

OET SPEAKING ROLE-PLAY | NURSING | S-N1

Explaining warfarin to a new patient

CANDIDATE CARD

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

Setting

Hospital ward

You are the nurse

You are a nurse on a medical ward. The patient, Mr Desmond Arkwright, was admitted with a new diagnosis of atrial fibrillation and has been started on warfarin. He is due to go home tomorrow. You are seeing him to prepare him for managing the medication at home.

Task

1. Find out what the patient already understands about why he has been prescribed warfarin.
2. Explain how warfarin works in simple terms and why regular INR blood tests are needed.
3. Advise on taking the tablets safely (same time each day, what to do if a dose is missed, keeping diet consistent, avoiding over-the-counter painkillers such as ibuprofen and aspirin, and limiting alcohol).
4. Explain the signs of bleeding that need urgent medical attention.
5. Reassure the patient about his concerns and check his understanding before he goes home.

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 nurse.

Setting

Hospital ward

You are the patient (aged 67)

You are a retired bus driver who lives alone. You were surprised to be told you have an irregular heartbeat and now have to take a 'blood thinner'. A neighbour told you warfarin is 'rat poison', and you are worried it is dangerous. You enjoy a few pints at the pub on Fridays and eat a lot of spinach and broccoli from your allotment.

What to do during the role-play

1. Say you know it is something to do with your heart but are not sure why you need a tablet for it.
2. Ask, in a worried way, whether it is true that warfarin is rat poison and whether it could harm you.
3. Complain that you do not want to go to the clinic for blood tests all the time because you have no car.
4. When diet is mentioned, ask whether you have to give up the vegetables you grow, as gardening is your main hobby.
5. Ask whether you can still have a drink with your friends on Fridays.
6. When the nurse checks your understanding, repeat back one point incorrectly (for example, that you should take an extra tablet if you miss one) so the nurse has to correct you.

Tips for the partner: let the nurse 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
Intelligibility Pronunciation, stress, rhythm and intonation are easy to follow.	☐	☐	☐
Fluency Even speed and flow; few unnatural pauses or false starts.	☐	☐	☐
Appropriateness of language Lay language suited to the patient; medical terms explained.	☐	☐	☐
Resources of grammar and expression Range and accuracy of grammar and vocabulary.	☐	☐	☐
Relationship-building Respectful, empathetic, non-judgemental; builds rapport.	☐	☐	☐
Understanding the patient's perspective Picks up the patient's ideas, concerns and expectations and responds to them.	☐	☐	☐
Providing structure Organised conversation; signposting; logical order.	☐	☐	☐
Information-gathering Open then closed questions; listens; summarises; checks.	☐	☐	☐
Information-giving Finds out what the patient knows; gives information in chunks; checks understanding.	☐	☐	☐

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: the candidate acknowledges the shock of a new diagnosis and treats the 'rat poison' worry seriously and respectfully rather than dismissing it, explaining that the medicine is used in carefully measured doses and monitored closely.
- Patient's perspective: the candidate picks up on the allotment and the Friday pub visits and negotiates rather than forbids - keep green vegetable intake steady rather than stopping it; keep alcohol within modest limits and avoid binge drinking.
- Information giving: clear, chunked explanation - warfarin slows down clotting, lowering stroke risk from AF; INR test shows how 'thin' the blood is; tests are frequent at first and then less often; missed dose - take it the same day if remembered, never double up the next day; tell any doctor, dentist or pharmacist; carry an anticoagulant alert card.
- Safety: the candidate names specific warning signs (blood in urine or black stools, nosebleeds that will not stop, unusual bruising, vomiting blood, a head injury or fall) and what to do (seek urgent help).
- Structure and checking: signposts each topic, offers practical solutions to the transport problem (e.g. pharmacy or GP-practice INR testing, finger-prick testing), and uses teach-back, correcting the 'double dose' misunderstanding tactfully.

Useful language for this role-play

- Can you tell me what the doctors have already explained to you about this tablet?
- Warfarin makes your blood take a little longer to clot, which lowers your risk of having a stroke.
- I can see why that would worry you - the dose we use is very small and it is checked carefully.
- You don't need to give up your vegetables; the key thing is to keep the amount roughly the same each week.
- If you ever notice blood in your urine, black stools or a nosebleed that won't stop, please get help straight away.
- If you forget a tablet, never take two the next day to make up for it.
- Just so I know I've explained it clearly, could you tell me what you'll do if you miss a dose?