



Workshop

A large, stylized graphic on the left side of the page, resembling the letter 'L'. It is composed of a dark teal vertical bar on the left and a horizontal bar extending to the right. The horizontal bar has a light teal gradient and contains the text 'OET WORKSHOP'.

OET
WORKSHOP

OET SPEAKING

Practice Materials for Dentists, Doctors, Nurses

This collection of practice materials has been
produced and authored by
Marg Tolliday & Associates
<http://www.oetworkshop.com>

If you would like official material, please go to the OET website
(<http://www.occupationalenglishtest.org>)

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The Speaking Test

In the OET Speaking subtest, candidates are required to conduct a consultation with a “patient” (played by an actor).

Both the candidate and the “actor/patient” are given a short profile of their identity with a brief outline of the patient’s current problem.

The professional person is also given a profile saying what the medical / nursing problem is

Two role plays are performed. Each roleplay should take no more than 6 to 7 minutes. Both performances are recorded and the recording is listened to by a speaking examiner, some time after the event.

The actor assumes the part of the patient. The actor is not an examiner: he/she does not give the candidate a score.

The candidate’s performance is assessed against five criteria:

Overall communicative effectiveness

How well are you able to maintain meaningful interaction?

Intelligibility

This includes your pronunciation, intonation, stress, rhythm and accent.

Fluency

Attention is paid to the rate (speed) and natural flow of your speech (e.g. linking of words together, similar to how native speakers speak).

Appropriateness

This includes the use of suitable professional language and the ability to explain in simple terms as is necessary; also how appropriately you use language to communicate with the patient given the scenario of each role play (e.g. you would speak differently to a child patient than you would to an elderly one).

Resources of grammar and expression

The accuracy and range of the language you use as well as how effectively and naturally you communicate, are all important considerations.

(<http://www.occupationalenglishtest.org>)

In each role play you should:

- take the initiative, as a professional does
- talk to the interviewer as you do to a patient
- deal clearly with the points given on the role card, asking questions and giving explanations as necessary
- link what you say clearly to the purpose of the communication (coherence)
- Make sure the patient understands what you are saying and be prepared to explain complicated issues in a simple way

When you are given the role play to read, take the time to read it carefully, noting exactly what needs to be accomplished during the consultation and plan to ensure that you are going to offer to the patient the opportunity to discuss their problem fully and provide an appropriate course of action.

TAKE SOME TIME TO LOOK AT EACH OF THESE CRITERIA ONE BY ONE:

Intelligibility

- *pronunciation, intonation, stress, rhythm and accent*

- note what particular sounds or groups of sounds are different in your language and in English – there will be some sounds in English that are not in your language at all
- practise common words that use these sounds (e.g., ‘this’, ‘that’ ‘father’, mother’)
- notice the way words end in English: ‘cut’, ‘cup’; ‘worry’, ‘worries’, ‘worried’
- find out and practise the pronunciation in English of common words and phrases you use in your job – although this vocabulary may not be very common, a professional should be able to use the vocabulary for his/her profession
- work on correct word stress (e.g., ‘temporary’ not ‘temporary’) – this is often much more important to clear communication than pronouncing each individual sound in a word correctly
- link words together (connected speech) – in English there is often no ‘space’ between words in a phrase, e.g., ‘in_about_an_hour’

Fluency

- *speaking at a natural speed for the situation*

- if speech is too slow, the listener may lose the flow of the argument and feel frustrated while waiting for the speaker to finish
- if speech is too fast, the listener may not be able to break up the stream of words into meaningful pieces

- aim for an even flow of speech (not spoken in stops and starts)
- use pauses to make your meaning clear - emphasising the points you are making
- Try avoiding overuse of sounds (err, um) and words ('OK', 'yes') to fill gaps while you prepare what to say next

Appropriateness

- Practise explaining medical and technical terms and procedures in simple language. Remember that the English you know as a professional may be quite different from the English used by patients.

- Notice what people say in different situations and copy them – people choose what to say depending on the situation. For example, in a formal or informal way; when speaking to a colleague; different speaking to a child or the child's parent.
- Ask the patient if he/she has understood what you have been discussing
- Ask the patient if he/she agrees with your proposed treatment plan.

Resources of grammar and expression

- Demonstrate the accuracy of your spoken English and the range of structures and vocabulary you have.

- use different phrases to communicate the same idea
- Make sure you can form questions correctly – particularly those questions that you often use with patients ('How long ...?', 'When ...?')
- Work on particular areas that will help you convey meaning accurately
- Use articles (the, a/an): Not, 'There's chance of infection' but, 'There's **a** chance of infection'

- Watch your prepositions: Not, 'I can explain you about asthma' but, 'I can explain **to** you about asthma'
- countable/uncountable: 'not much side effects' for 'not **many** side effects'

How can I help myself during the Speaking sub-test?

Speak loudly and clearly so the assessors can grade your performance fairly using the set criteria.

During the identity check and background information stages of the interview, talk naturally with the interviewer – use this time to settle down and feel comfortable in the test situation.

Ask the interviewer during the preparation time if you have any questions about what a word/phrase means, how it is pronounced, or how a role play works.

Consider how you would act if this was a real situation you met while conducting yourself in your own profession.

Be ready to start off the role play yourself – the interviewer will indicate that preparation time is over but you need to begin the conversation.

Introduce yourself if it is appropriate (do not do this if it is clear that you know the patient already).

Focus on the issue described in the role play information. Don't take a full history of the patient unless the notes require this.

Be the professional you are in real life:

- If you don't understand something the patient says, ask him/her to repeat or explain it
- If you notice a misunderstanding between you and the patient, try to resolve it
- If the patient seems upset or confused, try to find out why

Don't worry if the interviewer stops the role play after about five minutes – it's time to move on even if you haven't completed the task.

How is the Speaking sub-test assessed?

The Speaking sub-test is scored by experienced assessors who receive ongoing training, monitoring, and feedback on their performance after each administration of the test.

Your recorded speaking performance is assessed by two assessors who judge it independently of each other.

Common Speaking Errors – and ways to overcome them

You might say ...

It is better to say ...

I recommend you that you take this medication twice a day

I recommend you take this medication twice a day

When it happened?

When *did* it happen?

It's much painful now?

It is *very* painful now? / Do you *have much pain* at the moment?

How many you take?

How many *pills* did you take?

Why you come here?

What seems to be the problem? / How can I help you? / What is troubling you?

Pain very bad?

How bad is the pain? / On a scale of 0 to 10 with "0" no pain and "10" almost unbearable, how would you rate the pain?

“ Do’s” and “Don’ts ”

DO ...

DON'T ...

DO take time to read through the role play carefully

Sometimes you don't introduce yourself because it is clear that you already know the

patient.

DO ask if you are not sure about something before you start. You are not going to be penalised for doing this.

DON'T "umm" or "ahh" during your performance. These "fillers" deter your fluency

DO practise with another candidate (or a friend or colleague) beforehand so that you know what it feels like.

DON'T wait for the "patient" to start talking. You the "professional" must take the lead and start off the consultation.

DO speak loudly and clearly.

DON'T speak in a whisper or mumble. The examiner will not be able to understand you.

DO time yourself. A role play should take around 6 – 7 minutes to complete. You have to do two role plays during the Speaking test.

DON'T try to "press on" with the consultation if you are not sure what the "patient" is saying, or what the problems are. Ask for clarification from the "patient." *"Are you saying that you have had this pain ... ?"*

DO ask the "patient" to repeat something or explain something if you do not understand him / her.

DON'T dictate terms to your patient. Always seek agreement from the patient that he / she is happy with your suggestions / plan of treatment.

Speaking - A Consultation Plan

Study Marg's speaking grid, a suggested strategy for the OET Speaking Test.

Consultation Plan

What a Doctor/Dentist might say

What a Nurse might say

Introduction

*Good morning / afternoon.
My name is Dr*

*Good afternoon, my name is
Mr / Ms ...
I am the Charge Nurse /
Community*

Nurse ...

More introductions

*What is your name?
I'm Jeff Bridges
Right Mr Bridges, what
seems to be the problem?*

*Mr Bridges, right?
Yes, Jeff Bridges
How are you today Mr
Bridges? How can I help you?*

Suggested Conversation

Where the patient is "at" with regard to his / her medical / emotional / problem

Here the patient gives a brief outline of his / her problem: From this point on, it is up to you, the OET candidate, to find out something about the patient's medical history, what medications they are currently taking and maybe some other factors which might be affecting the patient's wellbeing. They might include social things such as, their husband / wife has left them; they have just been dismissed from work; they have been unemployed for a long time; they have just learned that their loved one is very sick and might die – something that may be affecting them mentally or emotionally and may be impacting on their physical health. Consider lifestyle – the patient's problem may stem from too much drinking, smoking, eating or work.

**What a Doctor/Dentist
might say**

Questions to get information from the patient (the same kinds of questions you would have asked your patients in your own country)

*Is it painful right now?
How painful on a scale of 1 to 10?
Is it worse after you take something hot or cold?
Are you taking any medication?
Are you allergic to anything? What?
When do you take your pills?*

How many other questions can you think of?

What a Nurse might say

*How long have you had this pain?
When did you notice the rash?
Is it very painful right now?
How painful on a scale of 1 to 10?
Do you do any exercise such as walking, play tennis or go swimming?
How long since your partner died?
Are you coping with that situation? What kind of things are you doing to get back on track?*

How many more questions can you think of?

The Physical Examination

*I need to look at you / listen to your chest.
Could you please lift up your shirt / please take off your shirt and lie down on the couch?*

*I need to check your pulse / I need to take a small sample of your blood to check it / I need to have a look.
Can you please take off your shirt / lift up your shirt?*

*I need to check your weight.
Please stand on the scales over there.*

**What a Doctor/Dentist
might say**

**What a Nurse might
say**

**The “non compliant”
patient**

*(the patient who does not
want to follow your
suggested plan of action /
treatment)*

*You have no need to fear
... this Hospital / this
Clinic has done this
operation / procedure
many times before and we
have had many successful
results.*

*You have no need to
fear.*

*This Clinic / this
Hospital has an
excellent reputation.*

*What makes you think
that? I am a doctor with
many years of experience
and in all that time
nothing like that has ever
happened, so why should
it happen to you?*

*What makes you think
that?*

*I am a qualified Nurse
with many years of
nursing experience. In
all that time I have
never seen something
like that happen.*

*Statistically speaking, the
likely outcome for you is
excellent.*

*We have done this kind
of thing many times
before – you will be
fine*

Patient objections

*(for example, no money /
very fearful / worried
about scars after an
operation / doesn't want
to take time off work / has
heard that terrible things*

*Now Mr Jones / Now Jeff - So, Mr Jones – does
you say you don't want to that clear up your
follow this treatment / take worries? Does that
this medication make you feel a bit
but – if you don't – the better?
end result may be far
worse – [worst case*

So, Mr Jones - do you

might happen)

scenario]

understand why it is important for you to stick to the diet?to take the pills? ... to not smoke? ... to get plenty of rest?

if you don't take this medication...

if you don't get the operation...

if you don't get the x-ray done ...

then [**what MIGHT happen]** to this patient ...

if you don't take this medication...

if you don't get the operation...

if you don't get the x-ray done ...

then [**what MIGHT happen]** to this patient

...

Gaining the Patient's cooperation

(You need to obtain their agreement for your plan of action)

Of course, the final decision is up to you. Are you happy to go ahead with this operation?

You can get a second opinion if you wish – of course – but the sooner you get this done, the better

Time Management

- and -

I will give you something right now for the pain.

I will come back and see you later on today / tomorrow / in a few days;

I will make sure someone calls on you tomorrow / next week / later on today ... to see how you are getting on.

Inform the Patient

(Tell the patient what is going to happen)

I would like to review your progress. Can you come back and see me in one week's time/one month's time?

I am going to get in touch with the local Council to arrange some home help. I will make sure the Doctor is informed. I will see if the medication can be changed

**What a Doctor/Dentist
might say**

What a Nurse might say

**Gain the
Patient's
agreement**

Is that OK?

Is that OK?

How does that sound?

How does that sound?

Are you happy with that?

Are you happy with that?

**What
happens
now?**

OK, Mr Jones / OK, Jeff Do you have someone to help

How are you getting home? you?

*Are you able to drive
yourself?*

How are you getting home?

*Would you like me to call
you a taxi?*

*Would you like me to arrange for
a taxi to take you home?*

*Would you like me to call a
friend to come and pick you
up?*

Is there someone that could help

with the baby / the child / the

children?

Summing up

*(Remind the patient what
you have talked about and
remind the patient of what is
going to happen)*

*Do you understand
what you must do?*

*Here I have written it
down*

*Smoke less / exercise
more / take all the
pills until the packet
is finished / ...*

*I would like to come and
see you again tomorrow*

/ next week

*I would like YOU to
come and see me again
tomorrow / next week....
OK?*

*Here are some notes
for you.*

*Don't forget to change
the dressing every
second day*

I will see you again

*next week / in a
month's time*

*Don't forget to KEEP
THE DRESSING DRY*

*If the pain does not go
away ...*

*Don't forget to take ALL
THE PILLS – that is
very important*

*If you have any more
trouble please come
and see me straight
away*

*Try to eat more fresh
fruit and vegetables
Well, I hope you are
feeling a bit better.*

*Here is some
literature*

*If you need to see me
again, please do so.*

*Here is / are / a /
some pamphlets*

*/ I will see you again
tomorrow TO HAVE
THE DRESSING
CHANGED.*

*Goodbye Mr Jones
Bye-bye Mr Jones*

*/ I will see you again
next week TO SEE IF
THE STITCHES ARE
ready to come out
This pamphlet explains
what we have been
talking about.*

Bye-bye Mr Jones

Can you think of some scenarios ?

You yourself have probably had a patient who has not co-operated with you.

What did you say to them?

Nursing Role Plays

*Each Role Play has two parts: one part for the professional – that’s you!
And one part for the “patient” – the actor.*



*At the OET Test, the Nurse **will not be able to** view the patient’s scenario - however, in this eBook, patient scenarios are printed under each role play.*

You are asked to exercise some discipline – and not look beforehand!!!

Nurses - #1 - 72 y.o. female - hip replacement tomorrow

- You are the Charge Nurse in a General Hospital Ward
- Patient is a 72 y.o. - Jessie Owen
- Very agitated
- Vital signs: BP 160/90; Pulse 75; no respiratory problems; BMI 27
- Anxious about having the anaesthesia

TASK

- Explain the risks involved (if any)
- Suggest she thinks about her future – the long term situation
- Suggest a sleeping pill to help her sleep
- Try to calm the patient down



PATIENT Role Play 1 You are Jessie Owen, a 72 year old. You are in hospital. Tomorrow morning you will be having your hip replacement surgery.

- You are extremely worried about the anaesthetic: you are quite sure you won't survive.
- You want the nurse to arrange for your son to come and collect you and take you home.
- You have been waiting for 2 years, and now – you don't want to go through with it.
- Ask the nurse for facts and figures:
- How many patients have died under anaesthetic in this hospital?
- How long will you be 'under' ?
- How long does it take to get the anaesthetic "out of the system" ?
- You had asthma when you were a child – does this make a difference? You have not suffered from asthma for the past 50 years.
- Eventually you agree to stay in the hospital – but you are refusing to take a sleeping pill.

Nurses - #2 - 15 y.o. High School student

- You work at the local Community Health Center
- 15 y.o. has come in to “get something for acne”
- You suggest more fruit – particularly pineapple juice
- Vitamin C is also useful
- What really concerns you is that this teenager has two black eyes

TASK

- Ask the teenager what happened
- You don’t believe what the teenager is telling you
- You want the social worker to see the patient and ask the patient to wait while you organise a letter of referral
- Give patient a leaflet about “Coping with Acne”



PATIENT : **Role Play 2**

- You are a 15 year old male / female living at home with an alcoholic father
- Your mother left the matrimonial home 2 years ago
- Life is really difficult – but you don’t know where else to go
- You really want to finish your high school this year
- Your dad gets into drunken rages and occasionally “lashes out” at you – he’s pretty ‘down’ about mum leaving home
- Your dad has been unemployed for the past 5 years – he was a forklift driver on the wharf
- You are happy enough to eat more fruit – you would do anything to get rid of your pimples
- When the nurse asks about your black eyes - say “I walked into a door”
- Eventually tell the nurse what is going on at home
- The nurse suggests you see a “social worker”. You are not sure what social workers actually do, but the nurse seems nice enough and you go

along with the idea.

- Thank the nurse for listening and for the leaflet about acne.

Nurses - #3 - Asthma patient

- You work at the local Community Health Center
- A young (recently married) woman wants help for her asthma
- She is allergic to cats
- Her new husband has 2 cats – he’s had them for the past 8 years – raised them since they were kittens – he doesn’t want to give them up

TASK:

- Give the patient some advice on how to handle her situation



PATIENT - Role Play 3

- You are a 28 year old newly married (3 weeks ago) woman
- You love your husband very much
- You knew you were allergic to cat fur but did not realise living in the same house as two chinchilla cats would be very bad for your allergy
- You have been living on Demazin
- The chemist does not want to give you any more until you get a prescription
- Ask the nurse if she can help out with a prescription
- Ask the nurse for some advice “What am I going to do?”
- You don’t want to leave your husband !
- You don’t want to force him to give up the cats !

Nurses - # 4 - 5 y.o. nearly drowned

- You are a nurse in the Emergency Department of a large public hospital
- A parent has brought into the hospital his/her 5 year old son/daughter after they nearly drowned
- The child is wet – shaking all over (shivering) - in the arms of the parent
- The parent is very distressed

TASK

- Calm the parent and child down
- Suggest the parent & child take a warm shower - use hospital facilities
- Get dried off and use hospital gowns / blankets
- The child will be observed overnight in hospital
- If all is well, can be discharged tomorrow
- Agree to let the parent stay overnight in the hospital beside the child's bed
- Organise a light meal for the parent



Role Play 4

- You were in the middle of preparing the evening meal and realised you could not hear your child playing outside
- You looked out the window and noticed your son/daughter floating face down in the duckpond
- You dragged the lifeless child from the pond – and threw him/her to the ground – the child coughed up a lot of water – and started to cry
- Both of you are in shock

- You immediately came by car to the local hospital to get help
- The child is shaking/shivering with the cold
- You are extremely concerned
- You don't want your child to stay overnight – you would much rather take your son/daughter home
- Eventually you agree to let the child stay overnight – but only if you can stay with him/her

Nurses - # 5 - 42 y.o. Divisional Manager (hypertension)

Company Nurse working in the Human Resources Department of a large corporation

The patient is hypertensive.

On Metoprolol and Diamox (diuretic).

Recently returned from a business trip to India, Thailand and Laos.

Patient wants something for his/her vomiting and diarrhoea.

You suspect Hepatitis A Acute Infection – but might be Hepatitis C from patient's long term use of Metoprolol and Diamox.

- Ask patient about his/her drinking habits
- His/her hygiene habits “Do you wash your hands after going to the toilet?”
- Ask about recent sexual partners
- Suggest a stool sample be taken for testing
- Explain what you think might be the problem
- Persuade the patient to get the test done
- You want him/her to see his/her GP and have medications reviewed



Role Play 5 - You are a 42 year old company executive, Jon Drinkler (can be either a male or a female) - Divisional Manager in charge of the Beverages Division of Amatil Inc.

2 days ago you returned from a business trip to India, Laos and Thailand
You have been vomiting and suffering diarrhoea for the past 48 hours
You take Metoprolol (for blood pressure) and Diamox (diuretic) - have been doing so for the past 2 years

You want the Nurse to give you something to “set me right again”

But this Nurse asks you questions about alcohol intake, hygiene practices and even your sexual partners – which makes you angry.

You *know* you have got food poisoning – that is all – what’s all the questioning about?

In the end you agree to see your local GP – but there is NO WAY you will agree to having a stool test!

SPEAKING – DOCTORS – # 1 A flu injection

You are the Doctor in a private practice.

Patient is a 45 year old male/female

He/she is working as a waiter/waitress in a restaurant

Has had flu like symptoms for the past week

Wants a flu injection

TASKS

- Advise patient on what he/she should do to make life more comfortable
- Discuss possibility of seeing a lifestyle counsellor to talk over the stressors in his/her life



ROLEPLAYER -

You are 45 years old - you have a very bad head cold and feeling miserable.
You work as a waiter / waitress in a busy restaurant.

You have a lot of stressors in your life:

- mortgage payments have risen;
- 2 months ago your father died – you are still grieving;
- your elderly mother is not coping very well;
- your sister wants to sell the parental home – and keep the money;
- she wants to put your elderly mother in an aged care facility
- Your marriage is going downhill -
- you have starting drinking again (4 glasses of wine every night)
- You are smoking more these days (now 25 cigarettes a day)
- You suffer from insomnia – cannot get a good night’s sleep – too many worries
- You want some sleeping pills, as well as
- a flu injection – you know that would help you

SPEAKING – DOCTORS - #2 Arthritis

You are the Doctor in a big Community Medical Centre.

Patient is a 55 year old female.

Has aches and pains; swollen finger joints. She has had arthritis off and on for many years.

She wants a stronger painkiller.

You suspect Rheumatoid Arthritis.

TASKS

- You suggest she sees a Rheumatologist who will conduct tests and make a firm diagnosis.
- Prescribe the immunosuppressive drug, Methotrexate, which will relieve symptoms.
- Advise her about the need for rest
- Suggest she do some joint-strengthening exercises at the gym
- Recommend she includes bike riding in her exercise program



ROLEPLAYER - Maxine Murray

You are Maxine Murray, a Public Relations Consultant

You are 55 years old

You have a lot of arthritic pain – particularly in the hands and knees.

You are feeling really miserable – too much pain.

Your sleep is interrupted with pain – you are often very tired

You “drop off” to sleep during the day – sometimes at your desk – this is embarrassing – it makes driving very dangerous

Panadol no longer works

You want a strong painkiller

You don’t want to take any fancy drugs – they cause stomach problems

You don’t want to do any exercises – exercising causes too much pain

You do agree, however, to see the Rheumatologist

SPEAKING - DOCTORS - #3 Asthma

- You are a doctor in a suburban clinic
- This patient came to see you with a bout of flu – just recently, and now
- Has presented with acute shortness of breath
- You diagnose Asthma

Task:

- Discuss asthma's causes, treatment, prognosis
- Deal with the patient's anxiety about the problem, emphasising that it can be controlled
- Explain ways in which the condition can be alleviated (no pets / no carpets / reduce dairy products / change of lifestyle)



ROLEPLAYER -

- You are middle-aged, recently getting over a bout of flu
- You recently had a fright – you are anxious – you are often feeling short of breath
- And you have a dry cough
- You felt as if you were going to die – you could not catch your breath
- You are worried that it might be asthma
- Find out about asthma and how it can be treated
- You have heard stories of adults dying from asthma attacks

SPEAKING - DOCTORS - #4 Vision problems

- You are a doctor in a suburban General Practice
- The patient is a 72 year old man/woman
- Patient wears reading glasses but is now having trouble seeing long distance
- Occasionally gets headaches
- You suspect cataracts
- Recommend the patient undergo cataract surgery

- Take Panadol for the headaches
- If he doesn't get cataracts surgically removed suggest he give up driving – at least until he/she gets long-distance glasses
- Remind the patient that he will have to have the surgery one day



ROLEPLAYER -

- You have come to see the Doctor – you have been getting headaches
- You are 72 years old and enjoy driving yourself to your social club and to see friends
- You have been wearing reading glasses for the past 30 years
- Lately you have noticed that when you drive you cannot see things clearly in the distance
- In fact, the only really clear thing you can see is straight ahead – you are losing your peripheral vision
- What should you do?
- Resist all suggestions that you have surgery on your eyes

SPEAKING - DOCTORS - #5 Child with rash on arms & hands

- You are a doctor in a suburban General Practice
- The patient is a 7-year old girl who has come to see you, with her mother. The mother is very anxious about the child.
- The child has a rash on both her arms as well as her hands.
- You suspect the child has contact dermatitis.
- Take a history for a possible cause
- Tx. Topical steroid

Patient has been using Pinetarsol (pron: Pine-ee-tar-sol)

Pinetarsol has the same pH value as the skin and restores the skin's natural acid protection against bacteria and fungi. Pinetarsol can be used to relieve itchy or inflamed skin. it is particularly effective for those people suffering from contact dermatitis, seborrhoeic dermatitis, urticaria, psoriasis, heat rash, chicken pox, infant's nappy rash or sunburn.



ROLEPLAYER

- You have come to see the local doctor about your child's rash
- Your child is 7 years old
- The rash is on the back of your child's hands as well as on the forearms
- The rash has been there now for a few weeks
- The rash is very itchy
- You have applied *Pinetarsol* (a cooling lotion used for sunburn)
- You have also used Zinc cream
- Rash is not going away
- It first started about 6 weeks ago – just after art classes started at the beginning of the school year. The child has been working with modelling clay. He/ She enjoys the class very much. He / She does not want to give up the art class.
- You are very anxious

- You want to know what is going on – what can be done.

Dentists - #1 Teeth Grinding

You are a dentist in a Dental Clinic.

Your patient is June Whittaker, a 26 y.o., who has come to see you about her jaw pain

You find out she wakes up at night due to grinding her teeth.

Task:

- Recommend she use a splint at night
- Find out why it is such a problem for her to wear a splint
- Explain the consequences if Ms Whittaker does not wear a splint



ROLEPLAYER

- You tell the Dentist you grind your teeth loudly at night and sometimes wake yourself up doing it.
- Could this jaw pain be related to the tooth grinding? What can be done?
- You have recently got married and absolutely do not want to wear a splint as this would be unromantic
- Flatly refuse to wear a splint
- Resist dentist's attempts to persuade you otherwise
- Ask about natural remedies that might help

Dentists - #2 Eight year old - first visit

Dentist in private practice.

PATIENT is Jackie Brown – 8 year old

Jackie has come to see the dentist – accompanied by her mother.

Jackie has never been to a dentist before – she is very frightened.

Examination reveals 2 fillings need to be done (minor ones)

Task

- Explain why she should get her teeth filled
- Describe what you will do so that she does not feel any pain
- Explain what she can do to let you know it is getting too painful – and you will stop
- Ask her to come back and see you in six months time



ROLEPLAYER - MOTHER OF PATIENT

- You are very anxious – this is the first time your daughter has been to a dentist.
- You also hate dentists. All your teeth were extracted at 15 years of age and since then you have worn full dentures.
- Agree to bring Jackie back for review in 6 months.

Dentists - #3 60 y.o. Lump on neck

You are a dentist in the Dental Hospital.

Self employed builder

Patient has presented with lump on LH side of the neck.

Experiences discomfort when swallowing.

Feels as if something is stuck in his throat.

Lump is painless and enlarging slowly.

Smokes 30 cigs a day

Drinks 15 units of alcohol a week

Divorced

Lives alone

Poor takeaway food diet

Small carious lesions on 15, 24, 26, 35 and 27.

Tooth #36 has extensive secondary caries

- Patient wants to know if you can do anything about the lump
- Recommend he see an oncologist
- Make an appointment to see this man again in one week's time



ROLEPLAYER

You've come to the Dental Hospital to have a checkup – and ask about the lump on the side of your neck. Bumped your head on a cross beam 2 weeks ago – and now, this lump has come up. Lump is painless – but getting bigger. You're having trouble swallowing.

You are self employed – a builder

You like your drink (15 beers a week) and smokes (30 a day)

You're having difficulty in swallowing

You are divorced

You live alone

You like McDonalds, Subways, Pizza Hut and 7-Eleven meat pies.

- Ask the dentist what he/she means by an "Oncologist" – you don't know what that means. Ask for clarification.

You get very distressed about the prospect of having cancer of the throat.

Dentists - #4 Root Canal Therapy

You are a dentist in a private practice.

Your patient is a middle-aged self-employed person.

No time to see a dentist.

Gum around top left incisor has become swollen and painful.

Root canal therapy is required to save the tooth.

Task

- Explain why RCT will be necessary
- Advise the cost of this procedure (\$950)
- Help the patient to understand the importance of saving the tooth.



ROLEPLAYER

- You are a busy self employed person – never have much time to go and see a dentist
- But the gum around one of your top left teeth has been getting more and more swollen and painful over the last month
- You are now forcing yourself to go to the dentist to get the problem looked at.
- You want the quickest and cheapest option for treatment
- Resist any suggestions that would be expensive or time consuming
- Eventually agree to the dentist's proposals
- Ask if you can pay in instalments

Dentists - #5 Infected gums / wisdom teeth

Your patient is a 30 year old unemployed taxi driver

Receives the unemployment pension

Married

Gums are infected – partially erupting 38 and 48

18 and 28 over erupting

Restorations in 14, 36 and 46

Patient now wishes to have all 8's extracted.

TASKS

- Discuss with the patient a treatment plan.



ROLEPLAYER

You are an unemployed taxi driver

You are on the unemployment pension

You are married

Your gums are really sore

- You are fed up with the pain and want to have some teeth extracted
- You are not interested in dentures / crown work or any other kind of restorative treatment – you just want the teeth pulled.