1. What are the OET Criteria?
2. Groups discuss **'Information Gathering'**
3. Create diagram for the week

What is the OET Speaking criteria:

There are 2: linguistic and clinical criteria

These are the way OET will assess you.

OET SPEAKING Assessment Criteria and Level Descriptors (from September 2018) (public version)

I. Linguistic Criteria

Band	Intelligibility	Fluency	Appropriateness of Language	Resources of Grammar and Expression
6	• Pronunciation is easily understood and prosodic features (stress, intonation, rhythm) are used effectively. • L1 accent has no effect on intelligibility.	• Completely fluent speech at normal speed. • Any hesitation is appropriate and not a sign of searching for words or structures.	• Entirely appropriate register, tone and lexis for the context. • No difficulty at all in explaining technical matters in lay terms.	• Rich and flexible. • Wide range of grammar and vocabulary used accurately and flexibly. • Confident use of idiomatic speech.
5	• Easily understood. • Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent. • Minimal strain for the listener.	• Fluent speech at normal speed, with only occasional repetition or self-correction. • Hesitation may occasionally indicate searching for words or structures, but is generally appropriate.	• Mostly appropriate register, tone and lexis for the context. • Occasional lapses are not intrusive.	• Wide range of grammar and vocabulary generally used accurately and flexibly. • Occasional errors in grammar or vocabulary are not intrusive.
4	• Easily understood most of the time. • Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener.	• Uneven flow, with some repetition. • Some evidence of searching for words, which does not cause serious strain. • Delivery may be staccato or too fast/slow.	• Generally appropriate register, tone and lexis for the context, but somewhat restricted and lacking in complexity. • Lapses are noticeable and at times reflect limited resources of grammar and expression.	• Sufficient resources to maintain the interaction. • Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive. • Meaning is generally clear.
3	• Produces some acceptable features of spoken English. • Difficult to understand because errors in pronunciation/stress/ intonation and/or L1 accent cause serious strain for the listener.	• Very uneven. • Frequent pauses and repetitions indicate searching for words or structures. • Excessive use of fillers and difficulty sustaining longer utterances cause serious strain for the listener.	• Some evidence of appropriate register, tone and lexis, but lapses are frequent and intrusive, reflecting inadequate resources of grammar and expression.	• Limited vocabulary and control of grammatical structures, except very simple sentences. • Persistent inaccuracies are intrusive.
2	• Often unintelligible. • Frequent errors in pronunciation/stress/ intonation and/or L1 accent cause severe strain for the listener.	• Extremely uneven. • Long pauses, numerous repetition and self-corrections make speech difficult to follow.	• Mostly inappropriate register, tone and lexis for the context.	• Very limited resources of vocabulary and grammar, even in simple sentences. • Numerous errors in word choice.
1	• Almost entirely unintelligible.	• Impossible to follow, consisting of isolated words and phrases and self-corrections, separated by long pauses.	• Entirely inappropriate register, tone and lexis for the context.	• Limited in all respects.
0	• Candidate does not provide any response.			

II. Clinical Communication Criteria

In the roleplay, there is evidence of the test taker …

A. Indicators of **relationship building**	
A1	initiating the interaction appropriately (greeting, introductions, nature of interview)
A2	demonstrating an attentive and respectful attitude
A3	adopting a non-judgemental approach
A4	showing empathy for feelings/predicament/emotional state

A: Relationship building
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

B. Indicators of **understanding & incorporating the patient's perspective**	
B1	eliciting and exploring the patient's ideas/concerns/expectations
B2	picking up the patient's cues
B3	relating explanations to elicited ideas/concerns/expectations

B. Understanding & incorporating the patient's perspective
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

C. Indicators of **providing structure**	
C1	sequencing the interview purposefully and logically
C2	signposting changes in topic
C3	using organising techniques in explanations

C. Providing structure
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

D. Indicators for **information gathering**	
D1	facilitating the patient's narrative with active listening techniques, minimising interruption
D2	using initially open questions, appropriately moving to closed questions
D3	NOT using compound questions/leading questions
D4	clarifying statements which are vague or need amplification
D5	summarising information to encourage correction/invite further information

D. Information gathering
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

E. Indicators for **information giving**	
E1	establishing initially what the patient already knows
E2	pausing periodically when giving information, using the response to guide next steps
E3	encouraging the patient to contribute reactions/feelings
E4	checking whether the patient has understood information
E5	discovering what further information the patient needs

E. Information giving
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

In groups, read the criteria and answer the questions below:

D. Indicators for **information gathering**	
D1	facilitating the patient's narrative with active listening techniques, minimising interruption
D2	using initially open questions, appropriately moving to closed questions
D3	NOT using compound questions/leading questions
D4	clarifying statements which are vague or need amplification
D5	summarising information to encourage correction/invite further information

1. **What is 'active listening' in D1?** Making sounds: 'uh hu' or 'Mmm mmm'
2. **What does 'facilitating' mean?** (D1) 'to encourage' / 'make it easier' / 'assist'
3. **What is the difference between an Open and a Closed question?** (D2)

Open: a question where you cannot answer yes or no
Close: A yes no question

4. **What is a 'compound question'?** (D3) 2 questions at the same time

5. **What do these words mean:** 'clarify' [*make clear*] / 'vague' [not clear] and 'amplification' [expand or to make bigger or *louder*] (D4)

6. **Can you think of an example for D5?** Example: *'So, you are telling me that…..'*

7. **What situation would you do that in the exam?** (D5)

Only do this when the patient talks for a long time and you aren't sure what they mean

Leading question:

<u>You don't have any pain,</u> do you? (Question tags)

Any question where the person is being encouraged to answer in a specific way

Translation for SET students:

Criteria	Meaning
D1	Active listening [uh hu, etc.] & avoid interruption
D2	Open & Closed Questions
D3	No 2 questions at same time / No questions *suggesting an answer*
D4	Make patient statements clear: "What do you mean by…"
D5	*Summarise* back to a patient <u>when they give complex information</u>

Rhetorical question:

Do you want to get sick? No.

Here you are trying to persuade a patient to something to help themselves. Its okay.

Why is it so hard for students to do this?

Grammar & timing [knowing when to stop]

Grammar

Open Questions	Grammar of open question:
	Wh- aux. S verb [usually] What / why / etc. do / have / <u>be</u> you/he/she/they feel/not take/etc. _Can_ you tell me…. _Could_ you tell me… [small amount more polite]
Quantitative (half open / half closed)	**Tomorrow**
Close questions	aux. S verb [usually] do / have / <u>be</u> you/he/she/they feel/not take/etc. **Are you…? / Is there…? / Have you…? Do you…?**

Would you = permission