

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
- 3 minutes is given for preparing each task
- The person you are speaking to is not an examiner they are interlocutors

Typical cue card:

CANDIDA	ATE 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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How are test takers scored?

Linguistic – 60%	Clinical Communication – 40%
	Foundational skills used throughout Speaking
	test:
How well you use English:	
	Relationship Building
• fluency	UIPP
• rhythm	Providing Structure
 pronunciation 	
• grammar	'Show' skills for specific tasks on cue card:
 word choice 	
	Information Gathering
	Information Giving
	Each criterion is split into indicators – which
	<u>are types of behaviour</u>
• 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 from the patient	Providing information for the patient
<i>Remember:</i> When we gather information we must demonstrate that we understand it.	<i>Remember:</i> When we give information we must demonstrate that the patient understands it.



Criteria Indicators

	[]
D1. Facilitate the patient's narrative with active listening techniques, minimising	Verbal encouragement:
interruption	
	OK / mm / I see
	Echoing / repetition:
	Say what the patient says, back to them.
	, , , , , , , , , , , , , , , , , , , ,
	Paraphrase:
	Take the patient's words and say them back
	differently but with the same meaning
	, 5
D2. Using initially open questions, moving to	Open Questions
closed questions	
	These types of questions often open new lines of enquiry:
	incs of crigany.
	- How are you?
	 How does the pain affect you?
	 Which leg is hurting
	- Where is the pain?
	- When did the pain start?
	Closed questions
	These types of questions are good for getting
	specific answers, and are answered 'yes' or
	'no':
	1
	- Is it - Are you
	- Can you
	- Have you
D2 NOT using compound (localize supplier	Compound Questions
D3. NOT using compound/Leading questions	Compound Questions
	Multiple questions asked at the same time - do not do this!
	- 40 101 40 1115!
	There is a risk:
	The patient might only answer the last question
	· · · · · · · · · · · · · · · · · · ·



	You have to ask again or you might forget
	 Leading questions: Do you think you can stop smoking? What do you think about stopping smoking?
	 Leading question: You can stop smoking, can't you?
D4. Clarifying statements which are vague	Patients can sometimes be vague – unclear.
	 OK, just to clarify, OK can you tell me what means? Can you provide a bit more detail about that?
	These kind of questions are likely to lead to vague answers:
	Can you tell me aboutWhat is the pain like
D5. Summarising information to encourage	When a patient has finished living
correction	 information, summarise it: Just to summarise Just to recap I'd like to sum up I'd like to go through what we've discussed Don't feel pressured to be correct! Acknowledge your error – it's fine!



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	
	• Does it affect your sleep?
Closed	
questions –	A + S + I
Yes / No	- be
,	- do
ASI	- have
7.51	
	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?
	When did the pain start?
	QU + A + S + I
Wh	How many / much + noun
(Quantitative)	 Which + noun
(Quantitative)	
	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?
	$A + S + I \qquad Qu + A + S$
	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?