

Today:

- 1 Criteria
- 2 What is IPP?
- 3 Examples & Common errors

How many sets of criteria?

2

1. Clinical Communication Criteria
2. 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"> •Lapses in fluency with some repetition, especially in longer utterances. •Some evidence of searching for words, which does not cause serious strain. •Delays may be noticeable or too frequent. 	<ul style="list-style-type: none"> •Generally appropriate register, tone and lexis for the context, but some are noticeable and/or not completely appropriate. •Lapses are noticeable and at times reflect limited resources of grammar and expression. 	<ul style="list-style-type: none"> •Adequate resources to maintain the interaction. •Inappropriate 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 in spoken English. •Difficult to understand because errors in pronunciation/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 utterance 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, are sometimes intrusive. •Persistent resources are intrusive.
2	<ul style="list-style-type: none"> •Often unintelligible. •Frequent errors in pronunciation/intonation and/or L1 accent cause serious strain for the listener. 	<ul style="list-style-type: none"> •Constantly uneven. •Long pauses, frequent 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. 			

II Clinical Communication Criteria

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

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

What is IPP?

OET have 3 specific things that they say we can DO

- This criteria is not a list of things to do EVERY TIME IN SAME WAY – only if needed

B. Indicators of Understand and Incorporating the Patient's Perspective		
B1	<p>Ask ideas/concerns/expectations</p> <p>(This one is often more common... PATIENT CENTERED) – 70%+ you can do it</p> <p>Don't move closed (yes/no) questions before this</p>	<p>OPEN:</p> <ul style="list-style-type: none"> • How are you feeling today? • I'm sorry to hear that - Can you tell me more about that...? • Can you tell me why...? • Could you tell me a bit more about that? • Do you have any idea what might have caused this? • What do <u>you</u> think about the _____?
B2	Notice signs and <i>respond</i>	<p>NON-VERBAL: Pain sounds: Ah! urgh! strong breathing signs tone of voice: 'ye..s' hesitating</p> <p>VERBAL: Will there be needles? / Surgery?</p>
B3	connecting explanations to previous <u>concerns</u>	<ul style="list-style-type: none"> • you mentioned earlier that ___ + previous worry ___ • before you said _____

Commons errors to avoid:

1 Moving to closed questions too soon & explain

2 Not listening to answers – **easy to do this!**

3 Forgetting empathy BEFORE the B1 question

4 Forgetting B2!

5 Don't ask too many or too few open questions – **it depends**

Shy / talkative?