

OET Speaking

Information Gathering

What is the OET Speaking Test?

- 2 role plays- 5 minutes each
- 3 minutes to prepare each task
- A healthcare professional + patient (interlocutor)
- You will be provided with a 'cue card' with information & instructions
- At the beginning of the test – 'warm up', which is not reviewed by examiners: General questions
- Your speaking performance will be recorded and reviewed by examiners later.
- You can make notes on the cue card and you can hold

How are test takers scored?

Linguistic – 60%	Clinical Communication – 40%
<p>how understandable your English is:</p> <ul style="list-style-type: none"> • pronunciation • rhythm • intonation • choice of vocabulary • grammar 	<ul style="list-style-type: none"> • <i>Relationship Building</i> • <i>Understanding & Incorporating Patient Perspective</i> • <i>Providing Structure</i> <p>Information Gathering information Giving</p>
<ul style="list-style-type: none"> • You only have to demonstrate a clinical communication indicator once in your whole test 	

What is the difference between these two criteria?

Information Gathering	Information Giving
Collecting information about the patient - History / symptoms etc Asking questions	Explaining treatment / procedures / medications Provide advice / suggestions Ask checking questions
<i>We have to demonstrate that we understand the information that the patient gives to us.</i>	

Criteria Indicators

D1. Facilitate the patient's narrative with <u>active listening techniques</u> , minimising interruption	<p>Non-verbal: hmm mmm, ok</p> <p>Echoing: Repeating phrases that the patient says</p> <p>Paraphrasing: Say the same thing as the patient with different words.</p> <p>Less is more – don't keep repeating the same active listening indicators. Show variety and choose good moments to do it.</p>
D2. Using initially open questions, moving to closed questions	<p>open: wh closed: aux indirect: Could you tell me where the pain is?</p> <p>See below for information!</p>

<p>D3. NOT using compound/Leading questions</p>	<p>Leading:</p> <p><i>You know what a leading question is, don't you?</i></p> <p><i>You can give up smoking, can't you?</i></p> <p>When you ask these questions the patient can feel pressure to give an affirmative answer.</p> <p>Compound</p> <p><i>When did the headaches start? Is it painful?</i></p> <p>Don't ask for more than one piece of information per question. You will miss some important information!</p>
<p>D4. Clarifying statements which are vague</p>	<p>Sometimes the patient will be unclear:</p> <p>'These symptoms are really annoying.'</p> <p>Use phrases such as:</p> <ul style="list-style-type: none"> • Can I just clarify what you mean by 'annoying'? • What does 'annoying' mean to you? • Could you just explain what you mean by 'annoying'?
<p>D5. Summarising information to encourage correction</p>	<p>Do a quick recap on what you've been told:</p> <ul style="list-style-type: none"> • Just to recap..... • OK, so let's go over what we've spoken about.... <p>Don't worry if it's wrong – the patient will correct you!</p>

Important - Interlocutors are trained to:

- Be unclear
- Be aggressive
- Be repetitive
- Be resistant

They aren't doing a bad job – they are testing you!

Questions

The basic grammar of questions relies on 'inversion'

John likes chocolate. (Subject + Infinitive)

Does John like chocolate? (Aux + Subject + Infinitive)

<p>Aux</p> <p>Closed questions –</p> <p>Yes / No</p> <p>ASI</p>	<ul style="list-style-type: none"> • Does it affect your sleep? <p><i>A + S + I</i></p> <ul style="list-style-type: none"> - be - do - have <ul style="list-style-type: none"> • Are you able to rotate his wrist? <p><i>A + S</i></p> <ul style="list-style-type: none"> • Have you heard of metformin? <p><i>A + S</i></p>
<p>Wh- Open</p> <p>QUASI</p>	<ul style="list-style-type: none"> • Why do you miss your appointments? <p><i>QU + A + S + I</i></p> <ul style="list-style-type: none"> • Where is the pain? <p><i>QU + A + S</i></p> <ul style="list-style-type: none"> • When did the pain start? <p><i>QU + A + S + I</i></p>
<p>Wh (Quantitative)</p>	<ul style="list-style-type: none"> • How many / much + noun • Which + noun • What + noun <ul style="list-style-type: none"> • How many fingers did you break in the accident? • How many fingers were broken in the accident? <p><i>QU + noun + aux</i></p> <ul style="list-style-type: none"> • Which arm was hurting? <p><i>QU + noun + aux</i></p>

Indirect	<p style="color: red;">Could you tell me where is the pain?</p> <p style="color: red;">A + S + I Qu + A + S</p> <p>Could you tell me where the pain is? A + S + I <i>Statement</i></p> <ul style="list-style-type: none"> - Could you tell me when the pain started? - Would you mind if I asked when the pain started? - Are you willing to tell me when the pain started? - Would you mind telling me when the pain started?
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Practice

OET SAMPLE TEST	
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.).

OET SAMPLE TEST	
ROLEPLAYER CARD NO. 1	NURSING
SETTING	Community Health Centre
NURSE	You are speaking to a 34-year-old patient who has been referred to you by the doctor for advice on improving his/her wellbeing. He/she has been experiencing problems sleeping and had a panic attack at work.
TASK	<ul style="list-style-type: none"> Find out about patient's job/routine (weekly schedule, stress levels and its impact on life, etc.). Find out about more details about patient (energy levels, physical activity, dietary pattern, etc.).