

SPEAKING IN OET



CHAPTER 1

INTRODUCTION TO THE SPEAKING SUB-TEST

The Speaking sub-test is quite different from other general English tests. One of the most important differences is that it calls for the candidate to take the lead in the role play because this is what they would do in a real-life situation as a healthcare professional. This may seem a little alien to some candidates who may have done other tests, but it is an important difference they should be made aware of. If you think about the role your students take in teacher-led classrooms, you may find that students often do not take the lead in conversations. The teacher is usually in control of the direction in which conversations are going. In a classroom situation, the teacher is traditionally the more dominant presence and asks questions which the students then answer. In a healthcare context, it is the nurse who usually plays the dominant role in a conversation and initiates questions which the patient answers. Candidates worried that this may put too much pressure on them can be reassured by reminding them that this is what they do every day at work. They should also be reminded that the interlocutor is not the Assessor but is trained to act like a patient during the role play.

The other significant difference is to do with the focus. In the Speaking sub-test the focus is on effective communication rather than just a display of language. The sub-test assesses if a candidate can show the ability to conduct patient-centred communication. So, grammatical accuracy is only one aspect of the assessment criteria. Your feedback/general approach to Speaking classes should be informed by this approach. Showing off language or an accent for the sake of doing so could be counterproductive to communication and should be avoided. The same principle applies to learning phrases or templated responses. These quickly become evident to Assessors and students should be discouraged from using empty, stock phrases. Giving students phrases to use during the Speaking sub-test may help in a limited way, but what is more useful is to help them to develop the communication skills to know what to do, and therefore, what to say.

You will observe that a single role play card may be used in more than one lesson sketch. This has been done to demonstrate how one role play card can be exploited to explore different aspects of the clinical communication criteria. Looking at a single role play from different angles adds a lot of depth to your class and develops students' own understanding of how a role play works.

Speaking classes offer a great opportunity to help you train your students to be independent learners through peer feedback and reflection. To this end, it is good to establish early on that peer feedback is constructive. Peer observation of role plays and student-created checklists are one way of helping to provide structure to this process, and you could perhaps decide on two or three different ways of how to conduct such classes. For example, in one format, the whole class can observe a pair doing a role play and give feedback. In another format, you could divide the class into groups of three, with the third person being an observer who gives feedback, so that several role plays happen simultaneously.

Students can be provided some guidelines for feedback, for example, providing 'sandwich feedback' with positives being the top and tail of the feedback. It is also important to train students to focus feedback on specific criteria rather than everything at once. Asking students to reflect on their own performance before you give your feedback is also good practice that is useful in OET Speaking classes.

There is plenty of scope to introduce realia through video/audio to the Speaking class. Some suggestions have been given at the end of the chapter. Students should also be encouraged to speak English outside class and your lessons can include elements that will help them do this.

CHAPTER 2

PREPARING FOR THE SPEAKING SUB-TEST



Chapter objective

The section 'Speaking in OET' of the Student's Book details both the linguistic and clinical communication criteria with tasks you can use and replicate in the classroom. The overall objective is not to focus on a set of phrases but to build overall proficiency and competency.

Task profile	
Chapter 1	
Task 1a, 1b	How to use preparation time effectively
Chapter 2	
Linguistic criteria	
Tasks 1, 2, 3	Pronunciation tasks related to Intelligibility
Task 4	Skills task on using pauses related to Fluency
Tasks 5, 6, 7, 8, 9	Skills tasks related to Appropriateness of language
Tasks 10, 11	Skills tasks related to Resources of grammar and expression
Clinical communication criteria	
Relationship building	
Tasks 12a, 12b	Scaffolded OET tasks focussing on initiating the interaction
Task 13	Skills task on demonstrating a respectful attitude
Tasks 14a, 14b	Skills task on adopting a non-judgemental attitude
Task 15	Skills task on showing empathy
Understanding and incorporating the patient's perspective	
Task 16	Skills task on eliciting the patient's concerns/ideas/expectations
Task 17	Skills task on picking up patients' cues
Task 18	Skills task on relating explanations to elicited concerns/ideas/expectations
Providing structure	
Task 19	Scaffolded OET task on sequencing the interview purposefully and logically
Task 20	Skills task on signposting changes in topic
Tasks 21, 22, 23	Skills tasks on organising techniques in explanations
Information gathering	
Tasks 24, 25	Skills tasks on active listening
Tasks 26, 27, 28	Skills tasks on effective questioning
Information giving	
Tasks 29, 30	Skills tasks on pausing periodically when giving information and using response to guide next steps (chunking and checking)
Task 31	Skills task on information giving sub-criteria

Chapter 3

Sets 1, 2

OET Role plays for practice

Sample Practice Test: Speaking

Additional OET Sample Practice Test



Chapter notes

As with the Writing sub-test, it would be useful to orientate your students to some of the aspects of the western healthcare context which are different from the students' present context. A lot of these could be cultural factors. This lesson could be an introductory one that uses interesting experiences of healthcare professionals from social media, articles, or even your own experience. Conducting a discussion on the differences and similarities of two healthcare contexts is useful because it helps you understand students' beliefs about patient-centred communication and care which is the foundation of the role play.

You can use the tasks in the Student's Book to build lessons that focus on one criterion per class or, where possible, break it down further to focus on one sub-criterion at a time. If you find that your students struggle with producing certain structures, you will need to take them back to lessons that focus on those grammatical aspects before bringing them back into the context of the role play in the Speaking sub-test. In classes directly focussed on the role play, it is important to emphasise that it is patient-centred communication which will help students achieve their desired score, and not showing off their language and pronunciation.



Using preparation time effectively: Tasks 1a and 1b from Chapter 1

Training students to use the three-minute preparation time effectively is very important. Highlighting different aspects of the role play card will help them understand what they should pay attention to. Students often like to underline words on the role play card. By using the three steps in Task 1b, you can use this student tendency to train them to pay attention to certain aspects of the role play card, making the act of underlining an even more effective use of preparation time. While discussing answers to Task 1b, highlight the following:

- **Step 1:** The role play card always reveals two types of needs of every patient: medical needs and emotional needs. Candidates must pay attention to both in their role play. It is also important to alert students to the fact that both role plays could be very different from each other in this aspect. Encourage them to notice any adjectives that describe how the patient is feeling. This is a good indication of the emotional need of the patient.
- **Step 2:** The verbs in the bullet-point tasks tell students what they must do. They need to pay attention to these and think about what kind of clinical communication skills they will need to be able to successfully address the tasks in each bullet point. For example, they may need to chunk and check information where tasks require that they should explain something to the patient.
- **Step 3:** Remind students that there are several ways of beginning a role play. While thinking of a few expressions to use is helpful for their confidence, they must remember that the phrases they use must be contextualised to the scenario. Instead of having a set, pre-decided approach to how they begin the role play, encourage students to read the background information and use it to frame their opening question.

Trainer tip

Spending time discussing how to use preparation time effectively is important. You can also invite students to share their ideas on how they would use preparation time.

After you finish Tasks 1a and 1b, put this into practice by choosing any of the role plays in Chapter 3. Give students three minutes of preparation time with specific instructions on how to use their time efficiently. You can write the following checklist points on the board for them to refer to during the three minutes:

- Decide if you need to ask the patient's name.
- Decide if you should ask a closed or open-ended question.
- Decide if there is something you need to respond to in the role play card.
- Underline the adjectives, if any, that give information about the emotional need of the patient.
- Write an expression or two for your role that you can use to begin the conversation, or write useful vocabulary that you can use during the role play.

After the three minutes are up, ask students to discuss their answers with a partner. Then, discuss the five checklist points with the class. Nominate a few pairs of students to write their opening questions and any other useful vocabulary they may have thought of on the board. These shouldn't be stock phrases but should be contextualised to the scenario. If your students aren't able to generate any, it's a good opportunity to discuss one or two examples with them to show them how you were able to contextualise vocabulary to the situation.

Appropriateness of language: Tasks 7, 8 and 9

Appropriateness of language is more than simplifying technical jargon to lay language. Task 5 addresses this aspect of the criterion. Students need to understand that to demonstrate awareness of appropriateness of language, they need to think about the patient they are speaking to and the situation. This is especially important when deciding the tone as well as using indirect questions. The lesson sketch here details indirect questions, but if your students don't have much proficiency with the structure of indirect questions, it may be a good idea to spend a little time going over the grammar in a separate class.

It is useful to discuss cultural differences in the way healthcare professionals may ask questions in their countries. It is possible that asking indirect questions won't be culturally relevant to one group of students, so bear this cultural aspect in mind.

Stage	Activity
Setting the context / warmer	<p>Ask students to tear a piece of paper from their notebooks or hand out small slips of blank paper for them to write on. Ask them to think of a situation when they visited any healthcare professional and were asked an embarrassing question or a question that made them uncomfortable.</p> <p>They must describe this situation in 3–4 sentences on the blank slip of paper and answer the questions:</p> <ul style="list-style-type: none"> • What did the healthcare professional ask? • Why was it embarrassing or uncomfortable? <p>Ask them not to write their names on it. At the end of five minutes, collect all the slips and put them into a bowl. Tell the class that you will revisit these later.</p> <p>Narrate an embarrassing question you were asked and explain why it was uncomfortable for you. To streamline this with the objective of the class, point out how the embarrassing or uncomfortable question was direct (don't mention grammar here) and why it wasn't appropriate.</p>

<p>Exploring the skill</p>	<p>Divide the board into two halves. On one side, write a direct question, 'Do you drink alcohol?' and on the other side, an indirect form of the same question, 'May I ask if you drink alcohol?' Elicit the difference between the two in terms of both effect and structure.</p> <p>Next, present the class with the language structure of indirect questions. You can do this using the teaching content from the Student's Book on pages 173 and 174. Allow time for questions on how to change direct questions to indirect questions. You could even prepare an additional 4–5 examples, similar to the ones in the tables, to use as drills with the starting phrases 'Would you mind telling me ...' or 'May I ask ...', etc.</p> <p>Divide the class into pairs and ask students to finish Task 7 together. The pairs will need to use two starting phrases to make the direct question an indirect question. Discuss answers with the class.</p> <p>Ask students to continue working in pairs and finish Task 8. Discuss answers and ask for more examples from the class. Provide more examples if required.</p> <p>Ask one pair to team up with another pair to make groups of four to do Task 9. When groups discuss answers, they also need to discuss which situations may require them to justify the line of questioning. For example, in case 3, the 43-year-old man may need to be provided with a line of questioning because he is defensive. A line of questioning could also be provided to the schoolgirl in case 4 as this is her first examination, so helping her to understand why the questions are being asked would make her feel more comfortable.</p> <p>Notes</p> <p>For students at a lower level you can scaffold Task 7 by providing the indirect question in jumbled order. For example,</p> <p>tried / I / have / ever / ask / you / weight / past / the / in / may / losing / if</p> <p><u>May I ask if you have ever tried losing weight in the past?</u></p> <p>For students who are very comfortable with these starting phrases, you can introduce a couple of more examples such as, 'In your own time', 'I'm afraid I need to ask', etc.</p>
<p>Applying the skill to an OET task</p>	<p>Make pairs. Ask students to go to Role play Set 1 in Chapter 3. Give them 2–3 minutes to read the Candidate Card and determine if indirect questioning would be required. If they think it would be required, ask them to explain why. Nominate individual students to answer. (Yes, it would be needed for the first task 'Find out when and why the patient stopped using the walker.' Because the patient may be reluctant to use one.)</p> <p>Ask pairs to come up with three different indirect questions for the first task. Ask them to practise in pairs only the first task in the role play. They should take turns being the nurse and the patient.</p> <p>Monitor and make a note of a couple of pairs doing it well. You can nominate students to demonstrate only that part of the role play in front of the class. Provide feedback on the appropriateness of their indirect questions as well as structure.</p> <p>Notes</p> <p>If you have previously finished Tasks 5 and 6, draw students' attention to these aspects of appropriateness of language (tone and lay language).</p>

Doing an OET task	<p>Ask students to turn to Role play Set 2 in Chapter 3. Give them three minutes of preparation time and ask them to role-play in pairs. Nominate/ask for volunteers to role-play in front of the class. Other students can watch and note down feedback related to appropriateness of language used. If you have covered other criteria in a previous class, assign one criterion to each group and ask them to provide feedback related only to that one. Discuss feedback with the whole class.</p> <p>Notes</p> <p>If you feel your class still needs extra help at this stage, provide some hints or clues. In Set 2, the patient is upset and so the nurse will need to ask indirect questions and even justify the line of questioning.</p>
Following up	<p>Randomly hand out the slips collected in the warmer stage of the lesson to the groups. Two slips per group is ideal. Ask them to read their slips and discuss:</p> <ul style="list-style-type: none"> • Why was the patient feeling uncomfortable or embarrassed? • What could have helped the situation? • Do you think that using indirect questions and justifying the line of questioning could have helped the patient feel less uncomfortable/embarrassed? <p>Ask students to provide a solution for the situation and one or two groups can share their solutions with the class.</p> <p>Notes</p> <p>In this activity, students' own experiences to provide scenarios for indirect questions was used. You can however collect or create more examples of direct language/questions and use them to create worksheets for further practice and revision. The idea is to give them sentences with very direct, unhedged examples and ask them to convert them into softer language using indirect questions and starting phrases.</p>

Relationship building

In the Speaking sub-test, there are opportunities for relationship-building throughout the role play. Tasks 12a and 12b provide some practice with initiating the interaction. The teaching content in the Student's Book also provides some excellent advice on the different techniques you could use to begin a role play. While doing Task 12b, you can elicit several different student responses and, if possible, write them up on the board or on a slide to show that a variety of responses are acceptable. It is important to emphasise this, since a lot of students often get preoccupied with creating a standard beginning that they can use for all role plays.

To scaffold the tasks, you could prepare a list of appropriate and inappropriate beginnings for each of the role plays and hand this out to students. They could discuss which beginnings are suitable and which ones aren't suitable. If they think a beginning is unsuitable, they also need to discuss why it is unsuitable. For example, the beginning may be too general in scenarios where the reason for a visit is already known, or the nurse asks the patient's name (if the patient has been admitted in hospital), or if it is a follow-up visit.

For example, for the second test scenario in Task 12a, you could list the following beginnings:

- Good afternoon, I'm Anita, the nurse on duty here today. Can I have your first and last name, please? How can I help you today?
- Good afternoon (patient's name), I'm Anita, and I'm one of the nurses on duty in this ward. I see that you rang the buzzer. What can I do for you?
- Good afternoon (patient's name), I'm Anita, the nurse on duty here today. You seem unhappy about something. Can I ask what your concern is?

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The first beginning is inappropriate because the role card says the patient was admitted the previous day in which case the nurses on duty would be aware of the patient's name and reason for admission.

Task 13 helps students see how they can build opportunities for rapport throughout the role play. This can be supplemented with several more examples from you. You could also extend this further by linking it to the appropriateness of tone.

Student pitfalls

Students get nervous about how they begin the role play because many of them feel that if they don't begin well, the rest of the role play will not go well. Remind them that while initiating the interaction is important, there are other opportunities within the role play to build rapport. They shouldn't worry if the beginning hasn't been perfect; instead they should think about how they would deal with the situation if there was a real patient in front of them, and continue the role play in a patient-centred manner.

Adopting a non-judgemental approach: Tasks 14a and 14b

Stage	Activity
Setting the context / warmer	<p>Present the following statements made by patients to the class by displaying or reading them. Tell them that they are going to pretend that they are the healthcare professional listening to the patient in each scenario.</p> <ul style="list-style-type: none"><i>I don't think cigarettes are bad for you, nicotine patches are just as bad.</i> (a 50-year-old patient after being diagnosed with Stage II lung cancer)<i>I haven't thought about having children yet. It's never been a priority.</i> (a 37-year-old patient on a routine visit to a gynaecologist)<i>I can't be on a diet that doesn't allow me to have rice, five cups of tea a day and the occasional peanut butter chocolates. Please devise a diet that allows me to have these.</i> (a 25-year-old patient who has come to a dietician to lose 4 kgs) <p>Ask students to discuss in pairs how they would react to each patient as the healthcare professional, i.e., what they would say to them. Ask them to write the exact words they would say to the patient on a slip of paper. Elicit answers from the class and write one or two examples on the board for each statement. Then, collect their slips.</p>
Exploring the skill	<p>Redistribute the slips. Tell them that they're going to read each other's responses but this time as they read, they need to pretend to be the patient.</p> <p>Once they have finished reading the healthcare professional's responses, distribute fresh slips. Ask them to write on the new slips what they would feel as the patient. (If resources permit, you can present this in an engaging way by distributing blank 'thought bubbles' and ask them to write the patient's feelings in those thought bubbles instead of slips.) Display both the thought bubbles/slips with the patient's feelings and the slips that contain the words of the healthcare professional side by side on a wall or table. Ask students to walk around the class and read them. The students should be able to see what the healthcare professional has said and what the patient feels about what has been said. After they have read all the responses, discuss the impact of the healthcare professional's words on the patient in a class discussion.</p> <p>Explain that using a non-judgemental approach would mean keeping value judgements and personal opinions to oneself.</p>

	<p>After this, present a list of dos and don'ts, such as the one given below, to demonstrate a non-judgemental approach:</p> <ul style="list-style-type: none"> • Accept a patient's views as valid. (do) • Come down heavily on a patient's non-compliance. (don't) • Explore the reasoning behind their ideas by asking open-ended questions. (do) • Scare the patient by giving them a list of things that could go wrong if they don't comply. (don't) • Explain your concerns about why something might not be good for them. (do) • Identify ways to retain positives from what the patient has said. (do) • Make suggestions using indirect language. (do) • Invite the patient's reaction. (do) <p>Ask students to identify the dos and don'ts from this list. Then, play audio 5.15 and ask their opinion on the nurse's attitude towards the patient. Elicit their opinions, making connections to the list of dos and don'ts wherever possible. After this, they can attempt Task 14a. You can play the audio again so that they can finish the task. Elicit answers.</p> <p>Next, give them the audio script of audio 5.15. Ask them to rewrite the role play to make it non-judgemental. They don't need to rewrite everything; they can make notes in the audio script that you've provided.</p> <p>Then, ask them to do Task 14b and compare their versions with the one in the audio. Emphasise that they shouldn't focus on whether their versions match the audio script word-for-word. The important thing is to communicate a non-judgemental attitude through the choice of words/expressions.</p> <p>Explain that patients may not agree with their views even if their advice is medically sound. Therefore, they can apply the list of 'do' techniques in the dos and don'ts list that you discussed earlier, to help a patient see their point of view.</p>
Applying the skill to an OET task	<p>Ask students to open Role play Set 1 in Chapter 3. Give them two or three minutes to read the Candidate Card and determine when they may need to be non-judgemental. If they think it would be required, ask them to explain why. Nominate individual students to answer. (In this case, the patient may be reluctant to use the walker and therefore, although you as the nurse know that a walker is necessary, you must refrain from adopting a judgemental attitude.)</p> <p>Using the 'do' techniques discussed in the dos and don'ts list above, ask groups to brainstorm how they would deal with this patient. Then, ask groups to take turns practising this in pairs. Monitor and make a note of a couple of pairs doing it well. You can nominate them to demonstrate only that part of the role play in front of the class. Provide feedback on their ability to convey a non-judgemental attitude.</p> <p>Notes</p> <p>You could model this part of the role play with a student. Alternatively, you could write a sample dialogue for this part and ask students to identify which techniques have been adopted by the nurse to be non-judgemental.</p>
Doing an OET task	<p>Ask them to turn to Role play Set 2 in Chapter 3. Give them three minutes of preparation time and ask them to role-play in pairs. Nominate/ask for volunteers to role-play in front of the class. Other students can watch and note down feedback related to appropriateness of language. Discuss feedback with the whole class.</p>

	Notes If you feel your class still needs extra help at this stage, provide some hints. Discuss with them situations where they may be tempted to express their own views as a healthcare professional, such as when a patient is being discharged against the doctor's advice. Brainstorm ways in which they could be non-judgemental before they do the role play.
Following up	Ask them to think of ways they would improve their own responses to the statements introduced in the warmer stage. They can role-play their new responses in front of the class.

As an extension, you can conduct a group discussion on the topic: What effect does a judgemental approach or attitude have on the outcome of a healthcare professional's advice?

Understanding and incorporating the patient's perspective

There are a lot of opportunities for students to do this every time they listen to a patient giving their opinion or saying something about treatment advice, symptoms, concerns about a course of medication, and so on. The teaching content on picking up a patient's cues before Task 17 contains four important techniques and students should be trained on how to use them effectively. In role-play feedback, make sure you tell students how successful they are at using these techniques.

Eliciting and exploring a patient's ideas/concerns/expectations and relating explanations to them: Tasks 16 and 18

Stage	Activity
Setting the context / warmer	<p>Present a case study / patient story that highlights the difference that exploring and incorporating the patient's perspective by a healthcare professional can make to patients' compliance.</p> <p>You can use any case study / story, but here's an example:</p> <p>A 34-year-old patient (Patient A) was diagnosed with hypothyroidism and was put on medication by an endocrinologist, Dr Y. Before the consultation, Patient A had been reading articles about how thyroid can be controlled by lifestyle changes in exercise and diet, but since the patient had been suffering from hair loss and joint pain, he/she decided to comply with the medication. However, after three months the patient felt that there wasn't a marked difference in symptoms and so decided to discontinue the medication and focus on eating healthier. When the patient went to see a dietician regarding this, the dietician advised him/her to see an endocrinologist. This time, the patient went to see Dr Z, another endocrinologist. Dr Z ran some tests to investigate the problem further and asked Patient A some questions about how he/she felt about thyroid medication. Patient A described his/her concerns to Dr Z after which Dr Z prescribed the same medication Dr Y had. After that visit, Patient A has been compliant with the medication.</p> <p>Ask students to think about why Patient A was compliant with Dr Z's medical advice. Give them some thinking time and then ask them to share their thoughts in an onion ring format, i.e., ask them to make two concentric circles such that students in both circles face one person from the other circle. The outer circle moves at regular intervals every time you say 'Change'. This means that they get to hear the opinions of different classmates in a short period. Continue with the onion ring for about 3–5 minutes and then conclude the activity with a class discussion on what they felt the difference was, highlighting that Dr Z explored the patient's concerns and so this helped compliance.</p>

	<p>Notes</p> <p>If your classroom doesn't permit movement, ask them to share with a partner or in small groups.</p>
Exploring the skill	<p>Introduce the concept of eliciting the patient's ideas/concerns/expectations using the teaching content that explains the sub-criterion B1.</p> <p>Divide the class into groups and ask students to do Task 16. Ask groups to think of one more example of their own under each heading. If you have a board large enough, divide it into three columns and ask a volunteer from each group to write their example on the board.</p> <p>You can present the following task as a worksheet / display it on a slide / write it on the board / read it from your notes. Tell students to think back to the case study from the warmer stage of the lesson.</p> <p>Ask them to imagine they are Dr Z and Patient A tells them this:</p> <p><i>I was taking 50 mcg of levothyroxine... then I stopped.</i></p> <p>Which response would they use to explore the patient's perspective?</p> <p>A. Oh! I see, it looks like that's the problem. Well, we must get you back on your medication as soon as possible. Right?</p> <p>B. Do you mind if I ask why you stopped taking the medication?</p> <p>Discuss which response is appropriate (Response B) and why. Then, move on to showing them what Patient A says next.</p> <p><i>I didn't feel that it was working and I didn't see the point of it. I thought that I could control my thyroid levels with exercise and diet.</i></p> <p>Which response would they use to explore the patient's perspective?</p> <p>A. How did that work for you?</p> <p>B. Unfortunately, your type of hypothyroidism can't be controlled with exercise and diet. Do you understand this?</p> <p>Again, discuss answers with the class focussing on why Response A is more appropriate.</p> <p>Next, explain the teaching content under the explanation for sub-criterion B3. Show students the following explanations and ask them to choose the explanation that relates to Patient A's concerns.</p> <p>A. Well, I understand that you feel you could control thyroid levels because there are many people who are able to do that. This is possible when low thyroid levels are a result of stress and improper diet. However, the hypothyroidism which you have is created by the body's own unfavourable response to thyroid-producing cells. Therefore, it is vital that you continue medication because this is something your body cannot do on its own anymore. The medication works slowly but surely.</p> <p>B. Yours is not a case of lifestyle-related hypothyroidism. Medication is important because if you don't take it, there could be some serious damage to your body's thyroid-producing cells. You need to continue thyroid medication for your whole life.</p>

	Discuss which response is appropriate (Response A) and why. Then ask students to do Task 18. If time permits, a fun way to do this task would be to ask all the students in the group to pass a slip of paper around and write their response to Task 18. Ask them to then fold it and pass it on. After all the members of the group have finished, one person from the group can unfold the paper and read out all the responses. They can choose the best one and present it to the class. Discuss answers with the whole class.
Applying the skill to an OET task	<p>Ask students to open Role play Set 1 in Chapter 3. Tell them to read the Candidate Card and determine where they have opportunities to elicit the patient's concerns.</p> <p>After students have done that, ask them if there is any opportunity in the role play for them to relate the elicited concerns from the patient to an explanation which they need to give the patient. Once they have identified that, they could relate elicited concerns to the explanation that they need to provide in the last task on the card. Ask groups to read the patient card and brainstorm different things they can say to the patient to relate the elicited concerns to the explanation they are giving about using the walker. Nominate individual students from groups to answer.</p> <p>(In the first task 'Find out when and why the patient stopped using the walker', students need to explore the patient's concerns/ideas/thoughts. They can relate the patient's concerns when they get to the last task on the role play card 'Encourage the patient to use the walker until his/her follow-up appointment.' For example, they could relate concerns by saying something like, 'I appreciate that you feel you can walk independently, but I'd like to encourage you to use the walker until your follow-up appointment, because this will help speed up the recovery process and you'll feel better sooner.)</p> <p>Once they have done this, ask groups to take turns practising in pairs these two tasks from the role play card. Monitor and make a note of a couple of pairs doing it well. You can nominate them to demonstrate only that part of the role play in front of the class. Provide feedback.</p>
Doing an OET task	<p>Ask students to turn to Role play Set 2. Give them three minutes of preparation time and ask them to role-play in pairs. Nominate/ask for volunteers to role-play in front of the class. Other students can watch and note down feedback related to eliciting and exploring a patient's ideas/concerns/expectations and relating explanations to them. Discuss feedback with the whole class.</p> <p>Notes</p> <p>If you feel your class still needs extra help at this stage, provide some hints. Discuss with them where opportunities exist to elicit the patient's concerns and relate them to explanations. For example, the first task asks the nurse to find out why the patient wants to be discharged. This is where the nurse could elicit concerns and then relate these concerns to the last two tasks: 'Try to persuade the patient to remain in hospital.' and 'Suggest home help be organised by the hospital social worker for the family'.</p>
Following up	You can ask students to share their experiences with patients and how they think eliciting concerns would help both patients and healthcare professionals.

Providing structure

Giving students some helpful phrases/expressions and helping them understand where they can use them is one method that could help students demonstrate this criterion. Language functions and exponent-matching type tasks that involve cutting up exponents of different ways to provide structure and having students match them with their functions like the one in Task 20 is an effective way to do this. However, in your feedback to students, be sure to encourage them not to sound robotic and repeat empty phrases.



Using organising techniques in explanations: Tasks 22, 29 and 30

Students will need to know the technique of categorisation before they do Task 22. You may choose to explain this during the lesson or introduce it at an earlier date through the function-exponent activity mentioned above, along with other examples of using organising techniques in explanations. There are examples you can use to create a language function-exponent matching activity in the teaching content under sub-criterion C3.

Chunking and checking can also be employed to demonstrate Information giving. Therefore, the lesson sketch below combines tasks under both criteria – Providing structure and Information giving. (This includes sub-criteria C3: Using organising techniques in explanations; E2: Pausing periodically when giving information; E3: Encouraging the patient to contribute reactions/feelings and E4: Checking whether the patient has understood the information).

Student pitfalls

Students often think they need to rush through the role play to finish all the tasks on the role play card and therefore hesitate to ask questions to incorporate the patient's perspective or use pauses to allow the patient to speak. While the healthcare professional in the role play, i.e., the student, is expected to take charge of the role play, this doesn't mean they need to rush through the tasks. They won't be penalised for not finishing all the tasks on the role play card as long as they have conducted the interaction in a patient-centred manner. That means that if they weren't able to finish, say, the last task on the role play card because they spent time exploring why a patient felt concerned, they wouldn't be penalised as long as they didn't go off track.

Stage	Activity
Setting the context / warmer	<p>Tell students to imagine that they are a diabetic patient who has been referred for guidance on how to self-administer insulin injections. You are the nurse who is now going to explain the process to them. Proceed to read the explanation in Task 29 very quickly without pausing. After you have finished reading, ask them:</p> <ul style="list-style-type: none"> • Was this explanation easy to understand? • What can you do to improve the explanation? • How would you check if this patient understood the information? • How would you check if this patient felt comfortable with the information? <p>Give students a minute to make a list of ways in which it can be improved. Tell them to focus on techniques which they can use to improve delivering the explanation and not the explanation itself. Ask them to mingle and share their lists with at least three other students. Nominate/ask for volunteers to read out their lists.</p> <p>Notes</p> <p>The explanation in Task 29 has been used here but you could use any explanation given to a patient by a healthcare professional (for example, reports of a recent test, medication/discharge instructions). If you can find a video clip of someone explaining any sort of instructions very quickly, then you could show that instead. You could also explain instructions from a hobby or interest that you have, but your students do not have. The idea is to show them how a patient with poor medical knowledge might feel when given a set of instructions without any pauses, opportunities to ask questions or to indicate that they are not able to follow the instructions.</p>

Exploring the skill	<p>Introduce chunking and checking using the teaching content under the explanation for the sub-criterion C3.</p> <p>Divide the class into groups and ask them to finish Task 22 together. After they have finished, ask two groups to compare their answers with each other. Discuss with the whole class, inviting students to share their 'chunks'. Repeat with Task 29.</p> <p>Ask students to refer to their lists made in the previous stage and make a list on the board of different techniques which students said they had followed to check information. Point out examples of good techniques and not so effective techniques. For example, asking, 'Do you understand?' is not effective but pausing periodically or inviting a reaction such as 'How do you feel about the information I have shared?' is more effective. Ask students to finish Task 30. They can then come up and write their answers on the board so that the class can see the variety of ways to check if a patient has understood or been given enough opportunities to ask questions or express their concerns.</p> <p>You can introduce the 'teach-back' method as a tool to help check patients' understanding. Refer to teaching content under the sub-criterion E4.</p> <p>Notes</p> <p>The more practice you provide for this skill, the better students will get at it. To do this, provide small pieces of dialogue to chunk. Ask students to practise chunking regularly, not just in a single class.</p>
Applying the skill to an OET task	<p>Ask students to look at Roleplayer/Candidate Card 2 from the Sample Practice Test for Speaking in Chapter 3. Tell them to read the Candidate Card and make notes on the card. This is an opportunity for them to use chunking and checking.</p> <p>Next, nominate a student to be your 'patient' and demonstrate/model the role play for them. Ask the rest of the class to make a note of the number of times you chunked and checked information. Ask them to compare their notes with the notes they made when you demonstrated chunking and checking.</p> <p>Change partners and tell students to practise only that part of the role play card with their new partners. During the role play ask partners playing the patient to make a mental note of the different ways in which the nurse checked understanding. Ask them to provide feedback to their partner after the role play.</p>
Doing an OET task	<p>Ask students to turn to Roleplayer/Candidate Card 1 from Practice Test 1. Give them three-minutes' preparation time and ask them to do the role play in pairs. Nominate/ask for volunteers to do the role play in front of the class. Other students can watch and note down feedback related to organisation techniques in explanations, specifically chunking and checking. Discuss feedback with the whole class, focussing on other techniques for organisation that you have already done in class.</p> <p>Notes</p> <p>If you feel your class still needs extra help at this stage, provide some hints. Discuss with the class where they can find opportunities to chunk and check. For example, the second task on the role play card asks the nurse to explain the mother's needs for the first eight weeks and the last task also asks the nurse to explain the painkillers and NSAIDs to the carer. These are good opportunities to chunk and check information.</p>
Following up	<p>Ask students to make a list of different examples in patient interactions where they can use chunking and checking. For example, when explaining medication needs to a patient or carer, when explaining the recovery process, when explaining the procedure before a surgery, etc.</p>

Information gathering

The main communication skills for information gathering are questioning and active listening. While students may have the necessary knowledge of structures used to form questions, it is important to help them understand that as healthcare professionals they need to work on developing a command over specific question types. They need to be able to ask open-ended questions at the appropriate time in the interaction, as well as avoid certain kinds of questions such as compound/leading questions. Tasks 26 and 27 provide practice but it is strongly recommended that you help students understand the effect or result of using a certain kind of question. You could do this in the form of a discussion with the class after you introduce the question type.

It is important to help students understand that there can be observable ways in which to demonstrate active listening that go beyond non-verbal aspects such as nodding the head or facial reactions. In the context of the OET Speaking sub-test, this is particularly significant because the test is marked by assessors who listen to an audio recording. Therefore, it is vital that the student has a good range of active listening skills.

Facilitating patients' narrative with active listening techniques and minimising interruption: Tasks 24 and 25

This lesson sketch calls for students to record their role plays (audio only). It may be worthwhile to alert students to this so they can install relevant software on their phones. If your students do not have access to phones/internet connections, you can conduct the 'Applying the skill to an OET Task' using the same pattern of peer observation and feedback, but without the audio.

Stage	Activity
Setting the context / warmer	<p>Ask students to 'think-pair-share' an experience with a patient where they encouraged the patient to talk during a consultation. Ask them:</p> <ul style="list-style-type: none"> • Can you think of a time when you encouraged a patient to speak or share their concerns? • What techniques did you use (both verbal and non-verbal)? <p>Nominate two or three pairs of students to share their experiences and write the relevant active listening techniques they used on the board. If your class is at a lower level, you could spend some time first explaining the difference between passive and active listening using pictures.</p>
Exploring the skill	<p>Fill in any gaps to the list from the previous stage by adding from the list below. (This is based on the teaching content under sub-criterion D1).</p> <ul style="list-style-type: none"> • Silence and pausing • Using words like, 'Okay', 'I see', 'Go on' and sounds such as 'Uh-huh' and 'Mmm'. • Repeating what someone has said using other words. • Echoing a word that the patient uses. For example, the patient says, 'I experienced chest pain' and you echo 'chest pain?' to encourage them to share more information. • Summarising what the patient has said to encourage them to continue. <p>Ask students to tick the active listening techniques that they use regularly with patients, or even in everyday communication. (Since there may be cultural variations with back-channelling, for example with expressions such as 'Okay', 'Right', 'Uh-huh', you may need to familiarise some students with this aspect. You could explore if and why they use similar expressions in their mother tongues and then give them some examples of back-channelling in English.)</p>

	<p>Use Task 24 to check if students have understood these techniques before proceeding further.</p> <p>Make pairs for the next activity. Play each of the following audios and ask students to focus on what the healthcare professional is saying, not on what the patient is saying. Ask students to make notes about what they 'hear' the healthcare professional doing to demonstrate active listening. They can refer to the list on the board to help them decide which active listening technique is being used. After each audio recording, pause and give students a minute to discuss their notes with their partner. Then, discuss examples with the whole class.</p> <p>Audios:</p> <ol style="list-style-type: none"> 1. Back-channelling: Audio 5.17, Task 25 2. Paraphrasing/Summarising: Audio 2.3 from Listening Part A (includes some back-channelling) 3. Paraphrasing: Audio 2.2 from Listening Part A (paraphrasing as well as a rise in intonation at the end of the sentence, '<i>Just to be clear, the griping pains start after you've eaten, while the food is being digested?</i>' to indicate that the patient should keep talking) 4. Echoing: Audio 2.5, play only 2:53 seconds to 3:30 seconds. (Healthcare professional echoes '<i>Benzoyl peroxide?</i>' using rising intonation when the patient says, '<i>... something peroxide</i>') <p>Ask a pair to join another. Tell students that they are going to practise these active listening techniques in their groups. The group needs to choose one member to tell a story to the others about a memorable patient experience. Each of the other group members should choose a different active listening technique they want to use while listening to this story. While this member tells the story, each of the other members in the group need to use their active listening technique. (To add a little fun into the lesson, you can ask them to exaggerate their active listening techniques especially back-channelling and echoing.)</p> <p>Notes</p> <p>Paraphrasing and summarising are important skills and deserve a dedicated class, but if you want to add in Task 23 after students have listened to the audios, you can do so.</p>
<p>Applying the skill to an OET task</p>	<p>Tell students that they are now going to apply this to an OET task and the focus is on demonstrating active listening. Split the class into groups of three and ask them to practise Role play Set 1 from Chapter 3. While two members of the group finish the role play, the third member records the interaction on their phone or messaging app. They then take turns to record until all three in the group have finished the role play as the nurse.</p> <p>Each group sends its three audios to another group for review. The reviewers should give feedback on which active listening techniques have been used and if they were successful in facilitating the patient's narrative.</p> <p>Notes</p> <p>You may need to think about the logistics / time management of how this could work, as it may take time for each group to finish their role plays with partners and then review the three audios from another group.</p>

Doing an OET task	<p>For this stage, students can continue sitting in the same groups of three. While two of them do the role play, the third observes and makes notes on active listening techniques and any other feedback. They swap roles until all three have finished role-playing the Candidate Card.</p> <p>Groups can choose from Role play Set 2 from Chapter 3 or Roleplayer/Candidate Card 1 from Practice Test 1, or use both. Follow the three-minute preparation time allowance.</p> <p>After all the three members of a group have finished role-playing the Candidate Card, ask them to share their feedback with each other. Nominate one or two groups to share what kind of feedback they gave each other.</p>					
Following up	<p>Ask students to draw three columns in their notebooks:</p> <table><tr><td>Active listening techniques I use regularly</td><td>Active listening skills I know about but don't use (can include new skills learnt in the class)</td><td>Why I use / don't yet use this technique</td></tr></table> <p>Allow them time to reflect and fill in the table. Then, ask them to 'think-pair-share' with their partner.</p>			Active listening techniques I use regularly	Active listening skills I know about but don't use (can include new skills learnt in the class)	Why I use / don't yet use this technique
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Information giving: Tasks 29–31

As mentioned earlier, chunking and checking is an important skill that can also be used to demonstrate information-giving skills (sub-criteria E2 and E4). You can use Tasks 29 and 30 with the lesson on 'Organising techniques in explanations' and round off or reinforce learning with Task 31. Along with this, training students to check information using skills such as the 'teach-back' method mentioned in the teaching content under sub-criterion E4 is also important.

Student Pitfalls

Students often use stock phrases such as 'I understand' or 'I understand your concern' to show empathy. However, you need to help them understand that using such templated phrases does not show empathy, but rather a lack of it, because the person using such a phrase may not really be in a position where they understand what the patient is feeling. This is where echoing or summarising can help. Tell students that they can use the phrase but must explain to the patient what they understand by echoing or summarising their words. For example, 'I understand your concerns about making a change to your existing medication. It can be scary but I can assure you that there will be no side effects.'

Extension tasks and sourcing material

Clips from medical dramas and movies: Using short clips to show examples of good clinical communication skills works well for warmers as well as skill development. There are plenty of shows available on streaming services set in a healthcare context that you can bring to class to show students examples of good clinical communication skills as well as linguistic criteria. You can also exploit these shows for consolidation activities by asking students to note down examples relating to the lesson from a particular episode for homework and share it with the class.

Hospital/university health education videos: Hospitals and other healthcare education bodies put a significant amount of training material online for students. Visit these sites/channels for videos on topics such as breaking bad news or dealing with difficult patients, which can be used as good models in the classroom and also used to reinforce skills. For example, students often have difficulty managing turn-taking. Showing them good examples as well as non-examples helps them. The official OET YouTube channel also contains example role plays. You could find examples of successful and unsuccessful communication and have students discuss how the speaker has fared in a certain criterion.

Group discussions/presentations: Group discussions on healthcare topics are an excellent way to help students open up and practise general fluency, outside of their OET role play format. This will help build their fluency and confidence.

Interview with an ex-student: Conduct an interview over a video call with an ex-student who has moved to a western healthcare context and have them share their experiences on cultural differences in the workplace. If this isn't possible, then the ex-student could even send an audio recording on chat which you could ask students to listen to prior to class. Follow up with a discussion in class.

Pronunciation: There is a plethora of ESL material available online to help students develop pronunciation and other linguistic criteria. You can use them as they are useful for lessons on Linguistic criteria. You could also adapt the examples to give them a medical flavour.

Peer observation checklist: Ask students to create a checklist for observation/peer feedback based on the clinical communication criteria. This activity is best done after you have taught a few lessons on the criteria. Ask students to work in groups to create their own checklist. The goal is not to copy the criteria from the book but to add items they have learnt to use. To help scaffold this for students, you could phrase each criterion/sub-criterion into a question and have them list the techniques they learnt to use under each. For example, 'How can I encourage the patient to share their concerns or expectations?' Ask students to do this on charts and display the charts for quick reference. Items can be added to the checklist as they progress through the course.

Function cards to build vocabulary: Students can be given blank function cards at the beginning of the class (one card per function) with a few examples of important functions such as disagreeing politely, explaining, signposting, etc. They can be encouraged to add examples to their collection as they notice examples of the language used to express different functions. They can update their card after each lesson and review it from time to time. Students can be encouraged to add to the examples whenever they notice relevant language being used. If resources are low, you can ask students to dedicate a page in their notebooks to each function and keep adding to it.

Trainer tips

Conducting mock tests: Provide feedback to students using the clinical communication criteria and the linguistic criteria. Assigning a band score as well as explaining why you gave them that score will give students a clear sense of what they are doing well and what needs improvement. Recording mock tests with students' permission may help the marking process since you will also be able to access the recordings later. If this isn't possible, you can make qualitative notes quickly after each role play. While giving feedback, encourage students to reflect on the areas they did well and areas where they need improvement. If you do this before providing your own feedback, this will help students become independent learners.

Feedback: Standardisation of feedback across a language school is critical in giving students a clear picture of progress. With students' permission, record a sample role play. Each trainer can assess the same role play using the assessment criteria descriptors. Trainers can come together and then share their marks and rationale, thereby improving accuracy of assessments. It is important to avoid giving a grade (such as a B or C+). Instead giving marks and qualitative feedback under each criterion can help students to improve. In your feedback, always remember to show students where they are doing well along with where they need to improve.