

OET SPEAKING ROLE-PLAY | MEDICINE | S-M1

## Explaining a new diagnosis of type 2 diabetes

### CANDIDATE CARD

For the person practising the OET role (the general practitioner). Do not show this card to your partner.

#### Setting

General practice

#### You are the general practitioner

You are a GP. Mr Tobias Rennick, a 49-year-old taxi driver, has come for the results of blood tests taken after a routine health check. His HbA1c is 62 mmol/mol (diagnostic threshold 48 mmol/mol), confirming type 2 diabetes. His BMI is 33. He has come reluctantly because his wife made the appointment.

#### Task

1. Find out what the patient knows about diabetes and how he feels about the results.
2. Explain the diagnosis and what type 2 diabetes is, in simple language.
3. Explain the possible long-term complications if it is not controlled.
4. Outline the treatment plan, including lifestyle changes and starting metformin.
5. Address his concerns about his job and agree the next steps (e.g. education course, follow-up).

Timing, as in the real test: 3 minutes to read this card and prepare, then 5 minutes for the role-play. You may make notes on this card. Your partner plays the patient and starts from their own card.

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### PARTNER CARD

For the practice partner, who plays the patient. Do not show this card to the general practitioner.

#### Setting

General practice

#### You are the patient (aged 49)

You are a taxi driver who works long night shifts and eats mostly takeaway food. You feel perfectly well and think the doctor is making a fuss. Your uncle had diabetes and lost a leg, so the word frightens you more than you want to admit. You are worried that a diagnosis could affect your taxi licence.

#### What to do during the role-play

1. Say dismissively that you feel fine and that the test is probably wrong.
2. Say you do not have time for diets or exercise because of your shifts.
3. When complications are mentioned, go quiet, then mention your uncle's amputation.
4. Ask directly whether you will lose your taxi licence.
5. Say you do not want to take tablets for the rest of your life.
6. Agree to one small change if the doctor helps you choose something realistic.

Tips for the partner: let the general practitioner lead the conversation and start each point when it fits naturally. Raise your worries in your own words and stay in role. Keep to about 5 minutes, then use the feedback sheet together.

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### AFTER THE ROLE-PLAY: FEEDBACK SHEET

The partner fills this in, then you discuss it together. Remember: OET rewards how you communicate with the patient, not how much medicine you know.

| What the examiners listen for                                                                                                   | Not yet                  | Partly                   | Yes                      |
|---------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| <b>Intelligibility</b><br>Pronunciation, stress, rhythm and intonation are easy to follow.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Fluency</b><br>Even speed and flow; few unnatural pauses or false starts.                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Appropriateness of language</b><br>Lay language suited to the patient; medical terms explained.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Resources of grammar and expression</b><br>Range and accuracy of grammar and vocabulary.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Relationship-building</b><br>Respectful, empathetic, non-judgemental; builds rapport.                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Understanding the patient's perspective</b><br>Picks up the patient's ideas, concerns and expectations and responds to them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Providing structure</b><br>Organised conversation; signposting; logical order.                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Information-gathering</b><br>Open then closed questions; listens; summarises; checks.                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Information-giving</b><br>Finds out what the patient knows; gives information in chunks; checks understanding.               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Notes: what went well, and one thing to improve next time

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### MODEL POINTS AND USEFUL LANGUAGE

Read this after you have done the role-play, then try it again.

#### What a strong candidate does in this role-play

- Relationship-building and perspective: the candidate explores his reluctance rather than lecturing, notices the silence after complications are mentioned, and invites him to talk about his uncle.
- Information giving: type 2 diabetes means the body does not use insulin properly, so sugar builds up in the blood; it often causes no symptoms early on, which is why the test matters; HbA1c reflects average sugar over about 2-3 months.
- Balanced explanation of risk: damage to blood vessels and nerves (heart attack, stroke, eyes, kidneys, feet), stressing that good control greatly reduces these risks and that his uncle's outcome is not inevitable.
- Accurate advice about driving: diabetes treated with diet or metformin alone usually does not stop someone driving a taxi, but he should check the licensing rules (DVLA / local licensing authority); medicines that can cause hypoglycaemia carry extra requirements.
- Shared decision-making: proposes metformin (taken with food; stomach upset common at first), referral to a structured diabetes education course, small realistic changes for a night-shift worker, and follow-up with repeat HbA1c in about 3 months; annual eye and foot checks.

#### Useful language for this role-play

- How are you feeling about coming in to talk about these results?
- Diabetes often doesn't cause any symptoms at first, which is why the blood test is so useful.
- Your body isn't using its insulin properly, so sugar is building up in your blood.
- I can hear that what happened to your uncle is on your mind - would you like to talk about that?
- If we keep your sugar levels under control, the chances of those problems are much lower.
- For most people treated with this tablet, it doesn't stop them working as a taxi driver, but it's worth checking with the licensing office.
- What's one small change you think you could manage around your night shifts?