

# OCCUPATIONAL ENGLISH TEST

Speaking Sub-Test

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# **Occupational English Test for Nurses**

## *Speaking Sub-Test*

**Al Ain C.**

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**March 2020**

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## **1. GETTING INFORMATION FROM THE PATIENT**

### Asking the patient questions:

There are two types of questions as nurses you may ask your patients in order to get the necessary information you want from them.

- 1) yes-no questions – as the term suggests, these are questions answerable by yes or no;
- 2) information questions – these are the questions that start with the wh- (sometimes we call this to remember easily the five wives and one husband – what, who/whom/whose, when, where, which, and how)

Notice the sample conversation between a nurse and a patient's mother below: Did the nurse make use the both types of questions?

**Nurse:** What happened to your son's right leg?

**Mother:** It was bitten by a dog.

**Nurse:** Has your son had any tetanus jab before?

**Mother:** I think, yes.

**Nurse:** When was the last time he had a tetanus jab?

**Mother:** I think when he was about a year. He is now 7 years old.

**Nurse:** Did you do anything to treat his wound?

**Mother:** Yes. I did.

**Nurse:** Tell me how you treated his wound.

**Patient:** I washed the wound with soap and water for 2 minutes before I took him here.

**Nurse:** What you did was right. Now, your son's wound is being treated by our doctor.

“Can you tell me...?”

When finding out about your patients, it is important that questions are asked in a relaxed and polite manner. Alternatively, you can change some of the questions as they are shown below.

Can you tell me what happened to your son's right leg?

Can you tell me when your son had his last tetanus jab?

Can you tell me how you treated your son's wound?

Can you tell me about the wound on your son's right leg?

Can you tell me about your son's last tetanus jab?

Can you tell me about the treatment you did to your son's wound?

If you are not sure about the patient's visit,

You may ask a general question about the patient's problem.

Can you tell me what you are concerned about?

Can you tell me what you are worried about?

Can you tell me what you have difficulty with?

Can you tell me what you have problems with?

Some YES-NO questions a nurse may ask patients:

**About medical / family history:**

Are there any members of the family with hypertension / heart disease / diabetes?

Are you allergic to anything?

Have you experienced having difficulty with breathing before?

Did you hurt your back before?

**About present condition:**

Have you eaten anything today?  
Do you feel any pain in this part?  
Can you walk properly?  
Have you got a temperature?  
Do you have a cold / headache?

Some info-questions nurses may ask their patients:

What did you eat today? Why did you not eat anything?  
When did the pain in your leg start?  
How did you get the cut on your arm?  
Since when have you had this cough?  
Which antibiotic drug did you take?  
What do you think is the reason for your headache?

Using does, do and did in asking questions:

Decide which auxiliary verb is appropriate in the gap to complete each sentence below.

1. \_\_\_\_\_ your children have any allergies?
2. \_\_\_\_\_ your heart beat fast every time you do exercise?
3. When \_\_\_\_\_ he begin to feel the chest pain?
4. \_\_\_\_\_ your head disturb when you have migraine episodes.
5. What kinds of food \_\_\_\_\_ your daughter eat?
6. \_\_\_\_\_ she eat junk food?
7. \_\_\_\_\_ anyone in the family drink alcohol?
8. \_\_\_\_\_ your brother or your father smoke?
9. How many packs of cigarettes \_\_\_\_\_ they smoke?
10. \_\_\_\_\_ you take the antibiotics for one week?

**Auxiliary verbs:**

**Does** – is used with singular subjects (present tense)

**Do** – is used with plural subjects (present tense)

**Did** – is used with both singular and plural subjects (past tense)

Using is, was, are, and were in questions:

Decide which linking verb is appropriate in the gap to complete each sentence below.

1. \_\_\_\_ your blood pressure normal?
2. When \_\_\_\_ the last time you had your BP taken?
3. \_\_\_\_ the medication you are taking making you any progress?
4. You may ask, what \_\_\_\_ things that may trigger migraine?
5. \_\_\_\_ you always busy at work every day?
6. \_\_\_\_ your day busy always?
7. What \_\_\_\_ your usual diet every day?
8. How \_\_\_\_ your blood sugar level now?
9. What \_\_\_\_ things you do when you have migraine?
10. \_\_\_\_ there any instances before, when your head felt like breaking?

**Linking verbs:** verbs-to-be that are followed by a complement usually a noun, a pronoun, or an adjective.

**is** – is used with singular subjects (present tense)

**was** – is used with singular subjects (past tense)

**are** – is used with plural subjects (present tense)

**were** – is used with plural subjects (past tense)

Using has and have in questions:

1. \_\_\_\_ your son had any asthma attacks before?
2. How long \_\_\_\_ you had the rashes on your skin for?
3. Since when \_\_\_\_ your baby had diarrhea?
4. \_\_\_\_ anyone in the family fed the baby with spoiled milk?
5. Dogs with rabies are dangerous when they bite. \_\_\_\_ your puppies been vaccinated before?
6. \_\_\_\_ anybody with cold in the workplace infected you?
7. \_\_\_\_ everybody in you workplace been vaccinated with the flu?
8. \_\_\_\_ you had any allergic reactions to seafood before?
9. Since when \_\_\_\_ your head been disturbing you?
10. How long \_\_\_\_ you been taking this medication?

**Auxiliary verbs:** helping verbs that are followed by main verbs. A verb phrase is made up of an auxiliary verb and a main verb. In the case of perfect tenses, the auxiliary verbs **has** and **have** should be followed by the past

participle form of verbs or present participle form with **been**.

**has** – is used with singular subjects (present perfect tense)

**have** – is used with plural subjects (present perfect tense)

Practise using the auxiliary and linking verbs in your questions:

A) A mother, who has a five-week old baby, asks for your advice about proper breastfeeding. She thinks her baby is not gaining enough weight. Before you give advice, ask the mother your questions about feeding time and practice.

B) You have to give advice to a 45-year old male patient with type 2 diabetes mellitus to change his lifestyle. He smokes and drinks too aside from the fact that he always eats out at fast food restaurants. He is also obese. Ask questions about his eating, smoking, and drinking habits before giving advice.

What questions can you ask in each of these situations?

## **2. EXPLAINING TREATMENT TO THE PATIENT / CARER**

Patients need to understand how and why treatment should be given. Nurses must possess the art of explaining treatment or medication to patients. Patients who refuse treatment should be dealt with properly by making them understand its importance and benefits.

To illustrate it, the following nurse-patient conversation is presented.

**Nurse:** Hi, I'm Richie, your attending nurse. What is your name and how old are you?

**Patient:** I'm Arnold. I'm 10 years old. (crying)

**Nurse:** Arnold, why are you crying? Can you tell me what happened to your left leg?

**Patient:** I was playing spears and arrows with my cousins. Jerry, one of them, accidentally speared into my leg with the iron tool.

**Nurse:** I'm sorry. That's really bad. Can I see your wound? (checks the wound). That's a deep one! Your wound should be taken care of right away.

**Nurse:** Now, there are things I need to do with your wound. I'll explain what I'll do now. First, I'll clean it with iodine solution. The wound needs to

be closed so the doctor will stitch it up. After that, I'll put a clean dressing.

**Patient:** God! I'm scared of the sight of needles and thread. Can you do away with stitching?

**Nurse:** Your wound is deep. It will be infected if it is left open. It is susceptible to bacteria when it is openly exposed. Infection will worsen it. It is important that the wound be kept unexposed and clean.

**Patient:** I think I should not think of the pain. I can do it.

**Nurse:** Exactly. Likewise, it is best to keep your wound dry. When you take a shower, try to keep it away from being wet. OK?

**Patient:** OK. I understand. I will.

**Nurse:** (turns to the mother) May I know the last time your son had his tetanus jab?

**Mother:** Well, Arnold was an infant when he had it. He is now 10.

**Nurse:** Thank you. Your son needs a tetanus jab.

**Patient:** Oh, no. Do I really have to go through this? I hate injections. I think the tool that wounded me isn't tarnished. I don't need a tetanus vaccine.

**Mother:** Yes, I think it is too much for him considering the fact that his wound will be sutured.

**Nurse:** It is essential that your son's protection is assured. While we can prevent tetanus infection, he must have a jab. Tetanus can be dangerous and lethal. Whether the tool is corroded or not, we make sure your son is safe.

**Patient:** Well, I think I should have both the stitches and the jab.

**Nurse:** Good. Later, when you get home, make sure you avoid playing again with your cousins as the accident can repeat. The wound should not be touched...

*When you explain, you need some signposting*

There are things I need to do with your wound.

This sentence signals:

---what you are going to do

---that there are more than one thing to do

*Explaining a sequence / an order of how things are done (Divide the explanation in three.)*

First, I'll clean your wound with iodine solution.

Then, the doctor will stitch it up.

After that, I'll put on a clean dressing.

*Explaining using conditionals (if-clause)*

If deep wounds are not stitched, they are openly exposed to bacteria and will get infected.

If they are kept dry and clean, the healing process is faster.

If you keep your wound dry and clean, it heals faster.

*Explaining using for + noun + infinitives (to + verb)*

For wounds to heal faster, you must keep them clean and dry.

For wounds not to be infected, you should avoid touching or exposing them to microorganisms.

To keep your wound from getting infected, try not to touch or expose it to microorganisms.

*Explaining why something is important*

It is important for you to have the vaccination or you will contract the deadly tetanus.

It is necessary that you will have the vaccination. Otherwise, you will contract the deadly tetanus.

It is recommended that you have the vaccination, if not; you will likely acquire the deadly tetanus.

*Practise with a partner*

A) Tell a patient with hypertension that a medical technologist is to get her blood sample for laboratory examination. Explain

---how easy and painless it is to get blood samples

---why she should be taken blood samples

B) Explain to a patient who has a respiratory infection why it is important to complete the medication of a course of antibiotic.

You should start briefly with:

---an introduction

---an enquiry about what happened to the patient

(Be sure to use the expressions learnt to do this activity.)

### 3. GIVING ADVICE

Nurses talk to patients about their health problems. Primarily, they give advice on what patients must do to improve or make their condition better.

The most common pieces of advice nurses give to patients:

- 1) to take medications as prescribed and directed by doctor (especially home medications)
- 2) to make lifestyle changes (avoid smoking, drinking alcohol, eating fatty, salty food, exposing skin to sun; encourage physical exercise, enough sleep, shift focus on positive things, stress-free situations)
- 3) personal care (grooming)
- 4) social involvement (civic activities, active social life)

The conversation below illustrates advice on how the patient can take care of her throat after a thyroid operation.

**Nurse:** Hi, my name is Susie. I'm your attending nurse.

**Patient:** Hello. Good to see you.

**Nurse:** Thank you. I read in your notes that you underwent thyroid surgery three days ago...

**Patient:** Yes, I was about to say something about it too.

**Nurse:** Well, go ahead. You be the first.

**Patient:** My throat is painful right now, my voice has been affected, too. It is hoarse. I am so worried and may I ask when I can go home. I have examinations next week at school so I have to be well by then.

**Nurse:** It usually takes two weeks or more before you can go home.

**Patient:** Two weeks? How can I take my exams?

**Nurse:** As for that, I will request your doctor to send your school a medical certificate so you be excused from your exams.

**Patient:** but... I need to go home. I can't stay in the hospital any longer. And my throat...

**Nurse:** You need to listen to me if you want to recover soon and go home on time. Are you willing to listen to me?

**Patient:** OK. I am ready.

**Nurse:** First, it is necessary that you heed my advice. We need to be clear about things you must do in order to take care of your throat.

**Patient:** What are things I need to remember?

**Nurse:** This time your throat is still painful especially when you talk a lot or take in food. So make sure you don't do a lot of talking. I know it is hard for you to do this since almost every activity involves talking. However, for now, it would be very helpful if you used non-verbal signals or wrote your messages on a piece of paper when you want to talk. Also, the reason why you are on soft diet is for you not to overwhelm your throat with solid food. You need to continue on this diet until you are ready to eat solid food. Your hoarse voice will only be temporary. It will heal and your normal voice will come back in time. I am afraid it is extremely important that you don't pressurize your throat. Do you understand all I was saying?

**Patient:** Yes, I do. When do you think I can go home?

**Nurse:** Let us see how you will be making progress. If you do what I've told you, it is likely that in two weeks you will be well. By then, it is also important that you will be assessed properly by your doctor to check that you are fully recovered.

**Patient:** Thank you, nurse... Susie.

**Nurse:** You're welcome.

*When giving an advice, we enumerate things. We can use the expressions below.*

There are a few things I need to tell you about the medication (you are taking/take).

There are a few things you need to know about the medication.

There are some things you need to bear in mind about the medication.

There are some reminders you should know about the medication.

We must be certain about things that you must do to reduce your blood pressure.

We need to be clear about things that you must do at home for the safety of your child.

We need to be clear about things you must do in order to take care of your

throat.

Some expressions used to give advice

You should always take the tablet with food.

Try not to overdo things.

The most important thing to do is wear a hat or not expose your face to the sun.

It would be beneficial to do some exercise as well.

It is a good idea to keep your daughter's fingernails short so she won't worsen the affected areas if she scratches.

Make sure you don't do a lot of talking.

It would be very helpful if you used non-verbal signals or wrote your messages on a piece of paper when you want to talk.

I am afraid it is extremely important that you don't pressurize your throat.

You need to continue on this diet until you are ready to eat solid food.

It is best to talk to your doctor about the condition of your throat after 2 weeks.

It is also important that you will be assessed properly by your doctor to check that you are fully recovered.

When adding items, we use

Also,

...as well

Likewise,

Moreover,

Furthermore,

In addition,

What advice can you give me?

- 1) I've been having a fever for a week now.
- 2) What will I do with my hypertension?
- 3) I have a sore throat. It began three days ago. I've taken some lozenges, but my throat is still bothering me.

4) My migraine is attacking me. I can't work with it. I called in sick from my job. I've been absent for two days now because of my migraine.

Before you do the task

1) Play a nurse/patient role.

Nurse: introduce yourself to the patient; ask patient what the problem is or why she came.

Patient: tell nurse your problem and ask for advice about your problem.

Nurse: explain things to the patient about the medical condition or problem before you give your advice.

#### **4. PERSUADING A PATIENT**

In persuading patients to get into action, it is important to let them understand the following:

- the condition they presently are in,
- the importance of something (medication, treatment, lifestyle changes) in their condition,
- how their body benefits from this,
- what happens when they don't do what is being suggested by the doctor
- what problems may occur when they continue to do their bad habits or practices

If possible you may keep repeating some of these items by way of rephrasing ideas to your patients.

Look at some excerpts of the conversation between a school nurse and a student with scurvy.

Explaining the condition

**Patient:** I went to the doctor and he said that the red bruises over my legs are due to scurvy---but that's only not having enough Vitamin C. That won't cause the bruises.

**Nurse:** You don't believe Vitamin C causes the bruises, do you? But that is true. Scurvy is a condition that you get if you're not getting enough Vitamin C from the food you eat every day. Vitamin C is important to ensure that your body can use iron properly. It also helps to make the tissues of your

blood vessels stronger. If you lack Vitamin C, your gums will start bleeding and you'll bruise very easily.

Explaining the importance of something (treatment, medications, lifestyle changes) in the patient's condition

**Nurse:** You said you don't eat fruit and vegetables and you skip breakfast and just grab an energy drink.

**Patient:** Yes, that is true.

**Nurse:** Well, it is hard to get a real meal these days but you should try to get the proper nutrition for your body. Our body does not produce Vitamin C. Eating plenty of fruit and vegetables gives us the Vitamin C we need. Vitamin C is naturally found in fruit and vegetables so it is very important that we eat them on a daily basis. It is necessary for you now to stop taking energy drinks and start eating healthy food such as fruit and vegetables.

Explaining how the body can benefit from something (treatment, medications, lifestyle changes)

**Patient:** Can I take pills?

**Nurse:** Of course, yes, but taking Vitamin C tablets does not help you long-term. It is different if you get Vitamin C from natural food such as fruit and vegetables. The body can benefit more if you eat food rich in this vitamin every day in your meals as it cannot be stored for a long time in our body and you can still get other vitamins and minerals contained in the food which your body may need.

Explaining what happens if the patient does not do what is suggested by the doctor

**Patient:** So you're saying that bruises are because I don't eat fruit and vegetables rich in it?

**Nurse:** That is right. So it is necessary for you to follow your doctor's / dietician's advice to eat fruit and vegetables rich in Vitamin C such as citrus, mangoes, apples, strawberries, cabbage, capsicum, spinach and broccoli. If you ignore your doctor's suggestions, you may not get the same amount of Vitamin C from pills you are taking, as from these foods. Therefore, your

scurvy will still go on. Suffering from scurvy for a longer time may be one of the things you have to consider.

### Explaining what problems may occur when they continue to do their bad habits or practices

**Nurse:** Definitely, Vitamin C should be taken from the food you eat. You should start eating fruit and vegetables now. If you continue a bad eating habit such as taking only energy drink at breakfast time, your bruises will not go away quickly. If do not eat the food suggested by your doctor and dietician, I am afraid your scurvy will carry on, and your condition may even worsen.

### What happens if the patient is not being persuaded to get into action and continues to refuse?

The patient has the right to refuse. In any case he or she is not being convinced and continues to refuse, the nurse after several attempts, may have to accept the patient's decision/disposition but "keep the door open".

**Nurse:** I totally understand everything you're saying to me. I respect your decision to refuse eating fruit and vegetables. However, would you be willing to read the health information in this leaflet and contact me if you want to give eating fruit and vegetables a try?

### Do the following activities with a partner:

Persuade a patient with

1. lung problems to quit smoking
2. liver problems to stop drinking
3. hypertension to get into the habit of eating low-fat, low-salt foods
4. diabetes to avoid eating carbohydrate-and-sugar-rich foods
5. arthritis to refrain from eating foods that worsen this condition

## **5. NEGOTIATING WITH PATIENTS**

Nurses may not give up easily and might want to do the patients more convincing words by making a compromise.

Read a part of the conversation below between a nurse and a diabetic patient.

In this dialogue, the community nurse is trying to inform the patient to treat her condition with insulin injection as directed by the community doctor and to teach her how to do insulin injection. However, the patient is hesitant.

**Patient:** I'm fine with my medications. I'm taking the pills regularly as prescribed by the doctor and I've been fine. (raising her voice).

**Nurse:** Yes. I understand what you are saying, but just calm down. You may not be able to understand what I will say if you don't stay calm.

**Patient:** I said I'm fine with the pills I'm taking. Why do you insist on the injection? I do not like the sight of needles.

**Nurse:** Would you be willing to listen if explained it to you?

**Patient:** Ok, yes. I will try to listen.

**Nurse:** Thank you. The reason why the doctor would like you to have insulin injection is that your sugar level in the blood is getting too high and becoming increasingly uncontrollable based on your recent lab reports and his assessment. It is very important that your sugar level must be controlled; otherwise, your condition will get worse. And the tablets you are taking are no longer able to do the job of controlling your sugar level.

**Patient:** I hate needles. I'm afraid of needles and injections are painful.

**Nurse:** I can relate to you on that. When I was a child I was also afraid of needles. I only overcame this fear when I was studying to be a nurse. It took me a lot of courage just to do this to fulfill my dream of becoming a nurse to help my patients. You, too, can overcome your fear if you want to become better and not suffer from your condition.

**Patient:** You have a point but I really can't stand injections.

**Nurse:** You don't have to do the injecting yourself if you don't want to do it. If you are willing to try the insulin injections, I can teach someone with you to do it for you. Would you at least give me the opportunity to teach any member of your family to do the injecting? You have nothing to lose, anyway.

**Patient:** OK. My older sister will do it. (Call in sister, and sister comes in).

But what about the pain?

**Nurse:** Injecting is not so painful if it is done properly. So it is best for you and your sister to listen to me carefully while I am demonstrating it with a dummy. Then later, your sister will demonstrate it to me, too. Now, would be willing to learn how to inject insulin into your body?

**Patient:** OK. My sister and I are ready. But I'm still afraid...

Expressions used to show someone is making a compromise

Are you willing to...?

Would you be willing to...?

Would you at least give me time/a chance to...?

Address any concerns by the patient/carer before you negotiate with them

**Patient:** Why do I have to do the injections? I'm doing just fine with my pills. Besides, I hate injections because needles are painful once they get into your skin.

**Nurse:** You have a point there, but your doctor is concerned about your increasing and becoming-uncontrollable sugar level. Although you feel fine, your pills can no longer do the job of controlling your sugar level. Injections are not so painful if they are properly and carefully done. If it hurts, it does hurt only for a short time. Now, would you give me a chance to show you how to do the insulin injection?

Let us try to analyse

**First concern:** Why do I have to change from pills to injections?

**Response to the first issue:** You have a point there, but your doctor is concerned about your increasing and becoming-uncontrollable sugar level. Although you feel fine, your pills can no longer do the job of controlling your sugar level.

**Second concern:** I hate injections because needles are painful.

**Response to the second issue:** Injections are not so painful if they are

properly and carefully done. If it hurts, it does hurt only for a short time and you'll be fine.

Always remember that a patient has the right to refuse. If after several attempts of negotiating with patients, you still fail, offer them some options if in case they have a change of heart.

**Nurse:** It is indeed quite hard to accept something we are not ready to do. Maybe today is not the right time to change things. However, just in case, you change your mind and feel that what I am offering you to do right now is beneficial, you may read this leaflet containing the important information about diabetes and insulin injection and how easy and painless to do the injection. Thank you for your time. I'm still visiting you next week so I hope by that time you are ready to do the insulin injection.

Do the following activities with a partner:

Negotiate with

1. a patient who refuses take a pill because it tastes bitter and he throws it up
2. a mother who is very persistent to take her baby home even though the baby has tuberculosis
3. a father who is unwilling to give his son medication for psychosis because he only believes in the power of prayer
4. a patient who wants to be discharged early even though his injured leg is not fully recovered yet from surgery because he has examination the following week
5. a patient who prefers outside food and doesn't eat the hospital food prepared to suit her condition because the hospital food is not tasty

## **6. EMPATHISING WITH PATIENTS**

This is the hardest thing to do as a nurse should show the sincerity of his or her words. It is not enough to say comforting and kind words to the patients. The sincerity and the authenticity of the feeling being shown to patients is more important. To empathise means to put oneself in the shoes of others and give others kind words sincerely to comfort them because they are in

sadness about their condition or the condition of their loved ones.

Let us begin with an example from the following conversation.

**Patient:** The pain in my right leg is really extreme. After the surgery I thought everything would be alright but this intense pain is really disturbing me—so disturbing that I can hardly sleep at night. I think with this complication, I should be given much stronger painkillers.

**Nurse:** I do understand that it is very difficult when you're in a lot of pain but at the moment, it is wise to start with simple painkillers and lower anti-inflammatories first. They usually work well together. After that, if you find that the pills are not strong enough, I need to inform your doctor so he can decide on the new painkillers to give you. Now, would you consider trying the medication for a day and see if it works?

Expressions you can use to show other people that you empathise with them

I do understand that it is very difficult when you're....

I can see that you are upset about this...

I do see the point why you are worried too much...

I hate that you had to be in pain...

Then, you may proceed with the reassuring words. Linkers you can introduce these ideas are:

**However**

**But**

**Nonetheless, nevertheless**

Example: (from the excerpt above)

**Empathise:** I do understand that it is very difficult when you're in a lot of pain

**Linker:** but

**Reassuring words:** at the moment, it is wise to start with simple painkillers and lower anti-inflammatories first. They usually work well together. After

that, if you find that the pills are not strong enough, I need to inform your doctor so he can decide on the new painkillers to give you.

Another example:

**Empathise:** I do understand that you're very worried about what happened to your child. If I was in the same situation, I would feel even more worried.

**Linker:** However,

**Reassuring words:** you should not lose heart. It happened so suddenly, but you do not have to blame yourself for what happened. You should be even much stronger now. And I appreciate it because you are trying to do it.

**WARNING:** Stop saying these phrases to patients:

1. Don't worry. S/he will be okay.
2. Everything (It) will be fine, you'll see.
3. You have nothing to worry about. It doesn't take long. After a small procedure, s/he will be fine.

Do the following activities with a partner:

Empathise with and give reassuring words to:

1. an anxious mother whose child sustained third degree burns from a scalding water in their kitchen
2. a patient who is worriedly waiting for a thyroid surgery
3. a family member of a drug-dependent patient who is likely to be admitted to a rehabilitation centre
4. a diabetic patient whose toe got infected and who is afraid to lose it if his/her doctor recommends a diabetic amputation
5. a woman, a first-time mother who is worried about soreness and engorgement (of her breasts)- this is a challenge to male candidates – how to empathise with female patients

## **7. WRAPPING UP THE TALK**

You can always offer the patients or the carers some informational materials they can read about diseases---could be something about how they occur, how to avoid them, their symptoms, doctor details, address, phone numbers, etc...

Before you end, the conversation it might be helpful if you round off your talk with some helpful information.

**Nurse:** Before I leave, let me just give you this leaflet that contains the information on better diet for diabetic patients. Should you need some assistance in the near future about proper food and planning out menu, the name of our dietician and her contact details are in also in that leaflet. It is also fine if you contact me and I refer you to our dietician. Thank you very much.

## 8. ABOUT THE OET SPEAKING SUB-TEST (for nurses)

1. How long is the speaking sub-test?

The entire speaking sub-test takes a total of 20 minutes.

2. How many parts are there in the speaking sub-test (for nurses)?

There are three parts of the speaking sub-test: the warm-up, the first role play, and the second role play.

3. How much time do you spend for each part of the sub-test?

<b>Parts of the speaking sub-test</b>	<b>Description of parts of the sub-test</b>	<b>Time spent</b>
Part 1	Warm-up	3-4 minutes
Part 2	Role play 1	7-8 minutes
Part 3	Role play 2	7-8 minutes
Total amount of time		17-20 minutes

4. What happens in each part?

<b>Part of the</b>	<b>What happens in this part of the test?</b>	<b>How much</b>
--------------------	---	-----------------

speaking sub-test		time is spent on this part?
Part 1	<p>Warm-up conversation</p> <p>The candidate's identity and professional background are checked by the interlocutor (the one who conducts the interview, serves the role of the patient or carer in the role plays).</p> <p>The interlocutor does not assess the candidate's performance. The speaking test is recorded and submitted to the assessors for marking.</p>	3-4 minutes
Part 2	<p>Role Play 1</p> <p>Preparation time</p> <p>The candidate receives the role play card. The card is carefully read because it explains the scenario and what the candidate is required to do. During this time, the candidate can ask the interlocutor questions about the content of the role play and how it works. The candidate can also write notes on the card. It is also necessary to check that the voice recorder works well.</p> <p>The role play proper</p> <p>The role plays are based on typical work scenarios. The interlocutor has a script and detailed information to follow and use in the role play so that the test structure is similar for all candidates. Different role plays are used for different candidates at the same test administration.</p>	<p>A total of 7-8 minutes</p> <p>2-3 minutes</p> <p>5 minutes</p>
Part 3	<p>Role play 2</p> <p>It uses the same structure as the role play 1, but is uses different role play cards.</p>	A total of 7-8 minutes

5. Does the actor / interlocutor have a part in assessing your performance?  
No, he/she doesn't. There are assessors who will mark your speaking performance.

6. Do you have time to check that voice recorder works well? Yes, you do. During the preparation time.

7. Do you have time to ask the interlocutor some questions? When can you ask questions? Yes, you do. Also, during the preparation time.

## 9. THE ROLE PLAY PROPER

What do you do in the role play? Check that what you are required to do is what you actually do in the role play. However, there may be things that you have to do instinctively.

1. Start with a simple greeting. (Good morning; as the case may be)
2. Introduce yourself to the patient or carer and explain your title (in some contexts you may need to do this, in others not).
3. Find out what has happened or what the patient knows about a problem.
4. The role plays may ask you information such as medical and family history, your lifestyle, previous hospitalization, past diseases, etc...
5. In some role plays, you may need to give advice on lifestyle changes, effective management of your condition.
6. You may be required to explain medication or treatment to the patient or carer.
7. The role plays no doubt require you to display a combination of skills (example: ask information --- advice lifestyle changes --- reassure )
8. Always remember that medical terms may be needed.
9. Round off your talk.

## 10. HOW THE SPEAKING TEST IS ASSESSED (updated from 2018 OET)

The candidate's performance in the speaking sub-test is marked based on the following criteria.

Linguistic Criteria	Clinical Communicative Criteria
<input type="checkbox"/> <b>Intelligibility</b> – how well you are able to be heard and understood: <ul style="list-style-type: none"><li>✓ pronunciation</li><li>✓ rhythm</li><li>✓ stress</li></ul>	<ul style="list-style-type: none"><li>▪ <b>Relationship-building</b> – how well the conversation is begun and how well empathy and respect are demonstrated by the candidate</li></ul>



performance.

4. The Assessors' judgments are targeted and specific rather than a general evaluation of the candidate's ability in spoken English.

5. The Assessors are trained to focus on how a candidate responds to the task.

6. The Assessors apply specific assessment criteria that reflect the demands of communication in the health professional workplace.

7. OET is a test of English-language skills, not a test of professional knowledge.

## **11. SAMPLE SPEAKING CARDS**

Here are some examples of role cards you can play with a fellow candidate.

Always remember the nine tips in the role play proper when you do this part.

Good luck.

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### **SAMPLE 1**

**Time allowed:** 20 minutes

**Setting:** Hospital

**CARD A: Patient:**

You are a patient at the hospital who is recovering from an illness you had for months. A nurse comes to you to deliver your lunch but you are unhappy because you do not like the food at hospital. You would like to complain about the food.

**Task:**

- Express dislike and comment on the taste of hospital food.
- Explain to her how you crave for tasty food cooked at home.
- Ask her if you can get food from outside etc.

**CARD B: Nurse:**

You are a nurse. You are talking to a patient who shows no interest in

hospital food. There are two weeks more for the patient to go home but she expresses her wishes to eat home food. She has not even touched her breakfast as it can be seen on the table as it was.

**Task:**

- Explain to her that she should have taken the breakfast to recover sooner and to eat the food for lunch.
  - Tell her that menu at hospital cannot be changed. It is based on the patient's nutritional needs.
  - Explain why outside food is not preferred by the hospital, etc...
- 

**SAMPLE 2**

**Time allowed:** 20 minutes

**Setting:** Mayo Skin Clinic

**CARD A: Patient:**

You are a college-going student, pursuing your graduation at a university in London. You are suffering from extreme redness of the skin. Your skin turns red when you go out every time. You are now at skin care clinic where you have undergone an examination. You are anxious to know that there is no treatment for your dermal problem except regular use of face-cream and some tablets. The nurse also has asked you not to go out anywhere on hot days.

**Task:**

- Express your nervousness on knowing that there is no possible treatment for this.
- Try to know more about when or how to apply the cream, etc. or whether there will be any side effects of it or not, etc.
- Try to know more about what the diet shall be.

**CARD B: Nurse:**

You are the head nurse at Mayo Skin Care Clinic. A patient has come for a skin problem. The patient is very nervous to know that this kind of condition cannot be cured. The doctor at the clinic has sent him to you for further

instructions to be received from you.

**Task:**

- Explain it to him that there is really no treatment for this kind of skin problem but it can easily be controlled.
  - Explain to him how and when to apply face cream or how it can reduce redness and make him look normal.
  - Explain this too that there will be no side effects of the face cream or the tablets.
  - Advise him to bring some changes in his diet as well.
  - Advise him not to go out without applying sun screen lotion too.
- 

**SAMPLE 3**

**Time allowed:** 20 minutes

**Setting:** Hospital

**CARD A: Patient:**

Your daughter has an ear ache. You, as a mother, are now at the hospital talking to the head nurse about the problem.

**Task:**

- Begin with warm greetings.
- Let the head nurse know more about the problem your daughter is facing (pain or inflammation in the ear etc).
- Try to know more about what causes ear ache.
- Try to know more about the precautions your daughter might have to take to get well sooner.
- Try to know more about how she can get well sooner.

**CARD B: Nurse:**

You are talking to a mother whose daughter is having a problem with her ear. The child's ear is badly aching.

**Task:**

- Begin with the warm greetings.
  - Try to know more about the problem her daughter is facing.
  - Let the patient's mother know more about what causes ear ache (building up of the fluid deep inside the eardrum, infection of the ear canal, presence of a boil or infected hair follicle in the ear canal etc).
  - Let the mother know more about the precautions to be taken for effective recovery.
  - Explain more about the possible solutions for speedy recovery.
- 

You can make your own role plays based on your several years of experience in your profession.

Try this taking a closer look at:

- Which department of the hospital you have been working in
- the diseases / the cases you have been dealing with
- the aspects of nursing care you have been giving your patients that you want to communicate with them

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