sentence
Make something up: invent, lie about something	He made up a story about why he didn't follow the doctor's instructions.
Mixed up: confuse two or more things	The old man mixed up the specimen containers.
0	Example Sentence
On the mend: get better	You will be on the mend in no time.
Over the worst: recovering from an illness	You are over the worst of this virus.
Out cold: unconscious	She was out cold when they found her.
Р	Example Sentence
Pass away: die	The injured man passed away during the night.
Pass out: faint	Don't worry, lots of people pass out at the sight of blood.
Pass around: give the same thing to many people	The sympathy card was passed around for everyone to sign.
Pass up: decline (usually something good)	I decided to pass up the offer of a new treatment.
Put something off: postpone	Don't put off going to the dentist.

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Put up with something: tolerate	I hope you can put up with the discomfort for a while longer.
R	Example Sentence
Run down: not in good condition	By the time she presented to casualty she was very run down.
Run over/ through something: rehearse/review	Let's run through the procedure again.
S	Example Sentence
Send for: fetch	We will send for the midwife straight away.
Settle down: help minimize	This medication will help to settle down any nausea.
Set off: cause to happen	Is there anything you know of that sets off such a strong reaction?
Set up: organize, arrange	We need to set up a follow up appointment
Slow down: delay	I need to slow the drip down.
Stick to: keep following a plan	You need to stick to a low fat and high fibre diet.
Sort something out: resolve a problem	I am sure we can sort something out for you when you have your follow up appointment.
Т	Example Sentence
Take after: resemble a family member	Do you take after your father or your mother's side of the family?
Take over: take control	The ventilator will take over when the patient stops breathing
Take something off: remove something (usually clothing) •	You can take off the bandages in a few days.

Take something out: remove from a place	Tomorrow I will take out your stitches.
Think back: remember	When I think back on how strong I was before I got sick, I get depressed.
Tamper with: interfere with	Don't take the medicine if the bottle has been tampered with.
Think something over: consider	Have a couple of days to think over your decision.
Throw up: vomit	Press the buzzer if you think you are going to throw up.
Turn something down: decrease the volume	The technician turned down the cardiac monitor.
Turn something off: stop the energy flow, switch off	The family decided to turn off the life support.
Try something out: test	Here is a new wheel chair for you to try out.
W	Example Sentence
Wake up: stop sleeping	You will need to wake up early so that you can be prepared for surgery.
Warm someone/ something up: increase the temperature	This space blanket will warm you up.

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Common Phrases & Expressions

1. To be as fit as a fiddle: to be in good health
Usually I'm as fit as a fiddle, but recently I've been under the weather.
2. To be at death's door: to feel very unwell
To be honest doctor, I feel like I'm at death's door.
3. To be in agony: to suffer from intense pain
Please give me a pain killer, I am in agony.
4. To be in good hands: to be cared for carefully
Please don't worry, your son is in good hands.
5. To be on the mend: to get better
Don't worry, one you start taking this medicine, you'll soon be on the mend.
6. To be sick: to vomit
I feel like I'm going to be sick
7. To be under the weather: to feel unwell
I've been feeling under the weather recently.

8. To throw up: to vomit
I threw up several times during the night.
9. To feel seedy: to feel nauseous
I feel a bit seedy but I haven't vomited.
10. To feel a bit ordinary: to not feel very well
Nurse: How do you feel after surgery?
Patient: To be honest, I feel a bit ordinary.
11. To catch a cold: to get a cold
If don't keep warm, you may catch a cold. 13. To get a tooth, the arrange of tooth.
 12. To cut a tooth: the emergence of teeth Babies usually cut their first teeth at around 6 months.
13. To do the rounds: to visit each patient
Dr Jones does his rounds every morning at 10am.
14. To examine from head to toe: to do a full body examination.
I need to examine you from head to toe.
15. To feel dizzy: vertigo
How long have you been feeling dizzy?
16. To feel lightheaded: vertigo

I felt a bit light headed after they did the blood test.	
17. To pass out: to faint	
I passed out last time I had a blood test.	
18. To feel groggy: unsteady either mentally or physically	
Do you feel groggy when you wake up?	
19. To give the kiss of life: mouth to mouth resuscitation	
She came to after I gave her the kiss of life. – not really used much	
20. To go under the knife: to have surgery	
I don't want to go under the knife.	
21. To have a check up: to see a health professional especially doctor or dentist.	
When was the last time you had a check up?	
22. To have a sweet tooth: to enjoy sweet food	
Do you have a sweet tooth?	
23. To have crying spells: <i>periods of crying</i>	
Crying spells are not uncommon in young babies.	
24. To have dizzy spells: periods of dizziness	
How long have you been having dizzy spells?	

25. To have one foot in the grave: to be close to death
My condition is getting worse. I feel like I have one foot in the grave.
26. To have pins and needles: to have a tingling sensation (medical term: paraesthesia)
I have got pins and needles in my legs.
27. To keep an eye on someone: to observe closely
We'll keep an eye you.
We'll keep a close eye on your daughter.
28. To keep on like this: to continue to do something (usually bad)
If you keep on like this your health will get worse.
You cannot keep on like this without damaging your health.
29. To lose your voice: to be unable to speak due to sore throat
I can't go to work because I lost my voice.
30. To pass away: to die
I'm afraid he passed away this morning.
31. To pass wind: flatulence
Has your baby been passing wind?
32. Back passage: anus
I have had some bleeding from my back passage?

- 33. To see how you're getting on: to check on your progress
 - Come back and see me in a week's time and we'll how you're getting on.
- 34. To turn the corner: to begin to improve
 - Try to be positive. If you follow my advice you will soon turn the corner and be back in good health before you know it.

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Explaining Consequences

One effective way to persuade a patient to follow your advice is to explain the consequences of what will happen if they don't. Conditional sentences with "if" allow you to do this.

- It is better that you stay in hospital so that if there is a change in your condition, we can give you immediate care and help you avoid any future complications.
- If you take sleeping tablets for a long period, you may become addicted to the medication and on top of that using sleeping tablets is only a short term solution, and for a long term solution, you may need to make some lifestyle changes. Do you think you can do that?
- It is a common and potentially serious disorder, and if left untreated can lead to further complications such as......
- If you don't follow my advice, you may need to stay in hospital longer. You don't want that to happen, do you?
- If you don't follow my advice, the infection could get worse and then you may need to be hospitalised. You wouldn't like that, would you?
- If the wound is left untreated, the infection will get worse and spread to other parts of the body.
- It is really important that you stay in hospital so that we can complete our investigations. If you go home now, there is a risk that you could have a stroke or heart attack. That is why I am asking you to stay in hospital, so that we can monitor your condition and bring your blood pressure back to normal levels.
- If you stop taking your medication, then you run the risk of having another heart attack.
- The best advice is to get plenty of rest. If you go back to work too soon, then you may not make a full recovery and your condition could get worse. You don't want that to happen, do you?
- If you leave the cavities and tartar without treatment, the condition will get worse and become painful. The earlier you receive treatment, the less painful and less expensive the treatment becomes. So, it is beneficial for you to visit a dental clinic regularly to get regular check-ups and teeth cleaning. Can you do that?
- If the abscess is left untreated, the infection might spread to the adjacent organs through tissue spaces. Sometimes it can lead to life-threatening conditions such as airway obstruction, brain abscess and chest infection. So, I strongly advise that you have urgent treatment of the tooth such as root canal therapy or tooth extraction with antibiotic medication
- If you use your current denture without adjustment, it will continue to irritate the gum and bone, leading to serious problems like persistent ulcer and infection of the bone. Moreover, because you can't bite or chew foods properly, you could have problems with your digestive system such as stomach irritation. Now, you don't want that to happen, do you?

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Explaining Risks

One way to reassure a patient is explain the degree of risk associated with a condition or treatment and what the possible consequences are if appropriate advice is not followed. Conditional sentences with "if" allow you to do this.

- It is a common condition and it is treatable and with the right treatment we can reduce the risk of any serious complications and your son will make a complete recovery.
- It is not as serious as you might think and I can tell you, the risk of developing any further complications is quite low
- Firstly, if you stay in hospital for further observations and treatment, then risk of further complications will be minimised and you will be able to make a full recovery and
- I have to say, the chances of having a severe allergic reaction to these vaccinations are extremely rare. While mild side effects such as redness around the injection site or mild fever are not unusual, more severe reactions occur at a rate of less than 1 in 10,000 so there really is no need to be concerned. And of course the benefits far outweigh these risks. For example, your child will protected against the common diseases of childhood, including measles, mumps and rubella, as well as the potentially life threatening consequences which can occur.

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Giving Practical and Personal Advice

When talking to the patient, you can make the communication more meaningful and relevant by giving your advice within the context of the patient's situation or condition. The example below does that by using both the parent and child's name and framing the advice within their context. If you don't do this, your speech can sound impersonal and from a text book.

Health Professional: All right, Mrs. Small. Let me have a look at John first. Fine, based on the examination, it appears your son is suffering from a condition known as "Eczema". Have you ever heard of this?

Parent: No, I haven't. What is it?

Health Professional: Okay, I will explain it to you. Eczema is also called "atopic dermatitis", and it is an inflammatory skin condition in early childhood. Some experts say it might be related to allergy. But the exact causes of this condition are still not known.

Parent: Is it serious? I am really worried about John. You see the rash has become cracked and weepy.

Health Professional: I totally understand your concern, Mrs. Small. Let me reassure you that eczema is a self-limiting skin condition. Most children will get better after a short period of time even without any treatment. But of course, with appropriate management, the rash will diminish more quickly.

Parent: So, doctor, please give me more advice on the treatment options. You know, not only rash, but also itchiness, have made John feel so uncomfortable.

HP: All right, Mrs. Small. Don't worry. If you can follow my suggestions, John will get much better soon. We have some very effective strategies to cope with eczema. I would like to explain them to you one by one. Is that okay?

Parent: Yes

Health Professional: Good, well first, as I said, the rash might be related to allergy and irritation, so please avoid things that may irritate the skin, like soaps, woollen clothes, and so on. And also keep John away from dust and pets, because they are the main sources of allergen. Secondly, please keep an eye on the food John eats, to find the possible food that may trigger the condition or make it flare up. Especially pay more attention to eggs, milk and wheat. Thirdly, stop John scratching the rash. It can make it worse especially when the skin has become cracked and infection follows. Finally, I will prescribe some skin emollient for you. You can apply it on the rash, 4 times a day, to keep the skin moist. That is a good method to control the flare-up.

Parent: Thank you. What about the future. I mean, will he grow out of it?

Health Professional: As I said, eczema is a self-limiting skin condition. When the skin function becomes more mature, this condition will heal and it will not be a problem anymore.

Parent: What about John's brothers and sisters? Are they likely to suffer from the same condition?

Health Professional: Well, unfortunately yes. It is possible, because eczema is familial. If one child has eczema in the family, his siblings may be more likely to have one than other children. But it is nothing to get alarmed about, the risk is very low.

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Language Functions

Effective communication is very important in the medical interview. As a health professional, it is necessary to use language to achieve a particular purpose within a particular context. These purposes can be catagorised further into language functions and language learners can improve their communicative ability by being familiar with and using the language patterns associated with the various functions.

Mote: The role-play scenarios used by OET have been designed to test the candidates ability within the categories below so skill in these areas will help you achieve your required score.

Expressing Concern and Understanding

This is obviously a very important part of the medical interview. It requires you to listen carefully to the patient then respond appropriately.

I know how	I know how you must be feeling.
I understand	I understand your concern
I understand how	I understand how you are feeling.I understand how you feel.
I understand why	 I understand why you have this concern. I understand why you are worried about fluoride in the water supply. However,
I'm sorry to hear that.	Oh, I 'm very sorry to hear that, but there is a solution to every problem.
Yes, I can see that	Yes, I can see that it must be difficult for you to manage.

Reassuring

This is also a very important part of the medical interview. Therefore you need to be comfortable using a variety of expressions to do this.

Let me assure you	Let me assure you, all the nurses here are experienced and highly trained.
Let me reassure you that	Let me reassure you that if we can strictly control his sugar levels within the normal range with proper medications, Tom will live a normal life without any troubles.

As long as you	As long as you follow all the advice we have given you, you will make a full recovery.
Try not to worry too much.	Alright, Mrs. Small. Try not to worry too much. If you can follow my suggestions, John will get much better soon.
It is nothing to get alarmed about.	But it is nothing to get alarmed about, the risk of complication is very low indeed.

Making Suggestions

Here are a few expressions you can use when giving suggestions.

It is important that	It is important that you take your medications regularly.
I suggest that	I suggest that you take a shower and go for a short walk. It will make you feel much better.
If you like, I could	If you like, I could ask a nutritionist to give you some dietary guidelines. How does that sound?
The most important thing is	The most important thing (for epilepsy sufferers) is to avoid sports such as swimming, diving and rock climbing.

Offering Advice

There are many way to offer advice and you can demonstrate your language skill by using some of the more complex structures

I advise that	I advise that you continue taking this medication.
My advice is that	My advice is that you continue taking this medication.
What I would like you to do is	What I would like you to do is reduce your alcohol consumption to no more than 2 standard drinks per day.
You should	You should follow a healthy diet and avoid foods that contain a lot of fat and eat more vegetables and fruits
Why not	Why not try these healthier alternatives first?

Persuading

Many OET tasks require the health professional to convince the patient to do something they do not want to do. A very useful technique in these situations is to explain the consequences if the patient does not follow your advice.

I strongly recommend that	 I strongly recommend that you return to the clinic immediately for further treatment. Is that clear? I strongly recommend that you have a porcelain crown because it can endure the chewing forces and it also looks quite real.
You really need to	 Patient: How much is it for the specialist treatment? Dentist: I think it will cost around 800 to 1200 dollars. Patient: I don't want to see the specialist. It scares me and I can not afford it. Can I just get antibiotics or mouthwash Dentist: I'm sorry, but you really need to see the specialist and it's the only way you can save your teeth. Without the treatment you will lose your teeth.
if	 If you do not modify your lifestyle, the disease may progress. If there are serious complications, you will need surgery to remove the affected bowel.

Seeking Approval

Checking with a patient first before asking a question helps in developing a good rapport between you and the patient.

Is it okay if	Is it okay if I ask you a few questions regarding your son's health?
Would you mind if I	Would you mind if I contacted Meals on Wheels on your behalf?
Is that okay?	First of all, I would like to ask you more questions to clarify what the problem is and how severe it is. Is that okay?

Justifying

These expressions allow you to emphasise your opinion are can help in persuading a patient to follow your advice.

That is the reason why	We noticed that your baby is very sleepy, not feeding well and becoming jaundiced. That's the reason why your baby needs to stay here for treatment.
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For this reason	
	Dentist: Based on my examination you have a fissure in that
	tooth. I see the previous filling is loose.So I think you need to
	have your tooth restored with a crown.
	Patient: Hum, I'd like to have another filling or it that doesn't
	work I feel I can live without that tooth.
	Dentist: Well, if you don't do a crown then you have to get
	your tooth extracted. Then there will be space and it's not
	easy to chew, and also, it doesn't look as good. For this
	reason I advise a crown.

Moving Forward / Changing the Subject

The now is quite useful as it signifies that you are moving to a new topic. In terms of the medical interview, it is a way of controlling the direction of the interview. This is very important, as a health professional you are in charge of the interview, not the patient.

Now,	 Now, I'd like to talk about your discharge. Now, let's talk about your medications. Are taking them regularly? Now, lets talk about your current health. How are you feeling today?
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Summarising

This is a useful technique, especially if you feel the interview has not gone the full 5 minutes, or if the patient is not very communicative.

Let me go over again what we have talked about today.	Let me go over again what we have talked about today. Your colonoscopy found that you have diverticular disease. You need to improve your diet which includes taking high fibre foods, vegetables and fruit. Also make sure your bowel movements are regular and do regular exercise. I will see you in two weeks' time. Take care.
To summarise	To summarize, you came to see me because you have fever and persistent cough. I have ordered a chest x-ray and a phlegm test. The results will be back in next week. I will see you in one week's time. Good bye.

Handy Tip
The list above is just a starting point. To improve your range of vocabulary and expression as well as grammatical accuracy, practice writing out dialogues for each of the functions described above based on the role-play tasks in your course.

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Positive Language

Using positive language will help you gain the patient's trust and build a good health professional-patient relationship. It will also help you reassure or persuade a patient to follow your advice.

- That's a good question John, and I will explain it to you now.
- I'm glad you asked and let me explain the treatment procedure.
- The staff here are very experienced and will take good care of your daughter.
- The nurses here are very experienced with looking after children and they will make sure your daughte comfortable.
- I have many patient's who have taken this medication with good results.
- The surgeons at this hospital are very experienced with this procedure so you do not need to worry to much. They will take good care of you.
- I know it sounds difficult at first, but with practice I am sure you will be able to administer the medicat by yourself.
- Many of my patients have attended the quit smoking program and as a result have been able to quit smoking successfully. I am sure it can help you as well.
- · After your shower, you will feel much better.

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Subject Specific Questions

1. Reason for presenting?

- · What brings you here today?
- What brought you here today?
- What seems to be the problem?
- Tell me why you have come here today?

2. Employment

- · What do you do?
- · Are you a shift worker?
- How long are your shifts?
- · Do you work on weekends?
- Is your job stressful?
- How long have worked at_____?
- · How long have you been unemployed?

3. Past History

- · Have you ever suffered from chest pain before?
- Do you have any known allergies?
- · What operations have you had?
- · How many anaesthetics have you had?
- Have you been vaccinated against tetanus and typhoid fever?
- · Are you up to date with your vaccinations?
- · How long have you had high blood pressure?
- Did you have any complications with your last surgery?
- . Is there any auto immune disease in your family?

4. Social History

- Are you married?
- · How many children do you have?
- · Do you live alone?
- Do you have any siblings?
- Do you have any inherited medical conditions?
- Do you or any of your family suffer from high blood pressure, heart disease or diabetes?

5. Blood

- What is your blood group?
- · Are you rhesus (Rh) positive or negative?
- How much blood loss has he sustained?
- How long have you had the bleeding?
- Do you faint at the sight of blood?
- · Can you donate some blood to the blood bank?
- · What is your blood sugar level

6. Bowels

- Have you opened your bowels today?
- · Have you ever had bowel cancer?
- When was your last colonoscopy?
- Do you suffer from Crohn's disease?
- Do you require an enema or some sort of laxative?

7. Rash

- · How long have you had the rash for?
- · Is the rash itchy or irritating or painful?
- · Is the rash a sign of an allergic reaction?
- · Does it look like a heat rash?
- Does your baby get nappy rash often?
- Do you know what may have caused the rash?
- · Is the rash linked to something you ate?
- Have you ever had a rash like this before?
- · Where on your body is the rash?

8. Infection

- Do you need some antibiotics for the infection?
- How long have you had the infection for?
- · Is this disease contagious?
- · How does the virus spread?
- · What is the best treatment for this infection?
- · Do you have a temperature?

9. Injury (sprain/burn/fracture)

- How did you sprain your ankle?
- · How much of your body was burned?
- · How did you injure yourself?
- · What caused the fracture?
- Can you elevate your leg for two hours every day?
- Would you like a cold pack for the swelling?

10. Breathing

- · Is it hard to breathe?
- · When do you have difficulty breathing?
- Can you take some deep breaths for me please?
- Can you hold your breath for a couple of minutes while we take the X ray?
- Do you have trouble with snoring at night?
- · Do you need to take sleeping tablets?

11. **Diet**

- · What do you usually have for breakfast?
- Do you have plenty of fibre in your diet?
- · Do you have healthy eating habits?
- Do you need to go on a diet to lose weight?
- What type of foods do you prefer to eat?
- Do you have any food allergies?

12. Weight

- · Has your weight changed recently?
- · What is your usual weight in kilos?
- Do you have trouble maintaining your weight?

- · Do you feel pressured to be thin?
- · What is your ideal weight?

13. Exercise

- · How often do you exercise?
- · What is your favourite form of exercise?
- · What is the most comfortable exercise for you?
- · Do you get regular exercise?

14. Alcohol

- · How many standard drinks do you consume per week?
- Do you have any alcohol related problems in your family?
- · Do you drink alcohol?
- · Is there a history of alcoholism in your family?
- · Was alcohol the cause of this accident?
- · Have you had a liver function test before?

15. Smoking

- · At what age did you start smoking?
- · How long have you smoked for?
- · How many cigarettes do you smoke a day?
- Have you tried to give up smoking?
- Are you a heavy smoker?
- · Do you smoke socially?

16. **Pain**

- · How severe is the pain?
- · Where is the pain?
- What type of pain is it?
- Is it a sharp pain or is it a dull ache?
- How would you rate your pain on a scale of 1 to 10?
- · Is your condition painful?
- · Do you have a strong pain threshold?
- What pain relief have you been taking?
- Has the pain relief been effective?

17. Medication

- · What medications are you on?
- · What medication works the best for you?
- Are you on blood pressure tablets?
- Do you take all your medications regularly?

18. Anxiety

- What makes you anxious?
- Have you tried a sedative to help calm you down?
- · Are you anxious often?
- Does your anxiety cause you to become depressed?
- Does your anxiety cause you to avoid social situations?
- · Did you have an anxiety attack?
- · Are you feeling anxious about the operation?
- · Do you have any chest pain?

19. Wounds

- Have you had any discharge from the wound?
- How long has the wound been inflamed for?
- Do you have any redness or puffiness around the wound site?
- Is the dressing still intact?
- Does the skin around the incision site feel hot to touch?
- How long do the sutures need to stay in for?
- Have you had any oozing of pus from the wound?
- What colour is the discharge from the wound?

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Alcohol Consumption

Practice: Using the information below, practice giving advice. Add your own ideas as well.

Health Council Guidelines

- Males » 4 standard drinks per day
- Females » 2 standard drinks per day
- One standard drinks contains 10g of alcohol which equals:
 - One pot of standard beer (285ml)
 - One small glass of wine (120ml)
 - One nip of spirits (30ml)
- Try to have 3 alcohol free days per week
- · Change to low alcohol beer

Risks of heavy Drinking

- Damage to body organs such as.......
- Memory blackouts
- 50% of fatal traffic accidents involve alcohol
- Pregnancy risks when drinking more than 1 standard drink per day
- · Alcohol can interact with prescribed medications
- · Cause relationship breakdown
- · Poor work performance

Advice

- Alcohol addiction is quite a serious condition, and you really need some outside support to help you overcome this.

 Therefore, I recommend that you contact Alcoholics Anonoymous or I can contact them on your behalf, and arrange an appointment. How does that sound?
- · Cut down on amount & frequency of drinking
- · Don't drink on an empty stomach
- · Avoid binge drinking
- · See your GP
- Alcoholics Anonymous (AA)

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Diet Guidelines for Good Health

<u>Now let's talk about your diet.</u> <u>Try to eat</u> a wide range of foods. <u>You can also</u> control your weight by cutting back on foods such as sugar, fats and alcohol. <u>It is a good idea</u> to use monounsaturated oils for cooking such as olive oil. <u>Also try to</u> cut back on full cream products bakery goods and snack foods and eat plenty of fresh fruit and vegetables instead. <u>See if you can</u> limit alcohol to 2 standard drinks a day.

<u>It is very important</u> to eat less sugar and increase your intake of complex carbohydrates. Fibre is very important in your diet. You can increase fibre by choosing wholegrain foods such as cereals, bread and rice.

Using less salt is one of the ways you can protect against high blood pressure. <u>Beware of</u> foods that have a high salt content such as crackers, sauces, chips and packaged foods. <u>Definitely</u> drink more water. <u>It is best</u> to drink about 2 litres of water a day.

Practice: Using the underlined phrases above and information below, practice giving advice and <u>expanding on</u> the notes below. Add your own ideas as well.

- · Eat a balanced diet
- Carbohydrates such as cereals.......
- Fruit
- Vegetables such as
- Eat fish.....
- Choose lean meats......
- · Drink water
- · Avoid or reduce junk food
- · Reduce salt intake
- Avoid fatty foods such as
- Replace sweet food with healthy options such as

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General Health Explanations and Guidelines

Heart Disease

Before you leave hospital today I would like to give you some guidelines about protecting your heart.

How does that sound? As you know it is very important to quit smoking. I can give you some advice about that as well at your next visit.

<u>Regarding your diet.</u> Try to keep to your ideal weight and waist size and avoid saturated fats as much as you can. The heart foundation recommends that you eat low salt foods and eat fish at least twice a week. Do you think that you can do that?

<u>Another thing</u> I would like you to do is to be careful of consuming too much caffeine, alcohol and sugar. <u>I know this sounds</u> a little strict but it will make such a difference to your health.

Also, be sure to exercise regularly. Even taking the stairs rather than the lift can help you get in that extra exercise.

<u>Please don't forget</u> to have your blood pressure checked regularly and take time out to relax!

How to Lose Weight

I'm glad you asked about how to lose weight. It will certainly help your health and self esteem.

Well, there are basically two simple keys to losing weight. <u>The first one</u> is to eat less fattening foods. You should also be careful of your alcohol intake. The second key is to exercise regularly to raise your metabolism and burn extra calories. Do you think you can do that?

<u>It is also very important</u> to reduce high calorie foods- foods such as peanut butter, nuts, soft drinks cakes and biscuits. Instead of these foods, <u>aim to increase</u> your intake of complex carbohydrates like grains and vegetables.

<u>Try to</u> exercise regularly at least three times a week for about 30 minutes. <u>I'm sure that</u> you have some favourite activities like tennis, golf or swimming. *Am I right? Can I suggest* even taking the stairs instead of the lift? This will all make a difference in your goal to lose weight.

<u>It's a good idea</u> to plan your diet and only have healthy foods in the house. <u>Let me encourage you</u> to be realistic about your weight loss goals. Crash diets rarely work.

How to quit smoking

<u>I'm glad</u> you've made the decision to quit smoking. <u>The good news</u> is that it is possible to give up smoking. <u>I'd like to reassure you that</u> many of the complications caused by smoking can be reversed. If you quit smoking you will have more energy, better health and improved sense of taste and smell.

<u>Now to the challenging part:</u> how to quit. <u>The best way</u> to stop smoking is to go cold turkey. However, if you can't do that, <u>I suggest</u> you reduce the number of cigarettes gradually, say by three day and aim to stop smoking completely within two weeks. <u>Does that sound realistic to you?</u>

<u>Don't worry</u> if you feel irritable or tired or sweaty at first. After about 10 days these unpleasant feelings will disappear and you will feel great.

<u>Let me give you</u> some good tips for quitting smoking. <u>It is best to</u> have a definite date in mind to stop smoking. <u>As far as your diet goes</u>, try to eat more fruit and vegetables. <u>You can also have</u> low- calorie chewing gum.

<u>It's a good idea to</u> avoid smoking situations and do activities that can distract you from smoking. I'm sure you will enjoy saving money. <u>Don't</u> forget to reward yourself!

<u>Another thing I should mention is</u> that there many supportive groups and programs available to help you to quit smoking. Success is achieved one day at a time.

Care of Wounds

<u>Now let's talk about</u> the care of your wound. <u>Firstly</u> always keep the wound clean and dry. If you notice any swelling, redness or discharge please gets on medical advice. <u>You may need some</u> antibiotic treatment.

<u>Don't forget to</u> drink plenty of fluids. <u>It is important tha</u>t you get adequate rest and eat a healthy diet high in protein. <u>As you know</u>, it is vital that you wash your hands regularly and pay attention to personal hygiene. <u>If you can</u>, try to get some sun to your wound. If the wound develops a scab, don't pull it off as it may cause scarring. <u>Speaking of</u> scarring, you could use of vitamin E oil or cream which should help the wound to heal nicely.

Overcoming burnout

<u>I'm glad that</u> you have come to talk about burnout. Just talking about the problem can help sometimes.

Let me reassure you that burnout is not a terminal condition, but it is a sign that you need to make some changes in your life.

<u>A good piece of advice is to</u> look at what situations cause you to feel stressed and anxious. Now, write down at least one way you can think of to modify the situation. <u>Also, it's a good idea</u> not to take on any new commitments for a while. Learning how to delegate can help you with this. <u>Can I suggest that</u> you take breaks when you finish a project? Praise yourself for effort, not just outcome. <u>Be aware of</u> devices such as mobile phones and computers which can take up lots of your time and energy. Turn them off when you can. <u>How does this sound so far?</u>

A lot of our patients have found joining a support group really helps them. Take care to rediscover your passion and enjoy life!

High Blood Pressure

<u>Now let's talk about</u> keeping your blood pressure under control. <u>It's vital</u> to have regular blood tests to check your cholesterol levels. Your doctor will record your blood pressure each time you visit. He will probably aim to keep your blood pressure around 120/80.

<u>The most important thing</u> you need to remember is to take all your medications as prescribed. <u>It's also helpful</u> to eat a healthy diet and to exercise for general good health. <u>Do you think you can manage that?</u>

Importance of exercise

<u>Let's talk about exercise</u>. It's not as hard as you think to exercise regularly. <u>It helps if</u> you can do some activity that you really enjoy. There are all sorts of activities you can choose from, such as bike riding, swimming, tennis and yoga.

<u>I recommend that</u> you exercise for at least 30 minutes a day three times a week. <u>If you stick to</u> your exercise plan you can protect yourself against heart disease, high cholesterol and all sorts of obesity related disorders. You will also look and feel much better.

<u>I hope this chat has encouraged you</u> to look after your health by exercising regularly. The rewards really pay off!

Problems with memory

<u>Thank you for coming</u> here today to discuss your memory problems. <u>Firstly I'd like to reassure you</u> that memory problems are common. <u>Secondly</u>, memory can be affected by a range of things such as common illnesses, nutrition and ageing.

It may be helpful if I give you some tips for preventing memory loss. Is that okay with you? I have a brochure here which I will leave with you. It gives tips such as exercising regularly, which helps blood flow to the brain and also helps with anxiety. Staying social is important. Being with other people helps you to stay alert and engaged with life. Try to eat plenty of fruits and vegetables in Omega three fats. See if you can manage your stress. This lowers cortisol levels which can lead to problems with memory. Of course getting plenty of sleep is also great to help with memory and concentration.

<u>This advice should help you</u> a great deal with your memory. If you are experiencing any signs of serious memory problems, then of course, <u>don't</u> <u>hesitate to</u> come back and see me and we will run some tests.

Sore joints

<u>I'm sorry to hear that</u> you have sore joints. It is a common problem but <u>I'm glad to say</u> that there are ways you can reduce your joint pain and discomfort. <u>Can I suggest</u> some ways that might help with your joint pain?

<u>Firstly.</u> you can use a hot or cold pack alternatively on the affected area of your body. This can be very effective in helping to reduce the pain. <u>You can also do</u> light stretching exercises which works well in treating sore joints. These exercises help the muscles around the joints to relax and to retain their strength.

<u>You can also</u> buy some over-the-counter creams such as Voltaren which can help reduce the pain. <u>You might need</u> to take some painkillers, such as Nurofen which also acts as an anti-inflammatory. <u>Do think you will be able to try</u> these therapies I have talked about? I think they will help you quite a lot.

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Referring to other Health Professionals

It is not necessary to be an expert in all areas. So often the best advice is to refer to another health professional.

Example

- Now regarding your diet, I can refer you to a dietitian and they can provide really good guidelines and healthy food options, based on your condition.
- Now in order to quit smoking, I recommend that you attend our hospital's quit smoking program. They run regular classes and I can tell you that it has helped many patients succeed in giving up smoking. Would you like to do that?
- I understand that self injecting insulin can be challenging at first, but at our clinic we run weekly training programs which are run by our nurses. They can take you through the process step by step and help you gain confidence. Would you like me to make an appointment for you?
- Alcohol addiction is quite a serious condition, and you really need some outside support to help you overcome this.
 Therefore I recommend that you contact alcoholics anonymous, or I can contact them on your behalf, and arrange an appointment. How does that sound?
- There are many home services that can help you in your transition to home life. For example, Meals on Wheels can
 provide nutritious meals everyday, so you will not need to cook all your meals. The Blue Nurses will come and provide all
 your nursing care needs including help with medications, dressing your wound and with showering. We can also arrange
 a social worker to help with any other difficulties you may encounter.
- One way to speed up the recovery process and to increase mobility is to visit a physiotherapist. They will be able to design a rehabilitation program based on your needs and it can make a big difference. Would you like to try that?
- You need to start an exercise program, and I recommend joining a local gym or sports centre. They will be able to create a fitness program that can help you lose weight and feel healthier. Do you think you can do that?

To find out more about some of the common well known services available to patients, click on the links below:

- Blue Care
- · Meals on Wheels
- Ouitnow
- Alcoholics Anonymous
- ACAT Assessment
- Grief Counseling

Other Health Professionals commonly referred to include:

- Dieticians
- · Social Workers
- Community Support Groups

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Responding to a Patient

Listening is a key component of the medical interview and it is important to listen attentively to what the patient says, as this is of more importance than what is written in your role-play card. Careful listening will help you to improve your communication skills by allowing you to respond appropriately, and show empathy and concern for the patients condition or situation. If you are card focused you may not respond appropriately to the patient.

Here are some example responses:

- Now, I understand how you feel.....you are worried about returning home and whether you can manage, but let me reassure, we can provide good quality home care and there are a range of professional services available. Would you like me to tell you more about that?
- Well, you mentioned that you have had this condition for a few years, could you tell me about the mediation you have been taking?
- Now, as you said, the wound is causing you pain. That is why I recommend you visit our out-patient clinic as soon as possible.
- I am very sorry to hear that. Would you mind if I ask you a few further questions regarding this situation?
- Do you have any other difficulties?
- Is there anything else that is bothering you?
- Apart from chest pain, what other symptoms have you experienced?
- I see,that must be a very difficult situation for you. But the good news is, that there several options available which will help you. Would you like to hear more about that?
- I can see that you are worried, but try to not be too concerned as this condition can be managed with medication and
- I totally understand how you might feel, but let me reassure, this condition is not as serious as you might think.

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Smoking Cessation

I'm glad you've made the decision to quit smoking. *The good news is* that it *is* possible to give up smoking. *I'd like to reassure* you that many of the complications caused by smoking can be reversed. If you quit smoking, you will have more energy, better health and improved sense of taste and smell.

It's a good idea to avoid smoking situations and do activities that can distract you from smoking. I'm sure you will enjoy saving money. Don't forget to reward yourself!

Another thing I should mention is that there many support groups and programs available to help you to quit smoking.

Practice: Using the underlined phrases above, practice giving advice and expanding on the notes below. Add your own ideas as well.

Risks

- 20,000 Australians die every year from smoking related diseases
- 86% of lung cancers are caused by smoking
- · Chronic bronchitis » smokers cough
- · Hardening of the arteries » heart attacks/ strokes
- Problems in pregnancy
- Risks to other family members through passive smoking

Quitting

- Cold Turkey
- · Nicotine patches
- · Nicotine gum
- Quitline
- · Community groups
- GP

Withdrawal Symptoms

- · Feeling restless
- Irritable & tense
- · craving for cigarettes
- · Symptoms disappear after 10 days

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Weight Loss & Benefits of Exercise

<u>I'm glad you asked</u> about how to lose weight. <u>It will certainly help</u> your health and self esteem.

<u>Well</u>, there are basically two simple keys to losing weight. <u>The first one</u> is to eat less fattening foods. You should also be careful of your alcohol intake. <u>The second</u> key is to exercise regularly to raise your metabolism and burn extra calories. <u>Do you think you can do that?</u>

<u>It is also very important</u> to reduce high calorie foods- foods such as peanut butter, nuts, soft drinks cakes and biscuits. Instead of these foods, <u>aim to</u> increase your intake of complex carbohydrates like grains and vegetables.

<u>Try to</u> exercise regularly at least three times a week for about 30 minutes. <u>Can I suggest</u> even taking the stairs instead of the lift? This will all make a difference in your goal to lose weight.

Practice: Using the underlined phrases above, practice giving advice and <u>expanding on</u> the notes below. Add your own ideas as well.

Weight loss tips

- Cut down of high calorie food such as......
- · Eat natural foods
- · Avoid junk foods
- · Don't eat between meals
- · Avoid second helpings

Exercise

- Go for a 20~30 minute walk everyday
- Swimming
- Cycling
- Join your local fitness club/ sports centre

Recovery

- · Start gradually and build up over time
- Avoid strenuous activities such as........
- If you feel tired......
- · Build your self esteem
- Reduce risks of heart disease by......
- Put less pressure on your joints especially......

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Breaking Bad News

You may face a role-play task where you need to break bad news to a patient. This is a difficult circumstance, and you need to be careful with the language you use.

Process

Give information » Check the patient's understanding » identify the patient's main concerns »Give realistic hope

- Example 1
 - Health Professional: John, what I would like to tell you is that the cause of your symptoms could be more serious than you think, and that there is a risk that it is some kind of brain disorder. Therefore, I believe that it is very important that we do a few further investigations including an a CT scan and EEG.
 - · Patient: What kind of brain disorder?
 - HP: Well we don't know at this stage, but we need to rule out the possibility of epilepsy or a brain tumour
 - Pt: Oh no, this is really serious
 - HP: Well we do not know at this stage, but you are in very good hands, and the first step is to complete our investigations.

• Example 2

- HP: We have the test results back and unfortunately the news is not good.
- Pt: What do you mean? Have I got cancer?
- HP: Yes I am afraid so. I realise that this comes as a shock to you. (pause)
- Pt: Oh my gosh, what will happen now?
- HP: Well, fortunately we caught it early and there are some treatment options such as chemotherapy.
- Pt: Chemotherapy. But that can make your hair fall out
- HP: Yes there are unpleasant side effects, but it is the most effective treatment option for your condition.
- Pt: Will it cure me?
- HP: Well, we hope you will improve after a course of treatment, but we can not say definitely that you'll be cured. But we will keep a close on you and repeat the treatment if needed.
- Pt: I see
- HP: Now, it may be a good idea to talk to someone about this. Do you have any relatives or close friends who can help you and provide support?

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Dealing with Complaints

Key points

- Acknowledge the patient's concerns and experiences, and take responsibility for what happened.
- Try to resolve the complaint directly
- Be aware of differing views of what happened and what was said
- People who make complaints are often worried that there will be some kind of negative consequences for their ongoing care.
- Inform the patient about how you will manage their complaint.

Complaint Dialogue

Doctor: Hello, Sonia, I am Dr. Jones, the surgical registrar. How are you today?

Patient: Not so good doctor. I had a terrible night last night.

Doctor: Oh,I'm sorry to hear that. Can you tell me more?

Patient: Well, you know I had an operation last night?

Doctor: Yes,an appendectomy, wasn't it?

Patient Yes, well during the night I wanted to talk to the nurses as I was very thirsty, and I rang the bell twice and no one came to see me.

Doctor: So you rang the bell twice last night, but the nurses came very late, is that right?

Patient: Exactly, I had to wait about an hour!!

Doctor: I am sorry about the inconvenience. However, there are some reasons for the delay. First of all, we do not have enough nurses at the moment. There is a flu epidemic. Lots of nurses are on sick-leave. So at the moment, we have to have less experienced on-call nursing staff fill in. It takes them a longer time to assist one patient compared with experienced nurses.

Patient: Yes, but this is a private hospital. So I expected better care, especially after having an operation.

Doctor: You are quite right. And your care is important to all the staff here. However, we also had four emergency operations last night. Those patients had life-threatening conditions. I understand that you were on the priority list, but the condition of those patients was much more severe than yours, so most of our staff was in the operating rooms.

<u>I hope you can understand our situation</u> and I appreciate your feedback. As you know, providing the best service to our patients is our objective. I will certainly report it to the ward manager

Patient: I guess I understand. But I would like you to report it.

Doctor: Certainly. Now, let's talk about your current health. (changing the subject)

How do you feel today?

Patient: I feel a bit better and to be honest I would like to go home.

Doctor: Well,I'm pleased that you feel much better today. But I am not sure if it is a good idea to go home just yet. Do you have any discomfort today?

Patient: Yes,a bit on the wound site. But I can manage that. My husband can look after me at home.

Doctor: So you still have pain. Let me check your chart, your temperature is a bit high today. It can be a normal reaction after the appendectomy, but we need to keep a close eye on you in case the symptoms are caused by an infection.

Patient: Oh,I see

Doctor: In general, patients like you have to stay in hospital for 2-3 days. In addition, your surgeon hasn't seen you yet. You have to have a consultation with him before I discharge you. He will come to see you around 11 am today. Therefore, <u>you may be discharged tomorrow if you make good progress.</u>

Patient: But doctor, I'm afraid I could have another situation like last night.

Doctor: I promise that will not happen again. We have a plan to put on extra staff tonight, and I know the ward manager will make sure we have enough staff.

Patient: Okay,thank you doctor.

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Confidentiality & Consent

Communication related to topics such as confidentiality and consent can be difficult because the required vocabulary and expression is outside the range commonly used to describe medical conditions. Below is an example of phrases which can used in these situations.

Expression	Sentence
Confidential	The patient has requested that I keep this information confidential.
Confidentiality Agreement	I cannot provide any details about this patient as it would breach our confidentiality agreement.
Disclose	John has given me this information in confidence, so I cannot disclose it without his consent.
Hospital policy	It is against hospital policy to disclose details about the patient's condition to non-family members
Written Authorisation	Please understand, I am not able to provide any details of the results without written authorisation from the patient.
Unethical	It would be unethical for me to disclose confidential information about Mary without her consent.
Legal Responsibility	I have a legal responsibility to maintain the confidentiality of the patient.
Informed Consent	Before we go ahead with the operation, we need to obtain your informed consent in writing.
Consent	I cannot change the dosage or quantity of the medication with the consent of your doctor.

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Difficult Situations

Grief Counseling

- · Listen attentively to the bereaved person.
- · Allow for moments of silence and reflection.
- · Listen in a non-judgmental and accepting way.
- Encourage the bereaved person to talk about their grief.
- Explain that grief is a normal, natural and inevitable response to loss
- · Offer practical and emotional support e.g.pastoral support or a grief counselor
- Understand that tears are normal and healthy part of the grieving process.
- Remember that grief takes time to work through.

Priority Patients

Triage system: The process by which a health professional assesses a patient's clinical urgency.

Key points

- Urgency:Urgency is determined according to the patient's clinical condition and is used to 'determine the speed of intervention that is necessary to achieve an optimal outcome'.
- · Urgency is independent of the severity or complexity of an illness or injury
- Some patients may be triaged to a lower urgency rating because it is safe for them to wait for an emergency assessment, even though they may still eventually require a hospital admission

Difficult Patients

- · Screen for depression or anxiety
- · Summarize the patient's chief concern
- Interrupt less
- Offer ways to improve care, solutions to the problem or choices
- Show empathy
- · Ask open questions to encourage the patient to talk
- Indicate what part the patient must play in caring for his or her health

Useful Phrases

- It's difficult for me to listen to you when you use that kind of language.
- You seem quite upset. Please tell me exactly what are angry about.
- I cannot help you if you are not prepared to help yourself

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Common Errors

Accurate expression is required to achieve a B grade or higher. Here is a list of some common errors, which should be avoided.

Incorrect Sentence	Correct Sentence
How can I call you?	How may I address?What should I call you?
Let me to explain in detail	Let me explain in detail.Allow me to explain in detail.
It might be happen again.	It might happen again.
The infection may be spread to other parts of the body.	The infection may spread to other parts of the body.
There are no any cavities.	There are no cavities
Do you have little bit pain?	Do you have any pain?
If you don't have a shower, the wound might will get infected.	 If you don't have a shower, the wound might get infected. If you don't have a shower, the wound will get infected.
We really want you to quit smoke.	We really want you to quit smoking.
Don't stop take your medication.	Don't stop taking your medication.
Is there anything I can help?	Is there anything I can help you with?Is there anything I can do?
This will help to recover your wound.	This will help to heal your wound.

The side effects are quite low.	The side effects are quite mild.The side effects are minimal.
Let me have a look your baby.	Let me have a look at your baby.
I will keep an eye for him.	I will keep an eye on him.
We will do some tests to find out what you are allergy about.	 We will do some tests to find out what you allergic to? We will do some tests to see if you have any allergies.
For this stage, I recommend to take your medication regularly.	At this stage, I recommend taking your medication regularly.
As I told to you before, plenty of rest is needed.	 As I told you before, plenty of rest is needed. As I explained before, plenty of rest is needed.
Your child needs a vaccine to protect the mumps.	Your child needs a vaccine to protect her from mumps.
Can you describe me about the pain?	Can you describe the pain?Can you tell me about the pain?
I will discuss about the treatment options now.	I will discuss the treatment options now. I will tell you about the treatment options now.
How long is the pain bothering you?	How long has the pain been bothering you?

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Dos and Don'ts

There are many ways to successfully approach the speaking task. Below are a list of simple points to remember to help you succeed on the day.

Dos	Don'ts
Do read the roleplay card carefully and ask the interviewer if you are unsure of any of the words or expressions in the task.	Don't plan what you are going to say in advance. React to the scenario on your roleplay card and plan your role accordingly.
Do react to what the interviewer (as patient) asks or says and respond accordingly. This is much more important than simply following the tasks on the card.	Don't plan what you are going to say in advance. React to the scenario on your roleplay card and plan your role accordingly.
Do focus on the patient and respond to their questions and concerns.	Don't be card focussed at the expense of the patient. It is much more important to respond to the patient in a natural and caring manner (where required).
Do take charge of the roleplay. You are a medical professional and should act accordingly by leading the roleplay. This means you must start and conclude the roleplay, and if the patient is quite or silent, then it is your responsibility to keep the conversation moving.	Don't wait for the interviewer to lead the roleplay. They may not!! This is your job.
Do utilise the allowed 3 minutes to identify the key points on your card including: • the setting • whether you know the patient, or if it's the first time to meet • the main topic of conversation & relevant background information • task requirements	Don't rush through your card in 30 seconds and say you are ready to start! You may miss some important details.
Do refer to your card occasionally during the exam, especially if you are unsure of what to say.	Don't try to memorise the whole card. You can refer to it as required during the roleplay.
Do be prepared to discuss matters which are not on your card. The patient's card usually contains information which is not on your card.	Don't feel you must complete every aspect of your task. Remember it is a guide only and you will not be penalised if you do not complete every detail of your card.
Do look at the patient during the roleplay. Although only your speech is recorded, your communication will be more effective if you have eye contact with the interviewer.	Don't look at you card only and read it while the patient is talking as you must listen carefully to what they the patient says so that you can respond appropriately.
Do stay focussed on the task at hand. You only have 5-6 minutes to complete the task!	Don't spend too much time on unrelated matters such as a detailed medical history as you do not have time for this.
Do practise as many tasks as possible with a partner to ensure you are familiar with the speaking test. Remember it is very different to IELTS and requires different language skills, such as the ability to persuade, convince and reassure.	Don't ignore the task requirements and say what you think based on your medical knowledge. Remember it is a test of English language ability and not a place to demonstrate your medical knowledge.

Do act confidently and speak with a positive voice. If you are unsure of the details of the condition, it is okay to make it up! Remember it is a test of English not your medical knowledge.	Don't show how nervous you are as this can negatively affect your result. Lots of practice is the best way to overcome nerves.
Do slow down your speech when using unfamiliar words such as names of medications or treatment procedures. Always be prepared to explain the meaning of any medical terminology you use.	Don't use a lot of medical jargon and technical words. You need to use layman's language to describe the condition.
Do regularly check that the patient understands your explanations. Ask questions such as: Is that clear? Can you do that?	Don't speak continuously in a monologue. You are taking part in a 2 way conversation.
Do stop speaking if the patient wants to interrupt you. You must respond to the patient.	Definitely do not talk over the patient. You will be penalised for this!
Correct a grammatical or vocabulary mistake immediately if you are aware that you have made one. (Native speakers certainly do this!)	Don't rush your sentences as you are more likely to make an error. Try to remain clam and in control.
Do be aware of the gender of your patient and if you say he instead of she, try to correct it.	Don't be too stressed if you make a gender error, 1 or 2 slips is acceptable but more than this may be penalised.

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How to Improve your Speaking Skills

For many, getting a B grade in speaking is a big challenge. The basic skills that you will require to achieve a B grade include:

- The ability to speak with a reasonable degree of fluency with minimal hesitations
- The ability to use a wide range of grammatical structures so that you can make smooth and effective communication
 with the patient including the ability to ask questions, explain dental conditions, reassure, give advice, persuade and so
 on
- · A good range of vocabulary within the dental and medical context
- A confident manner so that you can lead the role-play from start to finish
- The ability to explain common dental conditions in non-technical language understandable by the general public

So, to achieve this level of communication ability in English, you can develop the required skills by working through the following stages

Stage 1

- Write out dialogues of a medical interview between a nurse and patient using the role play scenarios in your course.
 While doing this, study the worksheets listed under "Interview Techniques" and learn how to use the various structures and expressions.
- Research medical conditions and learn how to explain them simply and clearly in layman's language, and within the Australian context.
- Practice doing the role-plays at home by yourself or even better with a friend and record your voice (Audacity software is a good, free computer based software for this)
- Analyse your own speaking and keep practicing until your fluency, range of expression, grammar and confidence improves. Ask yourself the following questions
 - Could I ask appropriate questions?,
 - Was able to clearly explain the dental condition?
 - Was my fluency good?
 - Did I hesitate a lot?
 - · Was my pronunciation clear?
 - · Was my grammar and sentence structure accurate?
 - Could I lead the role-play?
- Do this every day with different conditions and keep doing it until you feel confident in your ability to complete a medical interview.

Stage 2

• Once you have developed confidence and have a good understanding of how to structure a medical interview you can begin doing role-plays by simply researching the topic, but not reading the role-play cards. Then, either with your teacher or with a friend you can act out the role-plays unrehearsed, without any dialogue support. This will give you a good idea of your level, and your ability to respond appropriately to the patient without preparation. Make sure you continue to record your own speech, so that can identify your strengths and weaknesses and do the necessary study.

• The final stage is when you can confidently respond to any role-play scenario, regardless of the topic, and complete a medical interview without any preparation, apart from the 3 minutes allowed by OET on exam day. Once you have reached this stage, you will know you have a chance of achieving a B grade or higher.

How long does it take to reach this level?

Well that depends on your starting point, including the level of your English and knowledge of common medical conditions and situations. Of course, work experience as a dentist, either in Australia or in your own country will be helpful. If you have an IELTS score of 6 or 7, then with serious study you may be able to reach B level within 3~6 months. For some it will take longer, even up to a year, but if you keep working hard you can make it.

For those who already have the basic English Language skills required as well as a dentistry background, then progress can be much quicker and a successful result can be achieved within 1 or 2 months.

Thoughtful Handy Tip

This technique has helped many health professionals improve their speaking sufficiently to achieve a B grade in speaking, but it requires dedication and hard work.

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Appropriateness of Language

Technical Language

In this category, you are basically being tested on your ability to explain medical and technical jargon commonly used in your profession, into simple, clear language. You can be guaranteed that if you use technical language, the patient (interviewer) will ask you to explain what you mean. That does not mean you cannot use some medical terminology, it just means that you need to be ready to explain it in simple terms to the patient.

If you need improvement in this category, practice explaining a variety of conditions common to your profession in simple terms. You may find it useful to record your own speech and do this on a regular basis. Again, you will find the old adage: "Practice makes Perfect" is the key to success.

Don't be too Formal

Although a consultation is a formal situation, it is very common to use casual and natural expressions when talking to a patient. This will help the patient to feel comfortable and at ease. This will also make it easier to provide reassurance or comfort if required or gentle persuasion. Always aim to speak in a friendly, clear and positive voice.

Don't be too Casual

The roleplay is a formal situation in that you are not friends with the patient. You may also be dealing with an elderly patient so it may good to speak in a respectful manner.

Some inappropriate expressions if overused include:

- yeah Vs yes
- wanna Vs would like to
- · gonna Vs going to

Gender

A common error is incorrect use of pronouns. For example: Him/his when the patient is a female or her/hers when the patient is a male. If you have difficulties with pronouns, write them down in large letters on your role-play card as a reminder!

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Fluency

This is a challenging category especially if you are not using English on a daily basis. If your speech contains too many hesitations or pauses you will be marked down. To get a B grade or above in the exam your aim is to speak at an even and controlled speed. If fluency is a weak area for you, then practicing the scenarios often can help you become more familiar with the various stages of the roleplay and what expressions are suitable for each stage. You need to practice roleplay scenarios regularly so that you have the confidence to respond to the scenario and patient with a reasonable degree of fluency.

How to Increase Fluency

All role plays will be similar in that you are required to do three things:

- 1. Find out about the patient by taking a brief, specific history (note, there is not usually enough time to ask general questions so always focus on the situation at hand)
- 2. Provide information about the condition
- 3. Teach the patient how to manage the condition

Depending on the situation, it may be necessary to provide comfort and reassurance to the patient or even persuade the patient to do something against their wishes in order to improve their health.

Therefore you can improve fluency be becoming familiar with suitable expressions that allow you to deal with these situations. In addition, the wider range of vocabulary you have, then the more fluent you will be able to speak. See functions of language for examples of how to do this.

Another sources of good spoken language is the website:

• Health Minutes: http://www.abc.net.au/health/minutes/

Look carefully at the vocabulary and expressions used by Norman Swan and try to incorporate this into your speech. You will be surprised at what it difference it can make in a relatively short time if you work hard.

How to Decrease Fluency

For some students, lack of fluency is not the problem, but rather rushed speech. If your speech is rushed or words are joined together in a non-standard manner, then the patient may not understand you. This is especially important when you are explaining complex conditions or giving important advice. In such situations, it is necessary to develop some self awareness so that you can consciously control the speed at which you deliver information. Technical words, including names of illnesses, medications and treatment methods, should not be rushed or "lost" within a sentence. A good strategy is to always ensure that the patient can follow what you say by regularly checking with them i.e Is that clear?

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Intelligibility

This refers to how clearly you speak and can be broken down into the following categories:

- Pronunciation
- Intonation
- · Syllable and word stress
- Rhythm

While you are not expected to speak like a native speaker, it is expected that what you say can be clearly understood. Therefore you need to ensure that you pronounce words clearly, particularly words specific to a medical consultation. For all people from non English speaking backgrounds there are some sounds, stress patterns or rhythm which are difficult. It is important that you identify which aspects of English are difficult for you and work hard to improve in those areas. Recording your own speech is a useful starting point.

There are a range of strategies to improve clarity of speech, but it requires dedication and determination to improve in this area, especially if your speech patterns have become "ingrained" after many years of English speaking. It is also hard if you are not living in Australia or another English speaking country. Listed below are some strategies which can help you improve in this area.

Listen and Repeat

Find podcasts which have transcripts and read aloud in time with the audio. This will help you develop rhythm, syllable and word stress as well as fluency. You should do this regularly and it will also help you improve your listening skills at the same time. Suitable websites include

- Health Minutes: http://www.abc.net.au/health/minutes/
- The Better Health Channel: http://www.betterhealth.vic.gov.au

Record your own Speech

This is a very useful technique as you once you listen to your own speech you will be able to analyse your own strengths and weaknesses and develop your skills accordingly. So practice the roleplay tasks for your profession with a friend or colleague and record your roleplay. Then analyse your performance. Remember, practice makes perfect!

Software which allows you to record your voice digitally includes:

- Audacity: http://audacity.sourceforge.net/
- Pamela for Skype: http://www.pamela.biz/en/

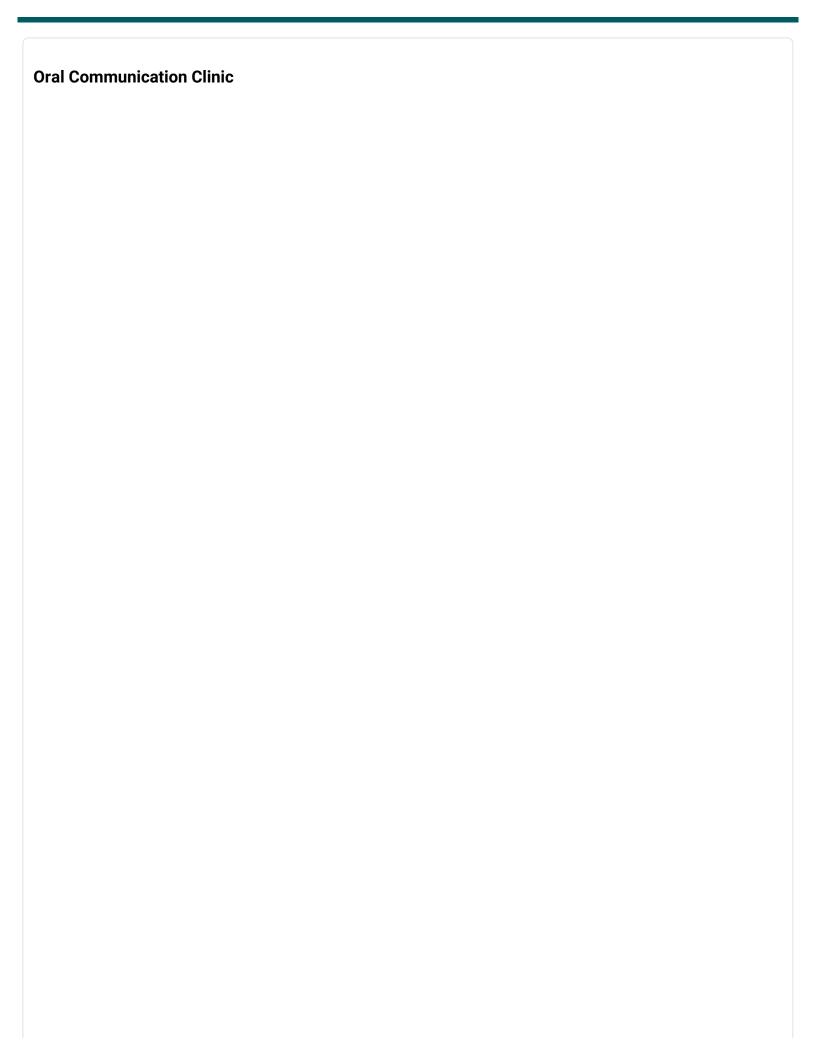
Medical Terminology

Many medical words such as the names of various conditions are long and difficult to pronounce. A good website which features English and US pronunciation of most common medical words is:

http://www.thefreedictionary.com/

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Overall Communicative Competence

One of the categories the assessors use to judge the English level of candidates is "Overall Communicative Competence". For this criterion, you need to demonstrate your ability to handle a typical conversation between you as a health professional and the interviewer as a patient. This means you must lead the conversation based on the roleplay scenario on your card. You must ask questions clearly to find out the patient's condition and /or main concern. You must also respond appropriately to questions from the patient (interviewer).

Do I need to follow the card completely?

No you do not, although it obviously very useful as a guide regarding the direction the consultation will take. What you need to do is spend 2 or 3 minutes reading the card, as allowed in the exam format. Use this time carefully to plan your roleplay, and underlining the important parts of the roleplay. This includes

- · Identifying the setting
- Making notes of any important points regarding the patient's medical history
- · Identifying the main concerns of the patient
- Identifying what the task requires you to do

Be patient rather than card focussed

Once you are ready, begin the roleplay in the appropriate manner. The key points is, try to not be too focussed at this stage on the content of your card. Focus your attention on the patient and respond to their condition and concerns. There is a danger that if you pay too much attention on what your card says then you may not respond to what the patient says. If you focus on your card and not the patient you will find it difficult to have a meaningful conversation with the patient. Remember, the card is used as a guide only, and once in the roleplay respond as naturally as possible to the patient and let your instincts take over. If you do this, the task will take its natural course. Also remember, the interviewer has a role to play as a patient so you need to respond to their questions.

Another important point is not to talk over the patient. If they interrupt you, you have to allow this and respond to their question. Although it is expected that you do 75% of the talking, (as it is your English that is being assessed not the interviewers!) it is not good for you to talk continuously. So when explaining important points, ask questions to the patient and seek clarification to ensure they are following what you say. See functions of language for examples of how to do this.

Talk to the patient rather than at the patient

You need to demonstrate your ability to talk to a real person and show compassion for their situation.. Remember, although you may have the medical knowledge to advise the patient, always do this in the context of their unique situation, which is far better than just talking in general or "from the textbook" The way to do this is to ask questions then respond to the patients comments based on your medical knowledge. For example if you are dealing with a child who has eczema, and you may know that there are various factors which can cause this condition such as animal hair, woollen clothes etc, do not say: Ensure that your child does not come in contact with pets and avoid using woolen clothes and soaps. This may be correct advice, but is far better to asks questions to determine the environment of the patient. So you could have a dialogue as follows:

First, as I said, the rash might be related to allergy and irritation, so please avoid things that may irritate the skin, like soaps. Have you noticed any itchiness after bathing your son?

Animals hair is another irritant. Do you have a pet? / Does your son come in regular contact with animals?

In this way, rather than delivering your speech in a monologue, you will be having a meaningful conversation with the patient, and offering advice based on the specific context of their situation, rather than just speaking in general terms, which may not be relevant to their situation.

Whose job is it to keep the conversation moving?

It is also important that as a medical professional, you lead in the role play. That means you need to begin and end the roleplay and if the patient is silent, then you need to fill gaps and not wait for patient as they may not say anything. It is also important to note that silence in the roleplay is not a favourable thing from the candidates point of view as it can indicate that you are not in control of the interview. So always be prepared to keep the conversation moving.

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Resources of Grammar and Expression

This relates to how accurately you speak. To achieve a B score you will need to demonstrate good grammatical control in your speech. You can improve your grammar and sentence structure by writing out dialogues for for various scenarios common to your profession and have them checked by your teacher or a native speaker friend. See functions of language for examples of how to form suitable sentences.

Below are a list of common errors which you should study carefully so that you can avoid them in your own speech.

Incorrect	Correct
• I will now explain you what caused your condition. Explanation: Explain cannot be followed by pronoun such as you or me.	 I will now explain what caused your condition. I will now explain to you what caused your condition. I will tell you what caused your condition.
I concern about your drinking habit. Explanation: concern needs to be used as either an adjective or noun	I am concerned about your drinking habit. (adjective) I have a concern about your drinking habit. (noun)
I recommend she should start her vaccination program as soon as possible Explanation: recommend and should have similar meaning so these words should not be used together.	I recommend she start her vaccination program as soon as possible.
I recommend you need to lose weight Explanation: as above recommend and need have similar meaning	I recommend (that) you lose weight.
I suggest you to take the medication as prescribed by your pharmacist. Explanation: The expression suggest is not followed infinitive forms with to	 I suggest that you take the medication as prescribed by your pharmacist. I suggest you take the medication as prescribed by your pharmacist. I suggest taking the medication as prescribed by your pharmacist.
I strongly advice that you brush your teeth twice a day. Explanation: advice is a noun, advise is the verb	 I strongly advise that you brush your teeth twice a day. (adjective) My advice is to brush your teeth twice a day. (noun)

Let me give you some advices.	Let me give you some advice.
Explanation: advice is an uncountable noun so cannot be used in the plural form	
Some of our staffs were on leave.	Some of our staff was absent.
Explanation: staff is an uncountable noun so cannot be used in the plural form.	Some members of our staff were absent.
I have many experience	I have many years of experience I have a lot of experience
Explanation: experience is this sense an uncountable noun so cannot be used in the plural form	
 there is a serious reaction in few children 	There is serious reaction in
Explanation: experience is this sense an uncountable noun so cannot be used in the plural form	
The condition will recover itself over time.	 The condition should resolve itself over time. Your daughter will recover over time.
Explanation: incorrect word	
We don't know what cause of this problem.	We don't know what the cause of this problem is.
Explanation:incorrect sentence structure and word form	(noun)We don't know what caused this problem. (verb)
Your condition have worsened.	Your condition has worsened.
Explanation: verb subject agreement is incorrect.	
 You should to increase your intake of fruit and vegetables 	You should increase your intake of fruit and vegetables
Explanation: should is a modal verb and cannot be followed an infinitive form	
It will helps a lot.	It will help a lot
Explanation: do not conjugate the verb after will	
You might be painful	You might have pain (noun)The gum might be painful (adjective)
Explanation: Incorrect sentence structure	
He is very expert.	He is an expert in the field.
Explanation: expert is a noun so cannot be modified.	He has a lot of expertise in the field.
You are getting fits for 3 times?	You have had fits on 3 occasions?
Explanation: Incorrect sentence structure	You have had 3 episodes of fits?

The side effects are very minimum. Explanation: minimum is a noun, adjective form required.	The side effects are very minimal (adjective)	
How should I call you? Explanation:Incorrect sentence structure	How should I address you?What should I call you?	

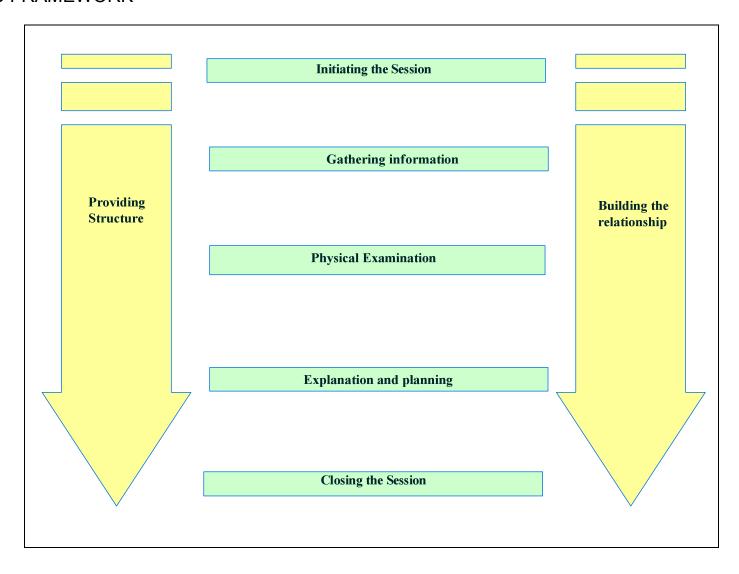
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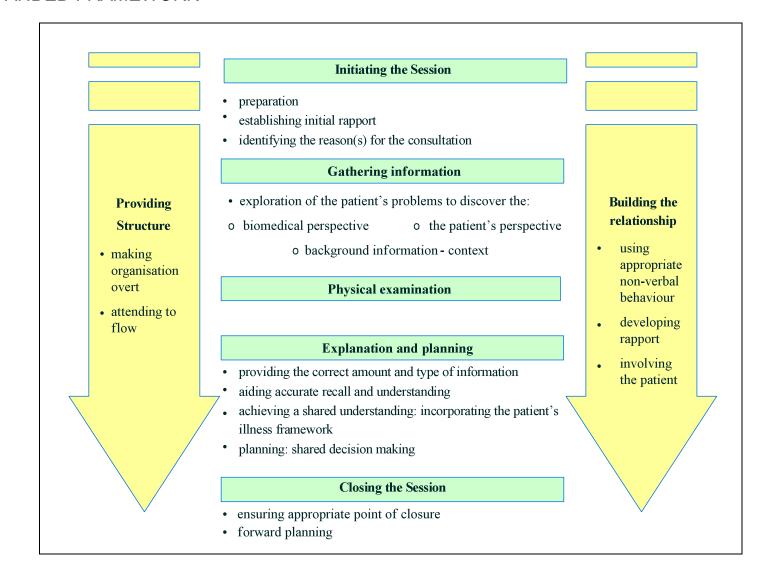
THE ENHANCED CALGARY-CAMBRIDGE GUIDE TO THE MEDICAL INTERVIEW

Kurtz SM, Silverman JD, Benson J and Draper J (2003) Marrying Content and Process in Clinical Method Teaching: Enhancing the Calgary-Cambridge Guides Academic Medicine 78(8):802-809

THE BASIC FRAMEWORK



THE EXPANDED FRAMEWORK



AN EXAMPLE OF THE INTER-RELATIONSHIP BETWEEN CONTENT AND PROCESS

Gathering Information

Process Skills for Exploration of the Patient's Problems

- patient's narrative
- question style: open to closed cone
- attentive listening
- facilitative response
- picking up cues
- clarification
- time-framing
- internal summary
- appropriate use of language
- additional skills for understanding patient's perspective

Content to Be Discovered

the bio-medical perspective (disease)
sequence of events
symptom analysis
relevant systems review

the patient's perspective (illness)
ideas and beliefs
concerns
expectations
effects on life
feelings

past medical history drug and allergy history family history personal and social history review of systems

REVISED CONTENT GUIDE TO THE MEDICAL INTERVIEW

Patient's Problem List

Exploration of Patient's Problems

Medical Perspective-disease

Sequence of events Symptom analysis

Relevant systems review

Patient's Perspective-illness

Ideas and beliefs

Concerns

Expectations

Effects on life Feelings

Background Information - Context

Past Medical History

Drug and Allergy History

Family History

Personal and Social History

Review of Systems

Physical Examination

Differential Diagnosis - Hypotheses

Including both disease and illness issues

Physician's Plan of Management

Investigations

Treatment alternatives

Explanation and Planning with Patient

What the patient has been told

Plan of action negotiated

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CALGARY - CAMBRIDGE GUIDE TO THE MEDICAL INTERVIEW - COMMUNICATION PROCESS

INITIATING THE SESSION

Establishing initial rapport

- 1. Greets patient and obtains patient's name
- 2. **Introduces** self, role and nature of interview; obtains consent if necessary
- 3. Demonstrates respect and interest, attends to patient's physical comfort

Identifying the reason(s) for the consultation

- 4. **Identifies** the patient's problems or the issues that the patient wishes to address with appropriate **opening question** (e.g. "What problems brought you to the hospital?" or "What would you like to discuss today?" or "What questions did you hope to get answered today?")
- 5. **Listens** attentively to the patient's opening statement, without interrupting or directing patient's response
- 6. **Confirms list and screens** for further problems (e.g. "so that's headaches and tiredness; anything else.....?")
- 7. Negotiates agenda taking both patient's and physician's needs into account

GATHERING INFORMATION

Exploration of patient's problems

- 8. Encourages patient to tell the story of the problem(s) from when first started to the present in own words (clarifying reason for presenting now)
- 9. Uses open and closed questioning technique, appropriately moving from open to closed
- 10. **Listens** attentively, allowing patient to complete statements without interruption and leaving space for patient to think before answering or go on after pausing
- 11. **Facilitates** patient's responses verbally and non-verbally e.g. use of encouragement, silence, repetition, paraphrasing, interpretation
- 12. **Picks up** verbal and non-verbal **cues** (body language, speech, facial expression, affect); **checks out and acknowledges** as appropriate
- 13.**Clarifies** patient's statements that are unclear or need amplification (e.g. "Could you explain what you mean by light headed")
- 14. **Periodically summarises** to verify own understanding of what the patient has said; invites patient to correct interpretation or provide further information.
- 15. Uses concise, easily understood questions and comments, avoids or adequately explains jargon
- 16. Establishes dates and sequence of events

Additional skills for understanding the patient's perspective

- 17. Actively determines and appropriately explores:
 - patient's ideas (i.e. beliefs re cause)
 - patient's **concerns** (i.e. worries) regarding each problem
 - patient's expectations (i.e., goals, what help the patient had expected for each problem)
 - effects: how each problem affects the patient's life
- 18. Encourages patient to express feelings

PROVIDING STRUCTURE

Making organisation overt

- 19. **Summarises** at the end of a specific line of inquiry to confirm understanding before moving on to the next section
- 20. Progresses from one section to another using **signposting**, **transitional statements**; includes rationale for next section

Attending to flow

- 21. Structures interview in **logical sequence**
- 22. Attends to timing and keeping interview on task

BUILDING RELATIONSHIP

Using appropriate non-verbal behaviour

- 23. Demonstrates appropriate non-verbal behaviour
 - eye contact, facial expression
 - posture, position & movement
 - vocal cues e.g. rate, volume, tone
- 24. If reads, writes **notes** or uses computer, does **in a manner that does not interfere with dialogue or rapport**
- 25. Demonstrates appropriate confidence

Developing rapport

- 26. Accepts legitimacy of patient's views and feelings; is not judgmental
- 27. **Uses empathy** to communicate understanding and appreciation of the patient's feelings or predicament; overtly **acknowledges patient's views** and feelings
- 28. **Provides support**: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self care; offers partnership
- 29. **Deals sensitively** with embarrassing and disturbing topics and physical pain, including when associated with physical examination

Involving the patient

- 30. **Shares thinking** with patient to encourage patient's involvement (e.g. "What I'm thinking now is....")
- 31. **Explains rationale** for questions or parts of physical examination that could appear to be non-sequiturs
- 32. During physical examination, explains process, asks permission

EXPLANATION AND PLANNING

Providing the correct amount and type of information

- 33. Chunks and checks: gives information in manageable chunks, checks for understanding, uses patient's response as a guide to how to proceed
- 34. **Assesses patient's starting point:** asks for patient's prior knowledge early on when giving information, discovers extent of patient's wish for information
- 35. Asks patients what other information would be helpful e.g. aetiology, prognosis
- 36. Gives explanation at appropriate times: avoids giving advice, information or reassurance prematurely

Aiding accurate recall and understanding

- 37. Organises explanation: divides into discrete sections, develops a logical sequence
- 38. **Uses explicit categorisation or signposting** (e.g. "There are three important things that I would like to discuss. 1st..." "Now, shall we move on to.")
- 39. Uses repetition and summarising to reinforce information
- 40. Uses concise, easily understood language, avoids or explains jargon
- 41. Uses visual methods of conveying information: diagrams, models, written information and instructions
- 42. Checks patient's understanding of information given (or plans made): e.g. by asking patient to restate in own words; clarifies as necessary

Achieving a shared understanding: incorporating the patient's perspective

- 43. **Relates explanations to patient's illness framework:** to previously elicited ideas, concerns and expectations
- 44. **Provides opportunities and encourages patient to contribute:** to ask questions, seek clarification or express doubts; responds appropriately
- 45. **Picks up verbal and non-verbal cues** e.g. patient's need to contribute information or ask questions, information overload, distress
- 46. Elicits patient's beliefs, reactions and feelings re information given, terms used; acknowledges and addresses where necessary

Planning: shared decision making

- 47. Shares own thinking as appropriate: ideas, thought processes, dilemmas
- 48. Involves patient by making suggestions rather than directives
- 49. Encourages patient to contribute their thoughts: ideas, suggestions and preferences
- 50. Negotiates a mutually acceptable plan
- 51. Offers choices: encourages patient to make choices and decisions to the level that they wish
- 52. Checks with patient if accepts plans, if concerns have been addressed

CLOSING THE SESSION

Forward planning

- 53. Contracts with patient re next steps for patient and physician
- 54. **Safety nets**, explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help

Ensuring appropriate point of closure

- 55. **Summarises session** briefly and clarifies plan of care
- 56. **Final check** that patient agrees and is comfortable with plan and asks if any corrections, questions or other items to discuss

OPTIONS IN EXPLANATION AND PLANNING (includes content)

IF discussing investigations and procedures

- 57. Provides clear information on procedures, eg, what patient might experience, how patient will be informed of results
- 58. Relates procedures to treatment plan: value, purpose
- 59. Encourages questions about and discussion of potential anxieties or negative outcomes

IF discussing opinion and significance of problem

- 60. Offers opinion of what is going on and names if possible
- 61. Reveals rationale for opinion
- 62. Explains causation, seriousness, expected outcome, short and long term consequences
- 63. Elicits patient's beliefs, reactions, concerns re opinion

IF negotiating mutual plan of action

- 64. Discusses options eg, no action, investigation, medication or surgery, non-drug treatments (physiotherapy, walking aides, fluids, counselling, preventive measures)
- 65. Provides information on action or treatment offered

name

steps involved, how it works

benefits and advantages

possible side effects

- 66. Obtains patient's view of need for action, perceived benefits, barriers, motivation
- 67. Accepts patient's views, advocates alternative viewpoint as necessary
- 68. Elicits patient's reactions and concerns about plans and treatments including acceptability
- 69. Takes patient's lifestyle, beliefs, cultural background and abilities into consideration
- 70. Encourages patient to be involved in implementing plans, to take responsibility and be self-reliant
- 71. Asks about patient support systems, discusses other support available

References:

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Silverman JD, Kurtz SM, Draper J (1998) Skills for Communicating with Patients. Radcliffe Medical Press (Oxford)

Alcohol Dependence

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Setting Rural Medical Centre

Doctor

You are working in a general practice. This patient is well known to you. He is a 26-year-old single parent of an 8 year old daughter. Mother died 2 years ago and he has sole custody of the child. The patient is a truck driver. He regularly drinks heavily at weekends and has had 2 car accidents. You are aware that he sometimes leaves his daughter by herself for a few hours on weekends.

Task

- · Establish the reason for presenting.
- Ask the patient to describe his drinking pattern e.g. how much alcohol and how often?
- Point out the harmful consequences of his alcohol consumption and recommend immediately cutting it down to a safer level
- Describe the risks of alcoholism and the support services available.
- Ask about the care of his daughter at weekends when he is drinking heavily.
- Discuss an arrangement of community support services for his daughter or a social worker's help.

Setting Rural Medical Centre

Patient

You are a 26 year-old single father of an 8 year old girl. You are employed as a truck driver. Your wife died 2 years ago and you have custody of your child. After your wife's death you started to drink heavily on the weekends. In the day time your daughter is at school and at the after-school centre. Sometimes you leave your daughter at home alone on the weekend. You have had a couple of car accidents in the past year.

Task

- Answer appropriately the doctor's questions.
- Ask for some help for your daughter.
- If the doctor advises you to stop drinking explain that you have tried before but it is very difficult to do.

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Cholesterol

Return to: Speaking Role-P... ◆

Setting: Suburban General Practice

Doctor

This 47 year old is a regular patient of yours and has come to receive their blood test results. You take the patient's BP and it is normal at 120/80. The blood test results are:

Random Fasting
Total Cholesterol 6.6 7.9 mmol/L
Triglycerides 1.6 0.9 mmol/L
Measured fractions
HDL 1.54 1.24 mmol/L
LDL 4.65 5.52 mmol/L

This is a sharp rise from the previous test completed 1 year ago and moves the patient into a higher risk category. Therefore you recommend medication to control cholesterol and reduce the risk of a future heart event.

Task

- Ask the patient if there have been any changes in their lifestyle which could have led to the change: i.e diet/work or family stress.
- Enquire about other risk factors: family history/smoking/drinking.
- Recommend that the patient should start on a medication such as Lipitor or Crestor.
- Explain the benefits of this approach and the potential risks of not taking medication.

Setting: Suburban General Practice

Patient

You are a 47 year old and are visiting your local GP to check on your blood test results. You are nervous about the results as you fear your cholesterol may have increased. Your father had heart surgery when he was 60 so you are worried that you are at risk also. You don't really smoke (only on rare social occasions) and drink moderately.

Task

- Begin with some 'small talk' such as the weather etc.
- · Express concern at the diagnosis.
- Request more details about the treatment.
- Ask if you can delay treatment for 6 months while you try to reduce risk factors and improve your diet.

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Confidentiality

Return to: Speaking Role-P... ◆

Setting: Pregnancy Assessment Clinic

Doctor

You are a GP at the Pregnancy Assessment Clinic. A man is requesting the results of his wife's pregnancy test. He has come alone to the clinic as his wife is unable to attend due to her work commitments.

Task

- Enquire about the patient's wife and why she hasn't come to the clinic for her pregnancy results?
- Explain the results are ready, but that legally you cannot discuss the results without the patient's attendance in person.
- Respond to patient's questions.
- Inform him that the only way you can give the results is if his wife writes a letter of authorisation.

Setting: Pregnancy Assessment Clinic

Patient

You are a 34-year-old man. Your wife received a call from the doctor's receptionist saying that her pregnancy test results are ready. You are now visiting the clinic to pick up the test results on her behalf, as she can't attend due to work commitments.

Task

- Ask the doctor if he can give you the pregnancy test results.
- Be upset when results are withheld as you are the husband and your wife could not attend due to work commitments.
- You drove 2 hours across town to get the results.
- Suggest you can call your wife on her mobile.

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Diverticular Disease

Return to: Speaking Role-P... ◆

Setting: General Practice Surgery

Doctor

Your patient is a 45-year-old who lives on their own. They have been your patient for 5 years and you have repeatedly asked them to consider changing their dietary habits as they rely heavily on take away foods with a high fat content and now weight over 90 kilos. Your patient works full time as a factory hand and says they are too tired to bother cooking at night. You have asked them to come to your surgery to discuss the results of a recent colonoscopy examination. There is no evidence of bowel cancer, which they were concerned about as their father was diagnosed with bowel cancer two years ago. However there is evidence of diverticular disease.

Task

- Reassure them that there was no evidence of bowel cancer.
- Explain what diverticular disease is.
- Discuss complications that can occur and the treatment plan.
- Try to convince her of the importance of a low residue diet and regular exercise.
- Point out the consequences of taking no action.

Setting: General Practice Surgery

Patient

You are a single 45-year-old. You have been a patient at this surgery for five years. You rarely visit the doctor because he is always telling you that you need to lose weight. He does not seem to understand that after working hard in a factory 8 hours a day all you want is an easy take away meal and to relax by watching TV. Recently you have had abdominal cramps and are very concerned that it may be bowel cancer as your father was diagnosed with this disease 2 years ago. You are at the surgery to hear the results of a recent colonoscopy examination.

Task

- Express relief that it is not bowel cancer.
- Ask if you can have an operation to cure diverticular disease.
- · Ask what will happen if you do nothing.
- Continue to express your reluctance to change your diet.

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Jaundice Baby

Return to: Speaking Role-P... ◆

Setting: Maternity Hospital

Doctor

Your patient is an 18-year-old woman who delivered a baby boy 3 days ago. The baby is healthy but a little underweight at 2.7 kg and has become jaundiced. He is breast feeding but for the last 24 hours he has not been feeding well. Your patient would like to be discharged today as was originally planned but you recommend that she stays until a blood test is taken in case her baby needs treatment for the jaundice.

Task

- Give the patient information and advice on the condition. You may like to include some of the following points:
 - The patient and baby must stay in hospital longer.
 - Why a blood test is necessary.
 - What causes jaundice in new born babies.
 - How common neonatal jaundice is.
 - What treatment will be needed if the blood results are higher than normal.
 - Any long term effects of jaundice and the treatment required.

Setting: Maternity Hospital

Patient

You are an 18-year-old mother who delivered a baby boy 3 days ago without complication. It is your first baby. He is slightly underweight at 2.7kg. He is breast feeding but during the last 24 hours he has not been feeding well. He is sleepy and becoming jaundiced. You were supposed to be discharged home today but the doctor recommends that you stay. You want to return home as soon as possible as you don't like hospitals and you have not been sleeping well. You had a friend whose baby was jaundiced and she did not need to stay in hospital for treatment.

Task

- Ask the doctor if it is possible to go home today.
- Explain that you really prefer to be at home instead of hospital.
- · Ask for information about jaundice. What causes it?
- Be anxious about side effects of the treatment for jaundice.

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Medication Change

Return to: Speaking Role-P... ◆

Setting: GP Surgery

Doctor

Your patient is a 75-year-old who has had osteoarthritis since their early fifties. They took Drug X for several years and it worked well. However, Drug X has been withdrawn from sale because it has been discovered to cause an increase in strokes and heart attacks. They want you to suggest more natural ways to relieve their pain.

Task

- Ask about the degree of pain they are currently suffering.
- Reassure them that there are effective prescription drugs that are not related to an increase in strokes and heart attacks.
- Recommend natural approaches they might try to relieve their discomfort.
- Suggest a review of the situation in one month.

Setting: GP Surgery

Patient

You are a 75-year-old who has had osteoarthritis since your early fifties. You took Drug X for several years and it worked well. However Drug X has recently been withdrawn from sale because it has been discovered to cause an increase in strokes and heart attacks. You have stopped taking Drug X. Despite the fact that you have considerable joint pains which give you sleepless nights, you are too worried to try any other drugs in case they have the same effect. You would like the doctor to give you some ideas of more natural ways to relieve your pain.

Task

- Explain your problem to the doctor.
- Respond to his/her questions.
- Stress your fear about the side effects of prescription medication.
- · Ask if there is a more natural alternative.

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Tuberculosis

Return to: Speaking Role-P... ◆

Setting: Suburban General Practice

Doctor

Your patient is 35 years-old and has been working in Sierra Leone with a refugee support organization for two years. Since their return to Australia 6 months ago, they have lost weight and feel tired most of the time. Recently they have noticed that they consistently have a low fever in the afternoon or at night. They have also developed a persistent cough. Your patient thinks they may have picked up some bacterial infection during their work in Sierra Leone but you suspect that it could be tuberculosis.

Task

- Take a recent history.
- Recommend a course of antibiotics (6-12 months on rifampicin and isoniazid during which time no alcohol should be consumed).
- Explain infectious nature of the condition.
- Request regular visits to monitor the condition.

Setting: Suburban General Practice

Patient

You are a 35-year-old who has been working in Freetown, the capital of Sierra Leone, with an international care agency for two years. Your work was assisting with the distribution of medical goods and other aid to refugee camps which you visited from time to time. You often talked with the people in the camp about their needs. Since you returned to Australia 6 months ago you have lost about 8 kilos in weight and you feel tired most of the time., Recently you have had a low fever in the afternoon or at night. You notice that you sweat heavily at night and have developed a persistent cough. You have also been coughing up yellowish mucous. You wonder if you have picked up some bacterial infection while you were in Africa.

Task

- Respond to the doctor's questions.
- · Express concern at diagnosis.
- Request more details about the treatment.
- · Ask if you are contagious.

Workplace Health

Return to: Speaking Role-P... ◆

Setting: General Practice Clinic

Doctor

A large interstate road transport company is encouraging all their truck drivers over 40 who have not seen a doctor over the past year to have a fitness checkup at a General Practice Clinic which is near the company. The company will pay the cost of this service and has assured staff that the results will remain confidential. A truck driver, aged 45, has come to see you. Weight 102 kg Ht 178 BP check 150 /90.

Task

- · Ask about their health concerns.
- Ask about their lifestyle i.e diet, exercise, smoking/drinking habits.
- · Check when they last visited a GP.
- Advise BP indicates borderline hypertension and should be checked regularly.
- · Stress the importance of commencing regular checkups with their GP.
- · Recommend:-
 - reducing weight by healthy eating habits less fat and less salt,
 - reducing alcohol intake,
 - 30 minutes exercise 4-5 times a week.

Setting: General Practice Clinic

Patient

You are a truck driver with a large Interstate Road Transport Company. In the interest of workplace health the company has arranged for all their truck drivers over the age of 40 to have the option of a medical checkup by a local GP. This service is free and confidential. You are aged 45 and have not seen a doctor for at least 15 years. Your father died of a stroke at age 55 so you want to get your blood pressure checked. You smoke, are overweight, don't exercise much and like a few beers after work and at the weekend. Eat mainly take away foods on job – hamburgers and chips.

Task

- Answer the doctor's questions.
- Request a blood pressure check.
- Admit you could be fitter.
- · Ask for advice on how to avoid a stroke.

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Speaking Role-Play Tasks

Speaking Role-Play Tasks

Original role-play scenarios based on reallife situations similar to those you will face in the exam.

Study Activities

- Practise these scenarios with colleagues and friends, and if possible native speakers to develop your speaking skills and to gain confidence with a variety of health professionalpatient scenarios.
- Create and write out dialogues for the role-plays to help improve your grammar and range of expression.
- Record your own voice to analyse your communication skills in the areas of grammar, pronunciation and fluency.

Handy Hints:

- Use the Student Forum to find study partners to practice with.
- Do listen and repeat exercises to help develop rhythm and fluency. You tube is a good source and you should model your speech based on your favourite

Topic 8

Medical Interview Framework

These Calgary Cambridge guidelines provide an excellent overview of how a medical interview should be structured as well as an analysis of the communication process for each individual stage of the interview. It comes from the work of Kurtz SM, Silverman JD, Draper J in the two books:

- Kurtz SM, Silverman JD, Draper J (1998) Teaching and Learning Communication Skills in Medicine.
 Radcliffe Medical Press (Oxford)
- Silverman JD, Kurtz SM, Draper J (1998) Skills for Communicating with Patients. Radcliffe Medical Press (Oxford)



Medical Interview Framework



Medical Interview Communication Process

Topic 7

Assessment Criteria

In this section you will find an analysis of the assessment criteria used to rate your speaking level as well as useful types on how improve your skills in each of the categories.



Overall Communicative Effectiveness



Intelligibility



Fluency



Resources of Grammar and Expression



Appropriateness of Language

Handy Hints:

- Use the Student Forum to find study partners to practice with.
- Do listen and repeat exercises to help develop rhythm and fluency. You tube is a good source and you should model your speech based on your favourite Australian public speakers or actors/actresses.

Wishing you good progress!



Alcohol Dependence



Alzheimer's Disease



Breaking Bad News



Cholesterol



Confidentiality



Diverticular Disease



Jaundice Baby



Medication Change



Tuberculosis



Workplace Health

Topic 9

Useful Websites



Doctors Speak Up

This multimedia resource has been developed to address the language and communication needs of international medical graduates (IMGs) working or seeking work in Australia.