

Contents

Introduction	
An overview of OET	9 -19
Speaking Strategies	20
How we assess Speaking	21 -41
Taking a history of the patient	42-78
History taking & physical examination interview	79-139
Sample Role Plays	140-222

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 dose it happen?”

Warning signs: “Was it preceded by warning signs?.. such us 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? (Cardiorulmonary)”

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?””.

Bladder / Bowel Control:

“Do you control your bladder and bowel motion?”

No ☞ “In what way?”.

Respiratory appropriate questions:

Chest Pain:

“Any chest pain?”

Yes ☞ Duration: “You said it started ... ago (<2 months: unstable angina?), does it come and go?.. How long dose it take to go away?.. So, it is more (ischemia) / less (angina) than 15 minutes?”

Place: “Show me exactly where is it on your body, one side or both?”

Quality: “Tell me, how does it feel like?. Is it sharp or aching pain?..”

Timing: “How frequent does it come in a day?”

U: Is it worse with deep breathing or cough (Pleuritic)?.. position change (MSK)?.. eating

Cough:

“Do you have cough?”

Yes ☞

Duration: “You said it started ... ago, does it come and go?” If yes ☞ “For how long it dose stay each time?”

Place: “Do you feel it coming from something in your throat or deep in your chest? ”

Quality: “Is it dry or with sputum / phlegm? Yes F

Sputum: “How much sputum would you say?... A cup a day? ..Is it thin or thick?.. What color is it?.. How does it smell?”

Blood: “Do you cough up blood?” Yes ☞ Fresh blood or altered? How much blood? How frequent do you cough up blood?”

Timing: “Is it worst in a particular time of the day or season?”, “How often does it come?” (Morning: *smoking*,

Nocturnal: *Postnasal drip, CHF, asthma.*).

Cause: “What brings it on? What makes it worse?” “Is it worse with dust?..

Pollen?.. Cold air?.. Pets? (*Asthma*)..Position? (*GERD*).”

SOB:

“Do you get shortness of breath?”

Yes ☞

Onset: “How did it start? Was it all of a sudden or gradually (*PE*)?”

Setting: “What were you doing when it started (Dusting/ Exercise)?”

Quality: “How does it feel like?.. Is it like air hunger, suffocation, or heavy breathing (cardiac)?, ... Is it like rapid shallow breathing? (chest wall), Chest tightness? (Asthma), ...Increased breathing effort? (COPD/ ILS)”

Severity: “How frequent?... How many times a week?...” “Any visits to the emergency in the last 12 months?” Yes ☞ “How many times?... Have you ever had a breathing tube down your throat or been on a breathing machine?... Have you ever been admitted to the hospital?.. Intensive care unit?”

Timing: “Is it worst in a particular time of the day or season?.. Is it worse at night? (asthma)”

ADL: “What activities are you no more able to do?”. “Is it related to exercise?.. Is it relieved by rest?”

Orthopnea: “Are you able to lie flat in bed without becoming short of breath?.. How many pillows do you sleep on at night?”(asthma>COPD) Do you sometimes wake up gasping for air? (Sleep apnea / Paroxysmal nocturnal dyspnea in HF)”

Wheezes:

“Do you hear noises in your chest with breathing?..

What about in your throat?”(Stridor?)

Hoarseness:

“Any change of voice?”

Exercise intolerance:

“How many flights of stairs can you climb/ blocks can you walk?.. So, it is more (grade II)/ less (grade III) than two blocks/ one flight?”.

Ankle swelling:

“Do your ankles swell on you?”(edema?), Yes: When did it start?.. How long did it take to go away?”.... “Any pain in your legs?”(DVT.. PE?).

Travel:

“Any history of travel?.. Where?”(exposure to TB, SARS, HIV).

Occupation:

“What do you do for living?.. Does your ..(CC).. improve during weekends or vacations?”.. “What exactly does this job involve?”

Others:

“Any exposure to people with HIV, TB, SARS?”.. “Have you ever felt your heart racing?.. Any face flushing?.. Any diarrhea” (Hormone secreting tumors).

URT:

“Any running nose?.. Eye problem?.. Skin rash (Viral)? Face pain? (Sinusitis), Do you need to clear your throat frequently? (Postnasal drip)”

Risk factors:

Will be asked in the standard questions box:

Smoking (+2nd hand), Cold, Travel, Allergies, Pets/ dust, Occupation, HIV/ TB, emotional changes, medications (ASA, ACEI, Beta blockers).

Cardiology appropriate questions:**Chest Pain:**

“Any chest pain?”

Yes ☞

Duration: “You said it started ... ago (<2 months: unstable angina?), does it come and go?.. How long it takes to go away?.. so, it is more (ischemia)/ less (angina) than 15 minutes?”

Place: “Show me exactly where is it on your body, one side or both?”

Quality: “Tell me, how does it feel like?. Is it sharp or aching pain?..”

Timing: “How frequent does it come in a day? (>3/d: severe)”

Others: Is it worse with deep breathing or cough (Pleuritic)?.. position change (MSK)?.. eating (Esophageal spasm)?

Cough:

“Do you have cough?”

Yes ☞

Duration: “You said it started ... ago, does it come and go?” If yes ☞ “For how long dose it stay each time?” *Acute vs. chronic (>3 months for 2 years).*

Place: “Do you feel it coming from something in your throat or deep in your chest? ”

Quality: “Is it dry or with sputum / phlegm?”

Sputum: “How much sputum would you say?... A cup a day?. Is it thin or thick?.. What color is it?.. How does it smell?”

Blood: “Do you cough up blood?” Yes ☞ Fresh blood or altered? How much blood? How frequent do you cough up blood?”

Timing: “Is it worst in a particular time of the day or season?”, “How often does it come?” (Morning: *smoking*, Nocturnal: *Postnasal drip, CHF, asthma.*).

Others: “What brings it on? What makes it worse?” “Is it worse with dust?.. Pollen?.. Cold air?.. Pets? (*Asthma*)..Position? (*CHF*).”

SOB:

“Do you get shortness of breath?”

Onset: “How did it start? Was it all of a sudden or gradually (*PE*)?”

Setting: “What were you doing when it started (Dusting/ Exercise)?”

Quality: “How does it feel like?.. Is it like air hunger, suffocation, or heavy breathing (cardiac)?,..Is it like rapid shallow breathing? (chest wall),Chest tightness? (Asthma), ..

Increased breathing effort? (COPD/ ILS)”

Severity: “How frequent?... How many times a week?...”“When you get

shortness of breath, are you able to speak?,... Got blue?,... Felt tired to breath?,... Blacked out?,.. Sweating? “Any visits to the emergency in the last 12 months?” Yes ☞ “How many times?.. Have you ever had a breathing tube down your throat or been on a breathing machine? Have you ever been admitted to the hospital?,... Intensive care unit?”

Timing: “Is it worst in a particular time of the day or season?.. Is it worse at night? (asthma)”

ADL: “What activities are you no more able to do?”
“Is it related to exercise?.. Is it relieved by rest?”

Orthopnea:

“Are you able to lie flat in bed without becoming short of breath?.. How many pillows do you sleep on at night?”(asthma>COPD) ,Do you sometimes wake up gasping for air? (Sleep apnea / Paroxysmal, nocturnal dyspnea in HF)”

Sweating: “Any sweating?”

Ankle swelling:

“Do your ankles swell on you?”(edema)
“When did it start?..

Palpitation: “Have you ever felt your heart racing/ fluttering/ funny?”
“When did it start?..

Loss of Consciousness (LOC): “Have you passed out / blacked out?”
Yes ☞ Explore: *Seizure or syncope*

Empathy: “Ooooh, did you hurt yourself?”

Duration: “For how long did that last?”

Completely: “Did you lose consciousness completely or could voices be heard?”