

1. **OET Speaking Criteria**
2. **Introductions**
3. **Diagram & Exceptions**

OET Speaking Criteria

way of evaluating you and generating score

Score / assess

2 sets of Criteria:

- Linguistic
- Clinical Communication

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	<ul style="list-style-type: none"> Pronunciation is easily understood and prosodic features (stress, intonation, rhythm) are used effectively. L1 accent has no effect on intelligibility. 	<ul style="list-style-type: none"> Completely fluent speech at normal speed. Any hesitation is appropriate and not a sign of searching for words or structures. 	<ul style="list-style-type: none"> Entirely appropriate register, tone and lexis for the context. No difficulty at all in explaining technical matters in lay terms. 	<ul style="list-style-type: none"> Rich and flexible. Wide range of grammar and vocabulary used accurately and flexibly. Confident use of idiomatic speech.
5	<ul style="list-style-type: none"> Easily understood. Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent. Minimal strain for the listener. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Mostly appropriate register, tone and lexis for the context. Occasional lapses are not intrusive. 	<ul style="list-style-type: none"> Wide range of grammar and vocabulary generally used accurately and flexibly. Occasional errors in grammar or vocabulary are not intrusive.
4	<ul style="list-style-type: none"> Easily understood most of the time. Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener. 	<ul style="list-style-type: none"> Uneven flow, with some repetition, especially in longer utterances. Some evidence of searching for words, which does not cause serious strain. Delivery may be staccato or too fast/slow. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Sufficient resources to maintain the interaction. Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive. Meaning is generally clear.
3	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Some evidence of appropriate register, tone and lexis, but lapses are frequent and intrusive, reflecting inadequate resources of grammar and expression. 	<ul style="list-style-type: none"> Limited vocabulary and control of grammatical structures, except very simple sentences. Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive.
2	<ul style="list-style-type: none"> Often unintelligible. Frequent errors in pronunciation/stress/intonation and/or L1 accent cause severe strain for the listener. 	<ul style="list-style-type: none"> Extremely uneven. Long pauses, numerous repetition and self-corrections make speech difficult to follow. 	<ul style="list-style-type: none"> Mostly inappropriate register, tone and lexis for the context. 	<ul style="list-style-type: none"> Very limited resources of vocabulary and grammar, even in simple sentences. Numerous errors in word choice.
1	<ul style="list-style-type: none"> Almost entirely unintelligible. 	<ul style="list-style-type: none"> Impossible to follow, consisting of isolated words and phrases and self-corrections, separated by long pauses. 	<ul style="list-style-type: none"> Entirely inappropriate register, tone and lexis for the context. 	<ul style="list-style-type: none"> Limited in all respects.
0	<ul style="list-style-type: none"> Candidate does not provide any response. 			

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II. Clinical Communication Criteria

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

<p>A. Indicators of relationship building</p> <p>A1 initiating the interaction appropriately (greeting, introductions, nature of interview)</p> <p>A2 demonstrating an attentive and respectful attitude</p> <p>A3 adopting a non-judgemental approach</p> <p>A4 showing empathy for feelings/predicament/emotional state</p>	<p>A: Relationship building</p> <p>3 – Adept use</p> <p>2 – Competent use</p> <p>1 – Partially effective use</p> <p>0 – Ineffective use</p>
<p>B. Indicators of understanding & incorporating the patient's perspective</p> <p>B1 eliciting and exploring the patient's ideas/concerns/expectations</p> <p>B2 picking up the patient's cues</p> <p>B3 relating explanations to elicited ideas/concerns/expectations</p>	<p>B: Understanding & incorporating the patient's perspective</p> <p>3 – Adept use</p> <p>2 – Competent use</p> <p>1 – Partially effective use</p> <p>0 – Ineffective use</p>
<p>C. Indicators of providing structure</p> <p>C1 sequencing the interview purposefully and logically</p> <p>C2 signposting changes in topic</p> <p>C3 using organising techniques in explanations</p>	<p>C: Providing structure</p> <p>3 – Adept use</p> <p>2 – Competent use</p> <p>1 – Partially effective use</p> <p>0 – Ineffective use</p>
<p>D. Indicators for information gathering</p> <p>D1 facilitating the patient's narrative with active listening techniques, minimising interruption</p> <p>D2 using initially open questions, appropriately moving to closed questions</p> <p>D3 NOT using compound questions/leading questions</p> <p>D4 clarifying statements which are vague or need amplification</p> <p>D5 summarising information to encourage correction/invoke further information</p>	<p>D: Information gathering</p> <p>3 – Adept use</p> <p>2 – Competent use</p> <p>1 – Partially effective use</p> <p>0 – Ineffective use</p>
<p>E. Indicators for information giving</p> <p>E1 establishing initially what the patient already knows</p> <p>E2 pausing periodically when giving information, using the response to guide next steps</p> <p>E3 encouraging the patient to contribute reactions/feelings</p> <p>E4 checking whether the patient has understood information</p> <p>E5 discovering what further information the patient needs</p>	<p>E: Information giving</p> <p>3 – Adept use</p> <p>2 – Competent use</p> <p>1 – Partially effective use</p> <p>0 – Ineffective use</p>

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

Correctly for situation / suitable for situation

There are 3 main things:

- Known / Unknown
- Location: Hospital / Home / Clinic
- Starts in middle or not?
- How many people: parent & child?

And now CAKES...

If we asked 5 of the world's greatest chefs how to bake a cake...

Do you think they would all same the same thing?

NEEDED: flour

EXTRA: chocolate



NEEDED

Known	Unknown
1. Use name: "Hi _____" 2. IPP: "How are you at the moment?"	1. Intro self: "Hello, my name is _____ - I'm one of the...." 2. Confirm name: "Can I just confirm your full name please? / How may I address you?" 3. IPP: 'So, how are you at the moment'?



EXTRA

Known	Unknown
1. Thank you a. "Thank you for coming in today" b. "Thank you for inviting me into your home?" c. Context "I'm aware that..." "I can see from your notes..." "Im here today to..." [Home]	1. Thank you: a. "Thank you for coming in today" b. "Thank you for inviting me into your home?" 2. Context "I'm aware that..." "I can see from your notes..." "I'm here today to..." [Home] "You seem a bit down today..."

Not in hospital

- Use this when there is no CONTEXT, e.g. first visit:
 "How can I help you today?"

TASK:

Setting	UNKNOWN	KNOWN
HOME	<ul style="list-style-type: none"> • Introduce yourself • Confirm name • Thanks • Context • IPP: 	<ul style="list-style-type: none"> • Use name • Thanks • Context • IPP:
HOSPITAL	<ul style="list-style-type: none"> • Introduce yourself • Confirm name • Context • Thanks • IPP: 	<ul style="list-style-type: none"> • Use name • Context • Thanks • IPP:
CLINIC	<ul style="list-style-type: none"> • Introduce yourself • Confirm name • Thanks • Context • IPP: 	<ul style="list-style-type: none"> • Use name • Thanks • Context • IPP:

Exceptions and difference:

- 2 PEOPLE
- EMOTION
- STARTING IN THE MIDDLE

Setting: Emergency Department

Nurse: A three-year-old boy's been brought to hospital because he's swallowed a button. You've checked his vital signs which are within normal range. The parent's worried about the child choking.

Task:

- Greet the parent, ask what happened and find out the size of the button.

Setting: Children's Hospital Ward

Doctor: You are talking to the parent of 1-month-old boy who was admitted to the hospital yesterday because the parent was concerned with his jaundiced appearance. Blood test results (liver enzymes, bilirubin, clotting studies, blood culture, etc.) all indicate that he is suffering from biliary atresia (a rare and serious liver problem where the bile ducts to the liver are blocked, damaging the liver and making it impossible to digest fat).

Task:

- Advise the parent of the likely diagnosis (biliary atresia) and provide a brief explanation (i.e. a liver problem making it impossible to digest fat).

Setting: Secondary School

Nurse: Your patient is an 18-year-old high school student who is about to commence final year exams. They are finding the exam period very stressful, and their main coping mechanism is to eat sweet foods to feel better.

Task:

- Find out how the patient currently feels about their diet and what changes they would like to make.

SETTING

Suburban Clinic

DOCTOR

A parent presents with his/her five-year-old son, Matthew, as follow-up after an emergency consultation two days ago when Matthew was newly diagnosed with asthma. Then, Matthew experienced a severe bout of coughing, breathing difficulty and wheezing on the background of a cold with low-grade fever. The parent felt frightened so took Matthew to the hospital Emergency Department where he was treated with nebulised salbutamol.

TASK

- Find out what the patient has learnt about asthma since the hospitalisation.

