SPEAKING ROLE PLAY- MEDICINE: TRANSCRIPT

Interlocutor: [00:00:00] Ok. Let's start the test. This is a recording for the Occupational English test held in CBLA Centre Melbourne on the 19th of February 2019. The candidate is Branca and the candidate number is 2 0 0 0 2 4 6 4 4. The interviewer is Rebecca Busch interlocutor number 6 4 1 3 8 2. The roleplay numbers are 1 and 2 and the profession is medicine. Good afternoon. My name is Rebecca. Can you say your name for the record please?

Candidate: [00:00:44] Good afternoon Rebecca, my name is Branca.

Interlocutor: [00:00:45] And what is your candidate number?

Candidate: [00:00:48] My candidate number is 2 3 0 0 2 4 6 4 4.

Interlocutor: [00:00:55] Thank you. And you are taking this test as a doctor is that correct?

Candidate: [00:00:59] Correct.

Interlocutor: [00:01:01] Thank you. Can I see your ID?

Candidate: [00:01:02] Sure.

Interlocutor: [00:01:09] OK. So please confirm your details on the test paper then read and sign the candidate declaration on the front of your booklet. Thank you. That's great. Thank you. So, I'm just going to check... I'm going to be working with you for this test. There will be warm up questions followed by two roleplays. Remember this is a test of English not of your professional knowledge, and please speak naturally. Do you have any questions about this?

Candidate: [00:01:58] No.

Interlocutor: [00:02:00] The warmup questions are not assessed as a chance for us to get used to each other's voices. We'll just talk for two to three minutes. I'd like you to tell me about your professional background. So, can you tell me about a usual day in your job?

Candidate: [00:02:17] My job. I arrive every day at 9 o'clock. Switch on my computer and read my emails answer the most important ones and then go about doing my assigned projects for the day.

Interlocutor: [00:02:32] Okay that sounds good. What is the best thing about your work?

Candidate: [00:02:36] The team. The people I work with.

Interlocutor: [00:02:40] Can you tell me a bit more about the team?

Candidate: [00:02:42] It's a multidisciplinary team. It's me with a background in medicine. Then we have...a simulation technician who it used to be a paramedic. The team leader is an exercise physiologist. The instructional the lead instructional designer is an ex-nurse and the System Coordinator is a physio who still works part time physio and we are very respectful towards one another and we help each other and we make our days great and the workplace is great to come back to every day and something to look forward to on the weekends. Yeah.

Interlocutor: [00:03:30] And can you tell me about any recent training you have done?
Candidate: [00:03:36] My most recent training was perhaps an ultrasound in terms of my professional background. I got a postgraduate qualification in ultrasound and I can to first second and third trimester ultrasounds in pregnant ladies as well as basic gynaecological ultrasound and very basic abdomen and neck ultrasound.

Interlocutor: [00:04:06] Great thank you very much for sharing that. So, let's move on to the role plays now. I'll take the part of the patients or perhaps a relative and you'll take your professional role. Each roleplay will last five minutes. The purpose of the roleplay is to get evidence of your ability to communicate effectively with patients. Use your ability to fulfil as much of the role play as possible. Do you have any questions?

Candidate: [00:04:32] No.

Interlocutor: [00:04:41] You have up to three minutes to prepare the first roleplay. You will start the roleplay after that time. I'll let you know when three minutes are up. You can ask me if there's anything you are not sure about and you can make notes on the role play card if you want to. Here's a pencil for making notes.

Candidate: [00:04:58] Thank you

Interlocutor: [00:04:59] You can look at the card during the test, but you must return it to me at the end of the test. This is your information. So, the first roleplay its role play number one for medicine. Please start preparing now. Thank you. The role play will now last for about five minutes. Don't worry if I stop you when the time is up. Can you start the roleplay please?

Candidate: [00:05:36] Sure. May I just confirm your name and date of birth please?

Interlocutor: [00:05:40] Certainly. My name's Rebecca and my date of birth is the 15th of March 1978.

Candidate: [00:05:46] Thank you Rebecca. I understand that you have just been discharged from hospital two weeks ago. Is that correct?

Interlocutor: [00:05:53] That's right.

Candidate: [00:05:54] Yes. That must be...very difficult for you.

Interlocutor: [00:05:59] Yeah, I'm happy to be home and I'm feeling much better than I was two weeks ago, but I am feeling really quite tired. I'm a bit worried about that.

Candidate: [00:06:07] Sure. Can you tell me a little bit more about the treatment? I understand that you had a mild anterior acute myocardial infarction, and then it was treated in hospital.

Interlocutor: [00:06:21] I had a heart attack.

Candidate: [00:06:23] Yes.

Interlocutor: [00:06:24] ...and yes, I was...was in hospital.

Candidate: [00:06:27] Did you have any procedures? I'm trying to discern whether you had any surgeries, or you had...
**Interlocutor:** [00:06:33] No I didn't have any…any kind of operation. They gave me some medication and that made me feel better.

**Candidate:** [00:06:42] Right.

**Interlocutor:** [00:06:42] And they hooked me up to some machines.

**Candidate:** [00:06:45] Yes. Right. So, the tiredness began two weeks ago when you returned home from hospital, is that right?

**Interlocutor:** [00:06:53] Yeah, I suppose after the heart attack I… I expected to feel tired, but the tiredness hasn't gone away. So, I'm just I feel quite anxious that maybe this is the new normal for me.

**Candidate:** [00:07:08] Sure.

**Interlocutor:** [00:07:08] But I'm always going to be...

**Candidate:** [00:07:09] Sure. Are you getting enough sleep at all?

**Interlocutor:** [00:07:12] Yeah. Sleep maybe not quite as much sleep as I did before the heart attack but yeah pretty… pretty good.

**Candidate:** [00:07:21] How many hours on an average work… workday?

**Interlocutor:** [00:07:28] Well, I… I like to have eight hours sleep every night, but I think I'm waking up maybe once in the night at the moment. So, it's not complete eight hours.

**Candidate:** [00:07:39] Sure. How long does it take you to go back to sleep if you're not during the night?

**Interlocutor:** [00:07:45] It can take a while. Depends if I've got something on my mind. I put the radio on, that helps.

**Candidate:** [00:07:53] And before the heart attack you never felt like this?

**Interlocutor:** [00:07:56] No, no, no.

**Candidate:** [00:07:57] This is new.

**Interlocutor:** [00:07:58] And the heart attack was completely unexpected.

**Candidate:** [00:08:00] Sure yeah understandable. Well in hospital they would have done all the necessary investigations to exclude any underlying or unrecognized illness that would be contributed to your tiredness. So, let me reassure you that this is purely due to the normal bodily reactions once the body undergoes such an event as heart attack.

**Interlocutor:** [00:08:25] Uh huh.

**Candidate:** [00:08:25] So it is normal that you will be feeling a bit tired the next few weeks but eventually we are expecting that your full energy levels will return.
Interlocutor: [00:08:35] Oh OK. So, this isn't going to be like this forever?

Candidate: [00:08:38] Absolutely not. And that is why I would like to address something else with you that will help you with not feeling tired for a long time. It is called cardiac rehabilitation program. Have you heard about that?

Interlocutor: [00:08:55] I think they mentioned something about it in the hospital but because they talked about walking and swimming. I...I didn't think that was such a good idea because I don't want to have another heart attack.

Candidate: [00:09:05] Sure. Yes absolutely. Well cardiac rehab is all about graduating that necessary exercise levels that you would be able to tolerate that you would not be getting any chest pain or what we call ischemic pain. That is what causes the heart attack. And by...um...by graduate and exercise the circulation in your body will...will improve and that will not only make it not only make you less...less, vulnerable to ischemic events, but it will also improve your overall feeling about yourself as well as the very just by being able to exercise you will not be feeling tired as you’re feeling now.

Interlocutor: [00:10:03] OK. I do worry though I mean the doctor said if I had another heart attack you would be more severe. And because I'm feeling so tired, I do worry that doing exercise is going to make me more likely.

Candidate: [00:10:18] Yes. The cardiac rehab is guided and coordinated by physiotherapists who are trained into this field and that's what they do. They're experts at rehabilitating people who have undergone the same problems as you have and...and are recovering from a heart attack. But on top of the exercise we do have to address a few other things: and that is the other contributor...contributing risk factors to developing another heart attack. Please don't worry about that because if you change your lifestyle, your chances of having another one are quite low; especially if you find ways to maintain normal levels of good cholesterol, and losing weight and strengthening your heart. As I said by graduated...Exercise coordinated by a rehab cardio rehab physiotherapists.

Interlocutor: [00:11:25] That's the end of the play. Let's move on to the second roleplay. Again, you have up to three minutes to prepare and you will start the roleplay after that time. I'll let you know when three minutes are up. You can ask me if there's anything you're not sure about and you can make notes on the royal card if you want. You can look at the card during the test, but you must return it to me at the end of the test. This is your information for the second roleplay its role play number two for medicine. Please start preparing now.

Interlocutor: [00:12:03] Thank you. The roleplay will now last for about five minutes. And don't worry if I stop you when the time is up. Can you start the roleplay now please?

Candidate: [00:12:12] Sure. May I just get your name please? I understand you're the mom of Matthew.

Interlocutor: [00:12:18] That's right my name's Rebecca.

Candidate: [00:12:19] Yes. Nice to meet you Rebecca. I understand your five-year-old son was taken to the hospital two days ago and he was treated and diagnosed with asthma to the ED, is that correct?

Interlocutor: [00:12:32] Yes. It really unexpected and I don't really understand much about it.

Candidate: [00:12:37] Ok. So did the doctors at the ED explain to you what asthma is, what medications
treat asthma and how asthma should be monitored and treated?

Interlocutor: [00:12:47] I think they probably did but I was so upset that night that I don't remember a lot of it, and I know he's got an inhaler now. I can't really pronounce the name, but he has an inhaler.

Candidate: [00:13:00] The Ventolin, the blue one is that correct?

Interlocutor: [00:13:02] I don't think it's called Ventolin.

Candidate: [00:13:06] Salbutamol?

Interlocutor: [00:13:07] Yes.

Candidate: [00:13:07] Ventolin is just a brand name; Don't worry about it okay.


Candidate: [00:13:11] Most people and children don't suffer from might use the same inhaling medication. It is very safe especially in children and it is the go-to medication when treating asthma symptoms. Now the most important thing though is getting the technique right. So that is the most important aspect when it comes to treating asthma in children. So, I would like to go through the technique with you if possible.

Interlocutor: [00:13:40] Yes.

Candidate: [00:13:42] Maybe it in the end I can bring in a special device called spacer and we can use the inhaler and we can practice together as to how to ensure the delivery of the medication in the lungs because it tends to end up in the mouth or in the throat and then it wouldn't do anything but if it gets to the lungs where it needs to act then it will certainly alleviate asthma symptoms.

Interlocutor: [00:14:15] OK.

Candidate: [00:14:15] OK.

Interlocutor: [00:14:17] Can I ask something?

Candidate: [00:14:18] Sure.

Interlocutor: [00:14:18] Will Matthew always have this condition because he was fine...

Candidate: [00:14:22] Sure.

Interlocutor: [00:14:23] ...until two days ago.

Candidate: [00:14:24] Yes. One in seven children develop asked my symptoms some of them go with being diagnosed and treated for some received asthma treatment for a short period of time and only...only very few end up having asthma symptoms in their adulthood. So, the chances are he will grow out of it. Once he enters puberty, we are expecting Matthew to have very minimal or no symptoms at all.

Interlocutor: [00:14:58] OK. OK. Thank you.
Candidate: [00:15:00] Now I just want to make sure that you know what asthma is, it is... it is basically allergy of the lungs okay. Which is... which... which is narrowing of the airways in the lungs so by narrowed airways there is restriction of airflow into the lungs problems with oxygen delivery to the systems and all because of triggers or... or allergens that include pets, include dust mites, include certain medications, but most importantly viral infections, upper respiratory tract infections such as cold... I understand in March you had a low grade fever when he got his first asthma symptoms.

Interlocutor: [00:15:46] Yeah, he had had a cold.

Candidate: [00:15:47] Yeah. It's very easy to assume that is what triggered his symptoms.

Interlocutor: [00:15:50] OK. Because he's had colds before.

Candidate: [00:15:52] Sure. Well at some point our body develops an abnormal... abnormal immune reaction and this can happen at any point in life.

Interlocutor: [00:16:04] Okay.

Candidate: [00:16:05] So anytime Matthew has a chest infection even if it's mild we do expect for his asthma symptoms to get worse. Another thing that can make asthma worse is exercise. But I will write that up in your asthma action plan that I also would like to discuss with you. It is a piece of paper that Matthew... Matthew should have with himself. You should keep a copy with any of his carers and at school. And it explains what you need to do when that when Matthew is well when he's not well and how to recognize serious and severe asthma symptoms. Also, it will clearly state the allergies that can trigger his symptoms. We'll tell you how much or which medication he needs to have and tells you what to do if he ever has one of those red flags that I would like to discuss with you. Would you like to ask me a question at this point is there anything that I would... I can clarify for you or anything that you feel uncomfortable with in terms of Matthew's treatment?

Interlocutor: [00:17:21] No that sounds clear, Thank you. That is the end of the second roleplay and the end of the test.