

A duty of care: the responsibilities of an OET trainer

Ros Wright shows that training healthcare professionals goes far beyond grammar

Just as medical professionals have a duty of care to their patients, so too do trainers preparing candidates for the healthcare-related Occupational English Test (OET). Failure to understand the basic rationale behind the OET Speaking paper in particular not only does candidates a major disservice, it also has a significant impact on the ultimate beneficiary of the very communication skills being assessed: the patient. Anyone considering a move into OET tutoring should first be aware of the level of responsibility required in preparing candidates for such a high-stakes test. This article proposes that tutoring candidates for OET demands a 'duty of care' that extends far beyond reviewing high-frequency grammar structures, teaching test-taking strategies and working through past papers.

OET

For those unfamiliar with this industry-specific test, OET was originally developed in the 1980s and is today widely recognised by regulatory bodies across the English-speaking world. OET assesses language proficiency in 12 different healthcare professions, from doctors and nurses to podiatrists, speech therapists, and vets, testing all four skills with a clear focus on effective healthcare communication. OET was designed to 'replicate the critical tasks of the workplace setting and measure candidates' abilities [...] in simulated workplace contexts' (McNamara, 1996), and as such also serves to help candidates integrate into their future place of work.

OET Speaking

To assess their spoken skills, OET candidates are required to participate

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in two short role plays, specific to their healthcare profession. Nursing candidates, for example might be asked to advise on lifestyle changes or educate a patient about a new treatment. They will then be assessed on both their linguistic (including grammatical expression and pronunciation) and clinical communication skills. The latter essentially refers to what many in ELT know as 'soft skills', the difference being these are set within a healthcare context, the implications of which are often more far-reaching than for other sectors.

Patient-centred approach

Underpinning the marking criteria for OET Speaking is the premise that the patient must always be placed at the heart of the healthcare process. This is known as the 'patient-centred' approach to care. Not dissimilar to the student-centred model we employ with our own learners in ELT, this approach is about treating the patient as an individual and tailoring healthcare provision accordingly, encouraging patients to participate actively in choices about their care, while at the same time managing their expectations. The benefits of this approach are well documented. According to the WHO, not only does it improve healthcare outcomes for the

patient, it also improves job satisfaction for the professional treating that patient as well as the overall efficiency of the healthcare system. On the other hand, a poor patient experience might result in loss of dignity and a lack of confidence in the healthcare system (Skär & Söderberg, 2018), not to mention a failure to comply with treatment with the obvious medical consequences.

Listening to a caller on the radio recently, I was reminded of the potential long-term benefits of patient-centred care and as such the importance of the OET trainer in preparing their candidates to deliver it effectively. Pregnant at 14, the caller spoke passionately about the midwife who had assisted her. Treated with the same respect attributed to any other expectant mother, the midwife's non-judgemental attitude had been crucial to how the caller had proceeded with her pregnancy at such a young age and subsequently experienced parenthood. She was so inspired, in fact, that 15 years later she too had entered the profession and was hoping to specialise in teenage pregnancy. Here was an example of a truly patient-centred approach to care.

Highlight the rationale

To ensure success in OET Speaking, candidates must demonstrate a patient-centred approach from the get-go. However, depending on their initial training, some candidates may be unfamiliar with this approach. In countries where a less collaborative (doctor-centred) model is employed, understanding this approach and adapting to it can be challenging at first, but it is critical to achieving the required score in this paper. Indeed, trainers now

to OET are often surprised to learn that a seemingly fluent speaker of English might only attain a borderline grade in Speaking, the result invariably of poor clinical communications skills and thus failure to demonstrate a sufficiently patient-centred approach during the Speaking paper.

The very first responsibility of the OET trainer, therefore, is to determine their candidate's grasp of the patient-centred approach. Ensuring an understanding of the rationale behind the approach as well as an awareness of the implications of possible deficiencies is essential before moving to the next stage of the training – developing the actual communication skills necessary (verbal and non-verbal) to demonstrate patient-centred care effectively in English.

Question technique

Another responsibility of the OET trainer is to teach candidates to use an appropriate question technique during the role plays in order to facilitate a patient-centred approach. The 'cone technique', which involves the healthcare professional moving from open to closed questions, first encourages the patient to express the situation in their own words. Later, closed questions help the healthcare professional pinpoint exact details, enabling them to arrive at an accurate diagnosis.

Open questions are considered more patient-centred and help practitioners establish rapport with their patient. These questions are associated with developing trust and are perceived as less threatening than a series of closed questions. Questions, such as 'How have you been since your last visit?' or 'What brought you in to A&E today?' facilitate the patient's narrative and guide them towards providing more thorough answers. They also encourage the patient to explain their emotions and behaviours so the practitioner can understand the



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situation from their viewpoint, including the possible impacts on other areas of their life – their work, their relationships with others, etc. While not difficult from a language perspective, the key, once again is making sure the candidate is first aware of the rationale behind the use of an effective question technique. Once this is established, OET trainers can then move their attention to further developing their candidate's grammatical and lexical skills where necessary.

Delivery

Another important aspect of effective patient-centred care, but not one that is so easy to achieve regardless of the candidate's level of proficiency, is delivery. Ensuring that the candidate's well-meaning expression of empathy for example actually conveys the message intended lies squarely with the OET trainer. A tone of voice that lacks warmth and reassurance, especially when communicating with native-speaker patients in the real world, can cause a breakdown in communication and will almost definitely contribute to a poor clinical communications score in OET Speaking. Raising awareness of the potential impact of poor delivery skills with the OET candidate is the first step

towards enhancing their development and thus improving their score on the Speaking paper.

Conclusion

As we go through Covid-19 and the accompanying lockdown, we are more aware than ever of the selfless commitment of our healthcare professionals, a significant percentage of whom are from overseas. OET trainers are in the privileged position not only of assisting candidates in achieving their professional goal to work in an English-speaking healthcare setting, but also of having a positive impact on the care of patients, possibly even those in their own entourage. However, just as effective healthcare communication skills go beyond the pure linguistic, so too must the responsibility of the OET trainer.

References

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