

## Contents

Introduction .....	7
An Overview of OET .....	9- 19
Speaking Strategies .....	20-41
History taking & physical examination interview .....	42-102
Speaking introduction .....	103-109
General Health Explanations and Guideline .....	110-118
Common Phrases & Expressions .....	119-131
Subject Specific Questions .....	131-135
How to Improve your Speaking Skills .....	136-166
OET Sample role-plays .....	167-271

## History Taking & Physical Examination Interview

### Empathy:

Watch your voice tone and facial expressions

“That must be very difficult for you to cope with?”

“I can see you have been under a lot of stress” “How are you feeling about that?”

“How has this been affecting you?”

“I can see you are/ It sounds like you’re feeling / You seem (anxious/ worried/ angry/ upset/ frightened) ..... Is that right?”

“This is completely understandable. Most people in similar circumstances would react just as you are.”

“I am sorry to hear that.”

“It must be hard for you, what are you unable to do as a result of the ...(CC)”

“It would be surprising if you didn’t feel (angry / upset / worried / frightened) after hearing that / waiting all that time.”

“This can’t be an easy time for you, we’ll work together to get through this.

### If the patient asked:

“Is it serious?”

“Am I going to die?”

“Do I have...(cancer, heart attack)?”

“Do you think that ...(my medications/ work/ doctor/ partner....etc) is causing the ..(CC)”

☞ Reply: “Mr/Ms..., I can see you are anxious and I am glad you came here today. We need to look on certain things and run some investigation to be sure. Relax for now, together, we’re going to figure it out”

## History of Present Illness (HPI)

### Pain:

**Onset:** “How did it start?”

Was it all of a sudden or gradually?”.

**Setting:** “What were you doing when it started?”.

**Course:** “Is it getting worse, better or just the same?”.

**Duration:**

“You said it started ... ago, does it come and go?”

If yes ☞ “How often / frequent does it come?”.....

“For how long dose it stay each time?”.

**Place:**

“Show me exactly where is it on your body, point where with one finger”.

**Quality:**

“Tell me, how does it feel like?”..... Clarify one at a time:

Is it sharp? Stabbing? Dull? Tight? Cramps? Squeezing? Burning? ”

**Radiation:**

“Does it go/ shoot anywhere?”.

**Severity:**

“How bad is it, on a scale from 1 to 10, with 1 is the mildest, and 10 is the worst pain?,... Does it interfere with your daily activities?”.

**Timing:**

“Is it worst in a particular time of the day?”.

**Daily activities:**

“Does it change with your daily activities like posture, exertion, rest, sleeping, eating, hunger?”.

**Past history**

“Has it happened before?” If yes ☞ “When?... How did you handle it?... What happened to it? ... Which doctor?... What medication? ..etc Explore.

“What has worked for you so far?... What hasn’t?... What do you think is causing it?...”

**Aggravating factors:**

“What brings it on? What makes it worse?”

**Alleviating factor:**

“What makes it better?”

**Associated symptoms:**

“Have you noticed anything else that occurs with it?”

“Anything that you may recall?”.

**Neurology appropriate questions:****Headache:**

“Do you have headache?”

**Onset:** “How did it start?”

**Place:** “Show me exactly where it is on your head, point where with one finger... Is it on one side or both?”

**Severity:** ...“Does it interfere with your routine physical activity and work?”

**Timing:** “Is it worse in a particular time of the day?” ( AM:  ICP/ PM:  Tension, migraine),

**Others:** Does it change with your daily activities like posture (lying down/ sitting), eating, hunger, exertion, rest, sleeping/ wakes you up (*Cluster*)?

**Associated symptoms:** “Have you noticed anything else that occurs with it?... feeling sick (*nausea*) or throwing up (*vomiting*)?.../ Stiff neck?.../ Eye problems?.../ Pain on chewing?.../ Annoyed by light?”

**Warning signs:** “Is it preceded by warning signs?... What are they?” (*aura in migraine*).

**Loss of Consciousness (LOC):**

“Have you passed out / blacked out?”

Yes ☞ Empathy: “Ooooh, did you hurt yourself?”

**Duration:** “For how long did that last?”

**Completely:** “Did you lose consciousness completely or could voices be

heard?”

**Body Position:** “What was your position during the attack?”

**Body Movements:** “Did any body movements occur?”

**Tongue-biting:** “Did any tongue-biting occur?”

**Confusion/ sleepiness after attack:** “How did you feel after the attack?”

**Urinary/ bowel Control:** “Was there any loss in bladder or bowel control?”

**Seizures:** “At what age did it start? How often does it happen?”

**Warning signs:** “Was it preceded by warning signs?.. such as lightheadedness?”

”

### **Dizziness:**

“Have you felt unsteadiness (vertigo) or light-headedness (presyncope)?”

**Duration:** “For how long?”

“Does it change with your head movement?.. Opening or closing your eyes?.. How?”

Does it only occur for a minute in certain head positions? (Vestibular)

Does it change with exercise? (Cardiopulmonary)”

### **Associated symptoms:**

“Have you noticed anything else that occurs with it? ... Feeling sick (*nausea*) or throwing up (*vomiting*)?.../or hearing change?(Inner ear disease),... Gait problem? (Ataxia),.. Double vision?, Difficulty speaking? (Brainstem disease)”.

### **Numbness:**

“Do you have numbness, loss of sensation, or pain anywhere?”

**Place:** Where?.. One side or both?”

**Quality:** “Does it feel like tingling?... prickling?... warm?... cold?... pressure?. Or like a distorted sensation in response to a stimulus?”

### **Weakness:**

“Any weakness?”

**Place:** “Where?... One side or both?”... “What activities do you have difficulty with?”

### Visual changes:

“Any visual changes recently?”

Yes ☞ “In what way?... One eye or both?... Any eye pain?... Tearing? Redness?... Does light bother you?... Double vision?... vertically or horizontally?... Any flashing lights?”

### Hearing changes:

“Any hearing changes?..

Yes ☞ “Do you hear any noises or tinnitus in your ears?... Earache?... Ear fullness?..

Any ear discharge?”

Yes, ☞ How much, what colour is it?... Is it thin or thick?... How dose it smell?... Any blood?”

### Difficulty Speaking:

“Do you have difficulty speaking?” Yes ☞ “In what way?”.

### Memory/Concentration:

“Have you noticed any memory loss/ difficulty concentrating?”

Yes ☞ “In what way? ”.

### Tremor:

“Any tremor or involuntary movements?”

Yes ☞ “In what way?... Is it worse with certain postures (Essential postural), movement (Intentional: Cerebellar) or rest (Parkinson)?” “Any gait problems?””.