

OET Speaking

Information Gathering

What is the OET Speaking Test?

- 2 x roleplays 5 minutes each
- Healthcare Professional & patient/carer
- You always play yourself in the role plays
- A full cue card is given for each task: instructions about what to do

Typical cue card:

OET SAMPLE TEST	
CANDIDA	TE CARD NO. 1 NURSING
SETTING	General Practice Clinic
NURSE	Your patient is 39 years old. He/She has come to the clinic with complaints of abdominal discomfort and change in bowel habit over the last couple of weeks.
TASK	 Greet patient. Find out what he/she wants to speak to you about. Empathise with patient and ask how their current bowel movement is. Ask if he/she has made any lifestyle changes recently (work, exercise, dietary, etc). Say that due to the inactivity and lack of fibre intake, it is most likely that patient is suffering from constipation. Explain that he/she needs to make an effort to stay active (cycling, running, playing sports etc.) and to eat high-fibre foods (e.g., fruits: avocado, bananas, apples, etc.; vegetables: broccoli, brussels sprouts, artichokes, etc.). Stress importance of increasing fluid intake (minimum 2 litres per day). Emphasise that if there's no improvement in a few days, he/she should return to see the doctor.
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- 3 minutes is given for preparing each task
- The person you are speaking to is not an examiner they are interlocutors



How are test takers scored?

Linguistic – 60%	Clinical Communication – 40%
how understandable your English is:	Relationship Building
	 Understanding & Incorporating
 pronunciation 	Patient Perspective
rhythm	 Providing Structure
intonation	
 choice of vocabulary 	
grammar	 Information Gathering
	 Information Giving
You only have to demonstrate a clin	ical communication indicator once in your whole test

What is the difference between these two criteria?

Information Gathering	Information Giving
Finding out information about the patient's situation.	Giving information to the patient about their situation.
 current feelings discussing pain symptoms lifestyle when things happen changes 	advicesuggestionsprocedure
Demonstrate that I understand the information I have gathered.	Demonstrate that the patient understands the information I have given to them.



Criteria Indicators

D1. Facilitate the patient's narrative with active listening techniques, minimising interruption	verbal encouragement: mmm mmmm / oh / ah / ok / sympathy
	echoing / repetition: saying the same words back to a speaker to show them you are listening
	Paraphrase: Hear what the patient says and say something that is similar / connected back to the patient
D2. Using initially open questions, moving to closed questions	Open Questions
	These types of questions often open new lines of enquiry:
	 Where When How often How much Could you tell me more about
	Closed questions
	These types of questions are good for getting specific answers, and are answered 'yes' or 'no':
	Are you feeling better?Do you have any pain in your elbow?Have you taken any painkillers?
D3. NOT using compound/Leading questions	Compound Questions
	Avoid asking multiple questions simultaneously:
	Example: Are you sleeping well? Are you working at the moment?



	There is a risk: The patient will only answer one question. Then you have to remember to go back and cover the first question
	Leading questions:
	You can give up smoking, <i>can't you</i> ?
	Leading questions persuade patients to give answers that you want – not necessarily the truth.
D4. Clarifying statements which are vague	Patients can sometimes be vague – unclear.
	 Can you explain it more? Can you be more specific? Can you clarify what you mean by'weird'?
	These kind of questions are likely to lead to vague answers:
	- Can you tell me more about your lifestyle?
	- How have you been feeling recently?
D5. Summarising information to encourage	When a patient has finished giving
correction	information, summarise it:
	- OK to sum up
	- I'd just like to summarise
	- So, to recap
	Don't feel pressured to be correct!

Important - Interlocutors are trained to be:

- vague
- annoyed
- impatient
- sad
- worried

Be aware of this when gathering information – they are not being bad interlocutors!



Questions

The basic grammar of questions relies on 'inversion'

John likes chocolate. (Subject + Infinitive)

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

Aux	
Aux Closed	Does it affect your sleep?
questions –	A+S+I
Yes / No	- be - do
ASI	- have
	 Are you able to rotate his wrist? A + S
	 Have you heard of metformin? A + S
Wh- Open	 Why do you miss your appointments? QU + A + S + I
QUASI	
	• Where is the pain? $QU + A + S$
	When did the pain start?QU + A + S + I
Wh (Quantitative)	 How many / much + noun Which + noun What + noun
	 How many fingers did you break in the accident? How many fingers were broken in the accident? QU + noun + aux
	Which arm was hurting?QU + noun + aux



Indirect	Could you tell me where is the pain?
	A+S+1 Qu+A+S
	Could you tell me where the pain is?
	A + S + I Statement
	- 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?

Practice

OFT SAMPLE TEST

OET SAMPLE TEST		
CANDIDAT	E CARD NO. 1	MEDICINE
SETTING	Doctor's Clinic	
DOCTOR		n adult-onset asthma one year ago. Dust mites being the patient for his/her annual asthma review.
 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

ROLEPL	AYER CARD NO. 1	NURSING
SETTING	Community Health Centre	
NURSE	, , , ,	patient who has been referred to you by the doctor for g. He/she has been experiencing problems sleeping
TASK		(weekly schedule, stress levels and its impact on life, etc.). atient (energy levels, physical activity, dietary pattern, etc.).