



PROJECT: CLINICAL COMMUNICATION FEEDBACK FOR INTERNATIONAL MEDICAL GRADUATES

**COMMUNICATION and LANGUAGE FEEDBACK (CaLF)**

Interviewing doctor: XXXX Feedback from: XXXX Date: XXXX 2009  
 Patient problem: rural GP setting, prima gravida Patient age: 26 Male / Female  
 Task: OSCE - history; diagnosis; investigations; management; counsel the patient

(see over for explanation of symbols and terminology)

	COMMENTS ON OSCE ROLE PLAY; LANGUAGE ASPECTS
<p><b>STRUCTURE/ORGANIZATION</b></p> <ul style="list-style-type: none"> <li>Information gathering ✓</li> <li>Logical sequence ✓</li> <li>Transitions between tasks/phases &amp; overall task management ✓</li> </ul>	<p>when you asked about the maternal history some signposting (e.g. “<u>now I’d like to ask about ...</u>”) would have helped put the patient at ease, and understand your questioning topic shift</p>
<p><b>INTERACTION</b></p> <ul style="list-style-type: none"> <li>Non-verbal</li> <li>Backchannels</li> <li>Clarification</li> <li>Turn-taking</li> <li>Questioning</li> <li>Interpersonal ✓</li> <li>Professional ✓</li> </ul>	<p>The turntaking improved towards the end, but there was overlap between turns at the beginning of the interview. You interrupted the patient, and need to leave a little pause before the next question.</p> <p>Some nice open questioning patterns (e.g. “how’s your blood pressure going”)</p> <p>You made a good effort to explain the patient’s condition in a way that alleviated her concerns</p>
<p><b>WORD CHOICE</b></p> <ul style="list-style-type: none"> <li>Medical and technical language</li> <li>Everyday language</li> <li>Grammar, sentence structure</li> </ul>	<p>Some phrases aren’t very ideomatic e.g. “how many weeks is that”, better: “how many weeks <u>are you</u>”; “Stay on the bed, have the bed rest” (better: “you need to stay in bed”) “Ultrasound” needs an article “the ultrasound” or “an ultrasound”</p> <p>Sometimes you add small unnecessary words e.g. “do you have any pain <u>or something</u> (don’t need the <u>or something</u>).</p> <p>When you say “take it easy” it sounds casual, but if you meant “slow down and rest” you need to make that clear</p> <p>Comparatives: “it’s become more big” is ungrammatical – bigger.</p> <p>Phrasal verbs: “What I would recommend you” (better “what I would recommend is that”) and “what I suggest you” (better “what I would suggest to you is/what I would suggest is that). While this doesn’t impact on meaning, it does impact on your overall fluency, which may be important for the patient</p>
<p><b>SPEECH CLARITY</b></p> <ul style="list-style-type: none"> <li>Speech errors</li> <li>Speech rate</li> <li>Rhythm</li> <li>Intonation X</li> <li>Stress</li> <li>Vowels</li> <li>Consonants</li> </ul>	<p>Your speech rate is good – you slow down nicely at the end of phrases. It’s only the interrupting (turntaking, as above) that makes the pace seem too fast</p> <p>Need to use intonation to convey question (“do you have any questions for me?” “is there anything else I can help you with?” both need pitch to rise at the end. You’ll see on the video that the patient doesn’t answer these phrases because it’s not clear they’re questions.</p> <p>Stress – sometimes not clear e.g. diaBETes is correct.</p> <p>You occasionally say “w” for “v” (e.g. “voiding”) but on the whole, the words and pronunciation is accurate, you just need to work on intonation because it’s a bit ‘flat’. Practice playing around with pitch, making it more varied.</p>
<p><b>OTHER</b></p> <ul style="list-style-type: none"> <li>Cultural aspects</li> <li>Clinical knowledge</li> </ul>	

<b>OVERALL SUGGESTIONS</b>	
<p>XXXX,</p> <p>The organization was good in terms of completing the tasks and your questioning was thorough.</p> <p>Things to work on are:</p> <ul style="list-style-type: none"> <li>- Intonation – have a listen to the video and you’ll hear that your pitch is very “level” or “flat”. Practice mimicking other speakers’ intonation, exaggerating rises for questions etc, to make your speech sound more lively. Look at the pictures of your pitch, which should make this clearer. This will really help, as all the other pronunciation aspects are absolutely fine. For your patient, these intonation factors impact on how ‘engaged’ you appear to be with the patient’s concerns. They are important for building the relationship and establishing rapport.</li> <li>- turntaking – let the patient finish before you ask the next question (i.e. leave a little gap)</li> </ul>	

<b>EXPLANATION OF SYMBOLS AND TERMINOLOGY</b>	
√	Done well; √√ done very well etc.
X	Needs attention; XX needs extra attention etc.
N/A	Not videoed / not observed
<b>STRUCTURE/ORGANIZATION</b>	
• Information gathering	Eliciting clinical information through listening, asking open and targeted, focused questions
• Logical sequence	Does the sequence of questions have a clear, logical progress
• Transitions between tasks/phases	The tasks (e.g. history, diagnosis, management, counseling) clearly addressed and distinguished; transitions between these tasks smooth; all tasks completed
<b>INTERACTION</b>	
• Non-verbal	Body language, e.g. eye contact, posture
• Backchannels	The little noises (e.g. <i>mm hmm, hmnn, yes, that’s right</i> ) that a listener makes while someone else is speaking, to demonstrate they’re listening, and interested.
• Clarification	Interviewing doctor seeks further explanation when necessary (e.g. slang or cultural references)
• Turn-taking	Who speaks when: knowing when to continue, when to talk, when to finish
• Questioning	A mix of open questions (receiving a long answer) and closed questions (receiving a one-word answer)
• Interpersonal	<u>Empathy</u> : demonstrates sensitivity to the patient’s emotional cues/feelings. <u>Rapport</u> : ease between the patient and the doctor during the interview. <u>Respect</u> : adapts conversational approach (e.g. form of address, formality, or ‘small talk’) to patient
• Professionalism	Confident direction of the interview
<b>WORD CHOICE</b>	
• Grammar/sentence structure	Does the interviewing doctor make sense – is the language idiomatic
• Medical and technical language	Uses medical language appropriately for patient’s understanding
• Everyday language	Can ‘translate’ medical language into appropriate everyday slang
<b>SPEECH CLARITY</b>	
• Speech rate	How fast the words themselves are, and pace more broadly throughout the interview.
• Rhythm	The rhythm of the language (the “beats”). Languages differ and in English stressed syllables should be louder, the others should be less prominent (e.g. say “less PROM-i-nent” not “LESS PROM-IN-ENT”)
• Intonation	The pitch while speaking (e.g. usually questions rise at the end, statements don’t)
• Stress	Like rhythm, but this refers to which syllables are prominent (e.g. not “prom-I-nent” or “prom-i-NENT”, but “PROM-i-nent”)
• Vowels	Are the vowel sounds accurate e.g. long “ee” sound in ‘heat’ not short “i” as in ‘hit’
• Consonants	Are the consonant sounds clear to the listener, e.g. “v” in ‘vein’, and “w” in ‘wane’
<b>OTHER</b>	
• Cultural aspects	Does a lack of cultural knowledge impact on communication
• Clinical	Does clinical knowledge for this station impact on communicative skill, e.g. lack of overall confidence in speaking