

How would you start these roleplays?

OET SAMPLE TEST	
CANDIDATE CARD NO. 4	NURSING
SETTING	Patient's Home
NURSE	You are making a home visit to a patient who is suffering from chronic obstructive pulmonary disease (COPD) and requires continuous oxygen. Mobility is now a problem. The patient's spouse has been caring for him/her at home for two years but has recently returned to work. You have just completed an assessment of the patient's needs and are discussing full-time care options with his/her spouse. The patient is not present for the discussion.
TASK	<ul style="list-style-type: none"> • Find out how spouse has been managing since your last visit. • Reassure spouse about his/her situation (e.g., doing all he/she can, caring and working full-time: difficult, etc.). Give assessment of patient (now constant monitoring necessary, round-the-clock assistance, etc.). • Outline options (full-time carer, nursing home, etc.). Explore option of spouse giving up work again. • Explain benefits of nursing home to be discussed with spouse (e.g., high level of round-the-clock care, experienced staff, etc.). Find out any other concerns. • Advise on choosing nursing home (e.g., list of requirements, visiting different options, speaking to staff/residents, etc.). Offer to suggest local nursing homes for consideration.
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CANDIDATE CARD NO. 2	NURSING
SETTING	Hospital Ward
NURSE	Your patient is 35 years old and was admitted two days ago, for an elective appendectomy. The operation was successful, but he/she developed a fever afterwards and has been under observation. You have been called to the patient's bedside and notice that he/she looks upset.
TASK	<ul style="list-style-type: none"> • Find out why patient is upset. • Empathise with patient and ask them how he/she is feeling and if pain is well controlled. • Explain reasons why he/she cannot be discharged yet (e.g., doctor wants to monitor until vitals are stable, fever can sometimes be sign of infection, etc.). • Confirm operation successful. Reassure patient (post-operative infection/fever common, doctor has ordered some additional tests to rule out any infection- precautionary measure, etc.). Outline procedure if infection present (antibiotics prescribed, manage the problem effectively, etc.). • Explain that he/she needs to be medically ready to be discharged (e.g., avoid any complications / wound infection, etc.). Stress it is essential to wait for the results. • Explain it is better he/she leaves the hospital well, to ensure no need for return once discharged. Say that the results will not take that long. Offer to schedule a visit by hospital social worker (manage difficulties with childcare.).
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CANDIDATE CARD NO. 3	MEDICINE
SETTING	Local Medical Clinic
DOCTOR	Your patient is a 45-year-old office worker who is complaining of fatigue and feeling unwell. The patient appears to be overweight and thinks he/she may have diabetes. Recent publicity about diabetes (on TV, in the newspaper) has made him/her decide to get a check-up.
TASK	<ul style="list-style-type: none"> • Find out how patient is feeling (any symptoms, concerns, etc.). • Explore patient's lifestyle (exercise, work/life balance, etc.). • Discuss possible significance of symptoms (e.g., possible underlying condition such as diabetes, etc.). Reassure patient about his/her symptoms (e.g., different possible causes, diabetes: only one possibility, can be managed, etc.). • Briefly explain diabetes (e.g., type 1: insulin not produced; type 2: insulin not sufficient/effective, etc.). Outline management of diabetes (e.g., medication, diet, exercise, monitoring of blood glucose, etc.). • Outline next steps (diagnostic blood test, return visit for results, consequent assessment of patient's health and lifestyle, etc.).
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CANDIDATE CARD NO. 1	MEDICINE
SETTING	Doctor's Clinic
DOCTOR	This 32-year-old patient was diagnosed with adult-onset asthma one year ago. Dust mites were identified as a major trigger. You are seeing the patient for his/her annual asthma review.
TASK	<ul style="list-style-type: none"> • Find out about patient's asthma symptoms (e.g., any change, effect on daily activities/sleep, etc.). • Review patient's asthma triggers (e.g., exposure to dust mites, any control measures tried, etc.). • Explore patient's asthma self-management strategies (e.g., daily use of inhaled corticosteroid preventer, frequency of salbutamol reliever use, etc.). • Explain risks of overusing salbutamol reliever (e.g., increased airway hyper-responsiveness, uncontrolled asthma, asthma-related hospital admission more likely, etc.). Advise patient to purchase replacement preventer. • Emphasise importance of using preventer daily (e.g., reduced swelling/inflammation in airways, lowered sensitivity to triggers, decreased mucus production, etc.). • Recommend follow-up appointment in four weeks (e.g., monitor treatment effect, review medication, etc.).
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