1. Review Criteria
2. IPP
3. Diagram: language we need

How many sets of Criteria are there?

2

L_____ Criteria

C_____ C_____ Criteria

# CRITERIA 1: Linguistic Criteria

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.<br>• L1 accent has no effect on intelligibility. | • Completely fluent speech at normal speed.<br>• Any hesitation is appropriate and not a sign of searching for words or structures. | • Entirely appropriate register, tone and lexis for the context.<br>• No difficulty at all in explaining technical matters in lay terms. | • Rich and flexible.<br>• Wide range of grammar and vocabulary used accurately and flexibly.<br>• Confident use of idiomatic speech. |
| 5 | • Easily understood.<br>• Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent.<br>• Minimal strain for the listener. | • Fluent speech at normal speed, with only occasional repetition or self-correction.<br>• Hesitation may occasionally indicate searching for words or structures, but is generally appropriate. | • Mostly appropriate register, tone and lexis for the context.<br>• Occasional lapses are not intrusive. | • Wide range of grammar and vocabulary generally used accurately and flexibly.<br>• Occasional errors in grammar or vocabulary are not intrusive. |
| 4 | • Easily understood most of the time.<br>• Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener. | • Uneven flow, with some repetition, especially in longer utterances.<br>• Some evidence of searching for words, which does not cause serious strain.<br>• Delivery may be staccato or too fast/slow. | • Generally appropriate register, tone and lexis for the context, but somewhat restricted and lacking in complexity.<br>• Lapses are noticeable and at times reflect limited resources of grammar and expression. | • Sufficient resources to maintain the interaction.<br>• Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive.<br>• Meaning is generally clear. |
| 3 | • Produces some acceptable features of spoken English.<br>• Difficult to understand because errors in pronunciation/stress/intonation and/or L1 accent cause serious strain for the listener. | • Very uneven.<br>• Frequent pauses and repetitions indicate searching for words or structures.<br>• 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.<br>• Persistent inaccuracies are intrusive. |
| 2 | • Often unintelligible.<br>• Frequent errors in pronunciation/stress/intonation and/or L1 accent cause severe strain for the listener. | • Extremely uneven.<br>• 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.<br>• 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. | | | |

# CRITERIA 2: Clinical Communication Criteria

40 percent

- **Relationship Building** – 0 to 3
- **Incorporating the Patients Perspective** – Open questions
- **Provide Structure**
- **Information Giving** – checking understanding / ask them what they already

  We usually explain here so remember B3.

- **Information Gathering** (collecting) – Open questions and then we move to closed

**What is IPP?**

**Incorporating the Patient's Perspective**

Provide opportunity to our patients to explore their feelings and opinions

Allowing patients to say feelings/opinion

**Example:**

"How are you feeling at the moment?" – superficial IPP question

To extract / to make some say something

Some signs of

| 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 |

1. What does B1 mean?
2. What phrases can we use for B1?
3. What does B2 mean?
4. What phrases can we use for B2?
5. What does B3 mean?
6. What phrases can we use for B3?

| | **Simple** | Language |
|---|---|---|
| B1 | Make the patient talk about feelings / opinion | • "How are you feeling at the moment?" <br>• "Could you tell me a bit more about_____?" <br>• "Why do you feel like that?" |
| B2 | Read then signs / Notice the signs [deep sigh, frown, etc.] | • **STOP** – "You *seem* to be a little bit _____ - is everything okay?" <br>• **STOP** – "I see that _____ - so, would you like to ask any questions? <br>• **STOP** - "*You seem a <u>little</u> bit <u>down</u>* – can you tell me more about why?" |
| B3 | connecting your explanation to B1 | • "So, related to your earlier concerns, I should say that…" <br>• "You mentioned earlier that…" <br>• "You said before that…" |

*Down to earth… = very straight forward / not pretentious*