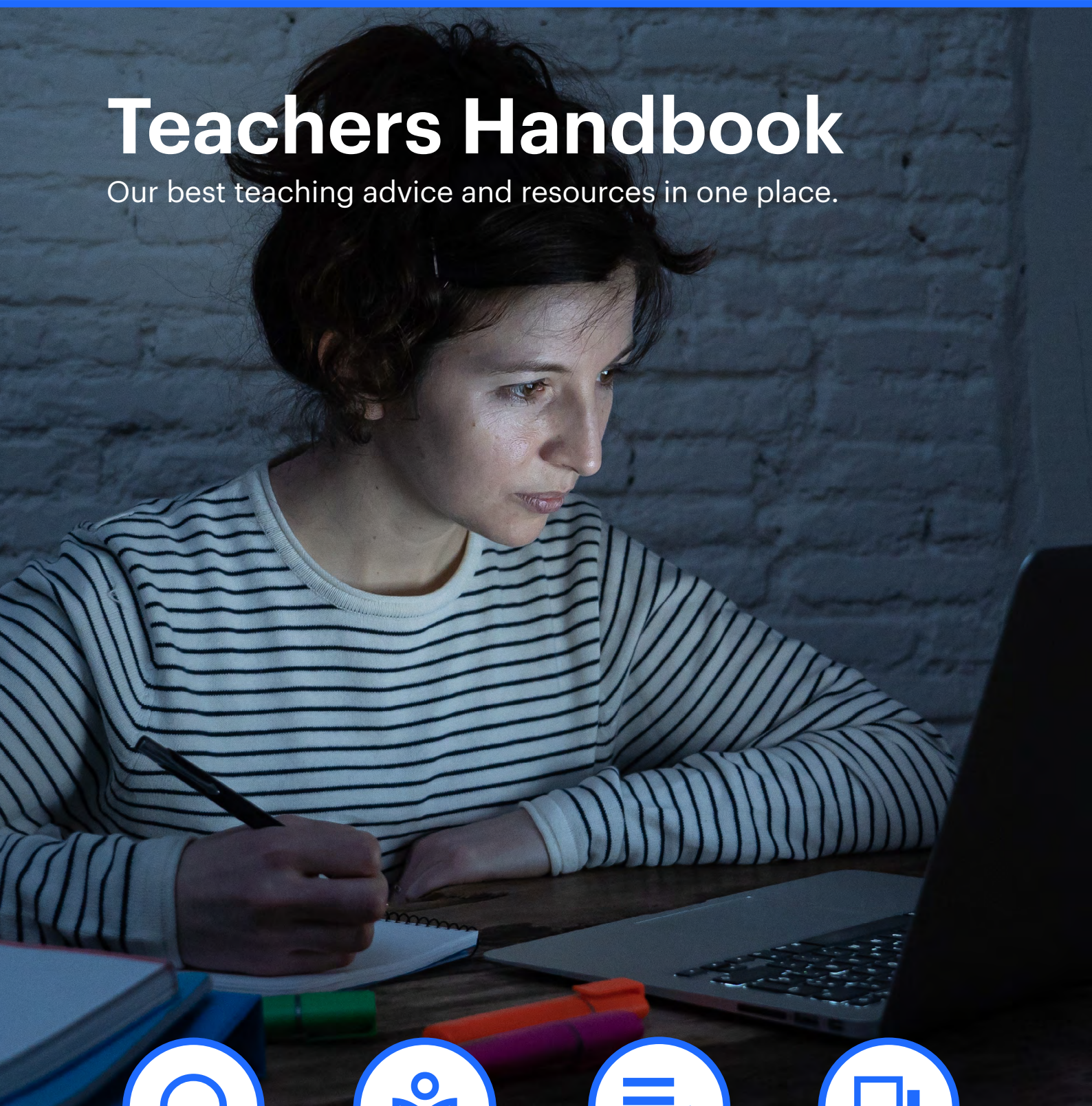




Teachers Handbook

Our best teaching advice and resources in one place.



www.oet.com

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What is the OET Test?

OET is the global leader in English language testing for healthcare. We empower internationally trained healthcare professionals to communicate effectively in healthcare settings. The OET Test assesses the English language proficiency of foreign-trained healthcare professionals who are seeking to register and practice in an English-speaking environment.

It provides a valid and reliable assessment of all four language skills – listening, reading, writing and speaking – with an emphasis on communication in healthcare settings.

The OET Test is available across the following 12 professions:



Dentistry



Dietetics



Medicine



Occupational
therapy



Optometry



Pharmacy



Podiatry



Radiography



Speech
Pathology



Nursing



Physiotherapy



Veterinary
science

Ownership

Since 2013, OET has been owned by Cambridge Boxhill Language Assessment Unit Trust (CBLA), a venture between Cambridge English (Aus) and Box Hill Institute.

Cambridge English is a not-for-profit department of the University of Cambridge with over 100 years of experience in assessing the English language.

Box Hill Institute is a leading Australian vocational and higher education provider, active both in Australia and overseas.

Valid & Reliable

OET was developed in the late 1980s, under contract to the Australian Federal Government, and designed by the University of Melbourne's Professor Tim McNamara - one of the original developers of the world-renowned IELTS (International English Language Testing System) test.

Backed by over 30 years of research by the Language Testing Research Centre (LTRC) at the University of Melbourne, OET has gone through a continuous cycle of research, validation and evaluation to ensure it is fit for purpose and relevant today.

Benefits of taking the OET Test

Healthcare professionals worldwide take the OET Test for a variety of purposes.

- ✓ Regulatory authorities, registration boards and councils can ensure that internationally trained healthcare professionals have appropriate standards of English, specific to the healthcare sector. This is key to guaranteeing patient safety and well-being.
- ✓ Hospitals and other healthcare employers can ensure that their employees (doctors, nurses and other healthcare professionals) have the necessary English language communication skills for delivering quality healthcare.
- ✓ Education institutions can ensure that graduating students have employment-ready or registration-ready language skills by including OET preparation and testing in their courses.

Other benefits of the OET Test:

- ✓ Gives confidence in the language competence of practising healthcare professionals.
- ✓ Optimises communication with patients, carers and colleagues, in turn improving the quality of care.
- ✓ Establishes a fair way to select internationally trained health professionals.
- ✓ Attracts candidates committed to excellence and professionalism.

Reporting results

There are many aspects to being able to communicate in a language effectively. OET therefore has four sub-tests – Listening, Reading, Writing, and Speaking – to acknowledge that these involve different sub-skills and strategies.

Candidates receive a separate grade for each sub-test, ranging from A (highest) to E (lowest). There is no overall grade for OET.

Here are the descriptions for each grade that appear on the printed Statement of Results that candidates receive:

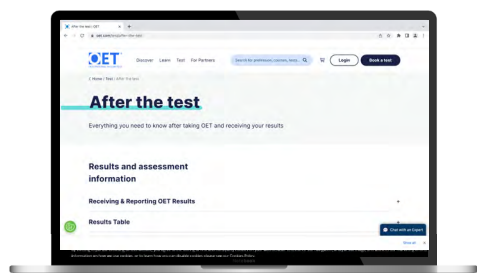
OET grade:	Description of ability:
A	Very high level of performance
B	High level of performance, i.e. able to use English with fluency and accuracy adequate for professional needs
C+	Good level of performance; however, not acceptable to a range of health and medical councils
C	
D	Moderate level of performance: requires improvement
E	Low level of performance: requires considerable improvement

Who recognises the OET test?

OET is recognised and trusted by regulatory healthcare boards and councils in key destinations where there are healthcare employee shortages including the UK, Ireland, Australia, New Zealand and the United States.

Many more organisations, including hospitals, universities and colleges, in these and other countries around the world are using the OET Test as proof of a candidate's ability to communicate effectively in a demanding healthcare environment.





Online Results Verification Service

We provide a free and secure online results verification service to help organisations and authorities to verify candidates' results.

The service provides access to a secure database through which candidates' results – across a period of three years – can be checked for authenticity. The site is securely encrypted and designed for use in high-stakes environments.

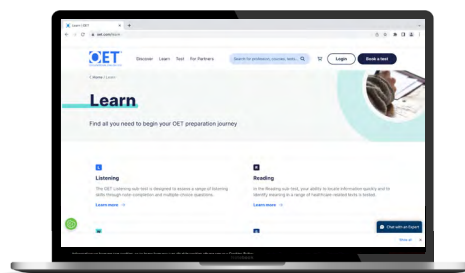
Find out more about OET assessment and results by visiting the OET website:

<https://oet.com/test/test-overview/results-and-scoring>

Special arrangements

OET is designed to be fair to all test takers. For more information about special arrangements, go to:

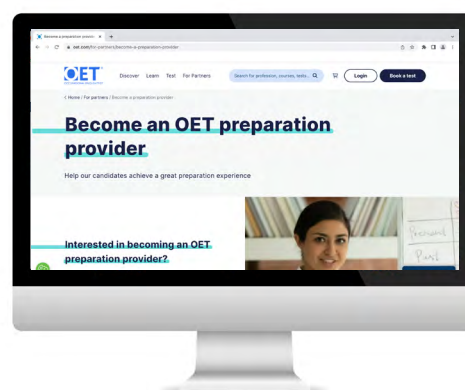
<https://support.oet.com/s/article/How-do-I-request-special-arrangements>



Preparation support for OET

To support teachers and help candidates prepare for OET, there are a range of official support materials including coursebooks and practice tests. These materials are available in both print and digital formats.

<https://oet.com/ready>



Support for teachers

The OET teacher training platform provides free access to the information teachers need to start offering OET classes. We welcome teachers from large to small language schools as well as private tutors. On completion of the Preliminary stages of training, teachers are eligible for a digital OET Knowledge badge which they can display through social media and in their email signatures to demonstrate their level of competency.

Further training* is available for teachers wishing to gain full-endorsement from OET through the Premium sections of PPP. *subject to key requirements being met.

<https://oet.com/access/preparation-partners>



Free support for candidates

We provide candidates with a wide-range of free preparation materials on our website including on-demand Masterclasses, courses, guides, sample tests and preparation tips..

<https://oet.com/ready>

Social media

Candidates can follow our social media channels on Facebook, YouTube and Instagram for regular updates, study tips, news and inspiration. A number of our Premium Providers also deliver live classes direct through our channels as well as the popular Q+A Live sessions delivered fortnightly by OET.

Modes of delivery

Available in a paper-based format at a venue, computer-based at a venue and computer-based via remote proctor (OET@Home) We continue to grow our network of test venues and with the computer-based versions of the test are committed to candidates having easy access to be able to sit the test.

Further information

If you have other questions about preparation support, please reach out to a member of the OET Education team.

For questions related to test bookings or for all candidate queries, please contact our helpdesk:

<https://support.oet.com/s/contactsupport>

or via Live Chat which is available from the OET website.

www.oet.com

About the OET Test

The OET Test is a rigorous and thorough test of English in the context of healthcare. Candidates achieving the scores required by regulators are demonstrating a level of language proficiency that will ensure patient safety and quality of care. The test covers all four language skills – reading, writing, listening and speaking.

The leading English test for healthcare professionals

There are four sub-tests: detailed information on each sub-test is provided later in this handbook, but the overall focus of each test is as follows:



Listening: approx. 40 minutes

Candidates need to be able to show they can understand the meaning of a range of healthcare-related recordings including patient-healthcare professional consultations, workplace conversations with colleagues and conference-style presentations or interviews.



Reading: 1 hour

Candidates need to demonstrate their ability to quickly locate specific details to allow them to take action for a patient as well as to synthesise information from more complex texts to understand the main message or opinion which is being presented.

The Listening and Reading tests are the same for all candidates taking OET and cover topics of general interest to all healthcare professionals without favouring one profession over another.



Speaking: 20 minutes

Candidates complete the test with an interlocutor, who takes the role of their patient or family member or carer of the patient, and role play two different but common healthcare scenarios which are presented on role cards.



Writing: 45 minutes

Candidates have to produce a letter to another healthcare professional, or person related to the patient, in response to a series of case notes outlining a patient's medical condition and need for further care or treatment.

The Writing and Speaking tests are specific to a particular candidates' profession, meaning that a Nursing candidate will complete Nursing Writing and Speaking tasks, a Radiography candidate will complete Radiography Writing and Speaking tasks and so forth.



OET Test on paper at a test venue

This is the version of the test candidates have known and loved for the last 30 years. Candidates handwrite their answers for Listening, Reading and Writing and complete a face-to-face Speaking test with an interlocutor at the test venue.

Bookings for paper based tests close 3 weeks prior to test date to allow for test papers to be prepared and delivered to the test venue. Available to all 12 OET Test professions.



OET Test on computer at a test venue

This is the same OET Test presented on computer. Candidates type their answers for Listening, Reading and Writing and complete a live online Speaking test with an interlocutor via Zoom from their home (or other suitable location).

Bookings for computer based tests at a venue are available for Medicine, Nursing, Pharmacy and Physiotherapy professions. available for Medicine and Nursing professions.



OET Test on computer at home

This is the same OET Test made available to candidates who do not have access to a physical test venue in their country or have other access issues. Candidates type their answers for Listening, Reading and Writing while being constantly monitored by a remote proctor. Prior to the test, security checks of the candidate's workspace, room and person will be conducted. The Speaking test will be completed via Zoom with a live online interlocutor.

Bookings for OET@Home are available to candidates in countries in which there is no OET test venue.

Can Do summary✓

What can candidates do at OET Grade B?*

The Association of Language Testers in Europe (ALTE) has researched what language learners can typically do at each CEFR level. They have described each level of ability using Can Do statements, with examples taken from everyday life. Cambridge English, as one of the founding members of ALTE, uses this framework to ensure its exams reflect real-life language skills.



Listening typical abilities:

- ✓ Can mostly understand and follow extended speech on abstract and complex topics within the healthcare field.
- ✓ Can follow patient consultations, workplace discussions, professional talks and presentations in a wide range of medical contexts with relative ease.
- ✓ Can understand complex healthcare and technical information, such as operating instructions, details of treatments and best practice procedures within a healthcare setting.
- ✓ Can mostly record detailed content of a general medical nature accurately.



Reading typical abilities:

- ✓ Can understand texts of varying lengths on a range of healthcare topics, identifying points of detail, attitudes and stated opinions.
- ✓ Can understand general workplace documentation in a variety of healthcare contexts, including instructions, medical and procedural information.
- ✓ Can use locating and retrieving skills to find specific healthcare information and record that information with a degree of accuracy.
- ✓ Can draw information from more than one workplace related documentation.



Speaking typical abilities:

- ✓ Can competently use elements of clinical communication including relationship building, understanding the patient's perspective, providing structure and information gathering and giving techniques.
- ✓ Can engage with patients in a clear and accessible way.
- ✓ Can be easily understood making use of features of spoken English to get message across.
- ✓ Can use mostly appropriate register for the healthcare context.



Writing typical abilities:

- ✓ Can communicate the purpose of a specific healthcare document with some degree of expansion.
- ✓ Can select and accurately represent vital medical information that is generally targeted to a particular healthcare professional.
- ✓ Can write concisely and clearly, summarising key medical details most of the time.
- ✓ Can logically structure and format a healthcare document for efficient retrieval of information with occasional lapses.

OET B grade is the score most regulators are seeking from candidates but each has slightly different requirements. For more information about the scores required

<https://oet.com/test/who-recognises-oet>



Teaching in a healthcare context

Teaching OET means teaching English for Specific Purposes [ESP] which may be new to many teachers, even those with many years' experience, who have previously taught General English or English for Academic Purposes.

An ESP course is one which focuses on the language applied by users for a particular set of communicative purposes e.g. healthcare, aviation, engineering. Which language is focused on is determined by the tasks these users will regularly perform in their work life and are seen by the employer or regulator as critical to the user being able to function at the desired level. For OET, examples of these tasks include communicating with patients about their health and with colleagues about care plans for patients.

For teachers who are new to the medical context, teaching OET might seem a little daunting at first; however, this can be tempered by realising that rather than them, as the teacher, being the only expert in the room, they now share expert rights with the students.

ESP teaching shares expertise between the teachers, who bring the knowledge of English expertise, and the students, who bring the knowledge of the subject matter, which in this case is healthcare. By accepting and utilising this notion of dual-experts, OET then becomes an interesting new pedagogical challenge with students who, generally, prove to be very driven, motivated and engaged.

OET test preparation is also very rewarding to teach. Success in OET provides the opportunity for a new healthcare career and a chance to start a new life in another country for not only the OET candidate but also their family. The opportunities afforded to the candidate are also afforded to the patient populations they will serve, after all better communication with some of our most vulnerable is something which we will all benefit from directly or indirectly.

So, while you will learn a lot of new vocabulary and terminology about healthcare, the body and its functions, your role as an OET teacher remains to assist your students to improve their English so they can become proficient communicators.

Teaching the different OET Test professions

Most teachers will start off supporting students who will take either the Nursing or Medicine versions of the OET Test. As experience and confidence grows, you may choose or be requested to teach students preparing for one of the other 10 OET professions. Below is a reminder of these professions as well as some of the most common workplace contexts for each one.

Profession	Speaking contexts	Writing contexts
Dentistry	Dental clinic Emergency care	Referral for specialist treatment/opinion Update for regular dentist
Dietetics	Private practice Child*/Elder consultation *speaking to the child's parent	Update for regular physician Transferral of care to another dietician
Nursing	Community clinic Hospital ward Home visit/Aged care	Discharge/transferral of patient to another care provider Referral for new treatment pathway
Medicine	Community clinic Hospital ward	Discharge/transferral of patient to an allied health profession Referral for specialist treatment/opinion
Occupational Therapy	Occupational Therapy clinic Child*/Elder consultation *speaking to the child's parent	Update for regular physician Transferral of care to another occupational therapist
Optometry	Optometry clinic	Referral for specialist treatment/opinion Update for regular physician
Pharmacy	Community pharmacy	Update for regular physician Respond to request for information (specialist or lay)
Physiotherapy	Physiotherapy clinic Hospital ward	Update for regular physician Transferral of care to another physiotherapist
Podiatry	Podiatry clinic	Update for regular physician Transferral of care to another podiatrist
Radiography	Radiography unit	Respond to request for information/ complaint (specialist or lay)
Speech Pathology	Speech Pathology clinic Child*/Elder consultation *speaking to the child's parent	Update for regular physician Transferral of care to another speech pathologist
Veterinary Science	Vet clinic	Update for regular vet Transferral of care to another vet

Teaching candidates preparing to take the OET test on paper or computer

You can prepare your students for the different modes of delivery in largely the same way, and even have mixed delivery mode candidates within the same class with very little difficulty. In the sections focusing on the different sub-tests, tips related to computer based testing have been included to supplement the main contents which have been written, for consistency of terminology, about paper based testing.



OET Listening

General Description

Format of the Subtest:

The subtest consists of three parts. Each part contains a number of recordings made in a healthcare setting and corresponding comprehension tasks. Each part is heard once only.

Timing: Approximately 40 minutes

Number of Parts: 3

Number of questions: 42

Task types: Note completion, multiple-choice

Text types: Consultations, extracts from workplace interaction, workplace presentations and broadcast/podcast interviews

Recording information:

The instructions for each part are given on the question paper and are also heard on the recording. This includes information regarding the length of the pauses which allow candidates to read through the questions to familiarise themselves with the tasks and prepare themselves for what they are about to hear. There are also pauses for them to check their answers.

A variety of voices, styles of delivery and accents are heard in each subtest, reflecting the various contexts presented in the recordings and the international nature of the candidature.

Structure and tasks:

Part A

Task type: Note completion

Focus: Locating and recording specific information

Format: Two extracts from different consultations, each between a health professional and a patient. A set of incomplete medical notes relates to each extract. Candidates complete gaps in the notes with a word or short phrase heard in the extract.

No. of Qs 24 (12 per extract)

Extract 1: Questions 1-12

You hear a physiotherapist talking to a new patient called Ray Sands. For **questions 1-12**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes.

Patient	Ray Sands
18 months ago	• back injury sustained (lifting (1) <u>heavy suitcase</u>)
1 year ago	• sciatica developed
6 months ago	• clear of symptoms
Last month	• recurrence of symptoms



Part B

Task type: 3-option multiple choice

Focus: Understanding the detail, purpose, gist, etc. of everyday spoken interaction between colleagues in a healthcare setting, and also between health professionals and patients, carers and other stakeholders.

Format: Six extracts taken from different healthcare contexts.
One 3-option multiple-choice question per extract.

No. of Qs 6 (1 per extract)

Part C

Task type: 3-option multiple choice

Focus: Understanding the detailed arguments, examples and points of view expressed by a health professional who is giving a workplace presentation or taking part in an interview on a specific healthcare topic of general interest.

Format: Two extracts taken from different presentations or interviews.
Six 3-option multiple-choice questions per extract.

No. of Qs 12 (6 per extract)

Now look at question 25.

Fill the circle in completely. Example: 

25. You hear a nurse briefing her colleague about a patient.

What does she warn her colleague about?

- ☐ A The patient is allergic to some types of antibiotics.
- ☒ B Care must be taken to prevent the patient from falling.
- ☐ C Oxygen may be needed if the patient becomes breathless.

26. You hear the manager of a care home for the elderly talking to a visitor.

He says that errors in dispensing medication to patients usually result from

- ☐ A interruptions while calculating dosages.
- ☐ B a failure to check for patients' allergies.
- ☐ C administering drugs late in the day.



The three parts of the Listening sub-test

Part A:

Extracts from consultations with note-completion tasks

This part tests the candidate's ability to follow the main points of a consultation between a health professional and a patient and complete the gaps in a set of accompanying notes by retrieving specific information heard on the recording.

See sample task on pages 31-32

Each correct answer in Part A receives 1 mark.

Part A consists of two unrelated recordings. Each recording is an extract from a consultation between a health professional and a patient. Each extract is approximately five minutes in length and features two speakers. The candidate's task on the question paper represents the notes taken by the health professional during the course of the consultation, from which some key pieces of information have been omitted.

The notes follow the order of information in the consultation. The candidate's task is to follow the interaction, completing the numbered gaps in the notes with the relevant information heard in the recording. The extracts may come from a variety of healthcare settings, and may feature a range of healthcare professionals including specialists, therapists and primary-care clinicians.

Typically extracts focus on that part of a consultation where the patient is providing the background to an ongoing condition for the benefit of a health professional they are meeting for the first time but a review with the same clinician is also possible. Candidates are being tested on their ability to understand what the patient is saying, and will be expected to relate the medical language used in the notes to the everyday patient language heard in the recording. Although the notes use medical language and terminology, they do not assume specialist knowledge of any condition - nor do they attempt to replicate the particular note form, abbreviations, etc. that might be used in the real world in the particular medical context.

The gaps in the notes can be completed with a single word or short phrase that is heard in the recording. Both UK and US spellings are accepted. Candidates should not add information that is not in the recording. They have to carefully identify the cues and key words to avoid repetition. It is essential for the candidates to read the notes very carefully not to avoid adding contradictory information.

The two extracts are completely independent of each other and feature different voices in a different context. Candidates have time to read the notes for each extract before it is played. Each extract is heard **ONCE** only.

Extract 1: Questions 1-12

You hear a physiotherapist talking to a new patient called Ray Sands. For **questions 1-12**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes.

Patient	Ray Sands
18 months ago	• back injury sustained (lifting (1) <u>heavy suitcase</u>)
1 year ago	• sciatica developed
6 months ago	• clear of symptoms
Last month	• recurrence of symptoms



Part B:

Short extracts with three-option multiple-choice questions.

This part tests the candidate's ability to listen to short extracts from everyday workplace interaction and show an understanding of both the detailed medical content and also the gist or main point of what is said and what action needs to be taken as a result. The ability to infer information that is not stated explicitly may also be tested.

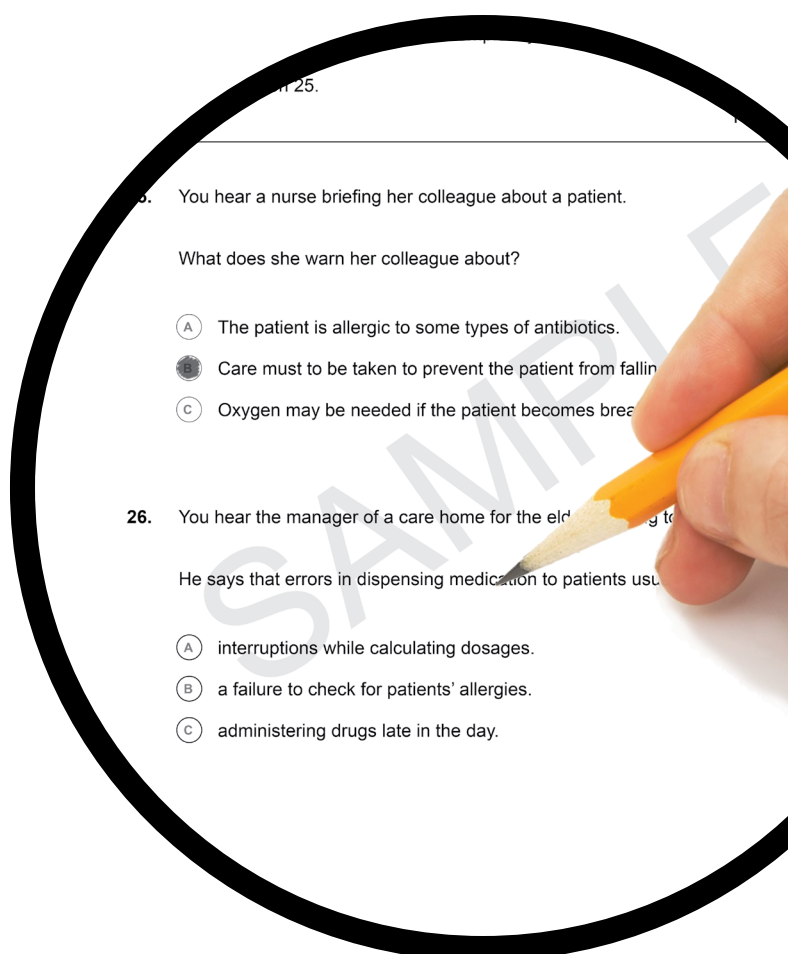
See sample task on pages 33-34

Each correct answer in Part B receives 1 mark.

Part B consists of six unrelated short extracts of approximately 1 minute each in length. The extracts are either monologues by a single professional to another professional or group of professionals, who remain silent or dialogues between health professionals who are discussing the care of patients and other practical issues in the course of their daily work, e.g. patient handovers, etc. Sometimes extracts feature interaction between health professionals and their patients or carers, but these are generally in contexts other than the formal consultation found in Part A of the test, e.g. ward rounds by hospital nurses, pharmacists, etc. In some extracts we only hear one speaker, but these are also extracts from workplace interaction, for example where health professionals are conducting briefings, etc. Extracts are taken from a wide range of real-life workplace contexts and therefore contain a wide range of interaction patterns, voices, styles of delivery, etc.

Sometimes the question will focus on a detailed understanding of the content of the recording, for example in a patient handover where priorities and concerns are identified in the context of dense medical information. In other extracts, questions might focus on the gist of what is being said. For example, in a ward briefing, it might focus on the main message that a more junior member of staff needs to take away and apply to their daily work. This could come in the form of a direct instruction, or it could come from understanding the speaker's main point or purpose. In extracts featuring interaction with patients and carers, the focus of questions is on understanding the patients' concerns and feelings, and therefore on patient language, rather than the input of the medical professional.

The six extracts are completely independent of each other and feature different voices in a different context. A context sentence sets the scene for each extract so that candidates know who they will hear and in what setting. This context sentence is both heard and printed on the question paper. Candidates then have time to read the question for each extract before it is played. Each extract is heard ONCE only.





Part C:

Long extracts with three-option multiple-choice questions.

This part tests the candidate's ability to listen to longer presentations and interviews on health related topics and to show an understanding of a range of views and perspectives, including those of the main speaker.

See sample task on pages 35-38

Each correct answer in Part C receives 1 mark.

Part C consists of two unrelated extracts of around five minutes each. The extracts may have one or two speakers. They may be workplace presentations, where one speaker is addressing a wide range of health professionals, or broadcast/podcast interviews with the health professional as the target listener.

Unlike Parts A and B of the test, the content of the extracts may not always be directly related to the workplace, but the treatment of topics mirrors that found in continuing professional development (CPD) events and materials, which are aimed at a broad range of practising health professionals, including nurses and therapists as well as doctors. Although extracts may have very specific content, the target listener is not assumed to have any specialised knowledge of the topic.

A series of three-option multiple-choice questions follows the order of information in the recording, and these questions test an understanding of the issues discussed. Questions are likely to focus on the views and experience of the main speaker, but may also explore the views and perspective of others who contribute to an understanding of the topic, and whose ideas are reported and discussed by the main speaker. This may include the views of researchers, colleagues with relevant experience and of patients themselves. Speakers often describe the experiences of a typical or interesting patient to illustrate the points being made, and this can make the subject matter more accessible to the target listener.

The two extracts are completely independent of each other and feature different voices and accents in a different context. A context sentence sets the scene for each extract so that candidates know who they will hear and what that person will be talking about. This context sentence is both heard and printed on the question paper. Candidates then have time to read the questions for each extract before it is played. Each extract is heard **ONCE** only.

... choose the answer (A, B or C) which ... listen.

... at extract one.

Extract 1: Questions 31-36

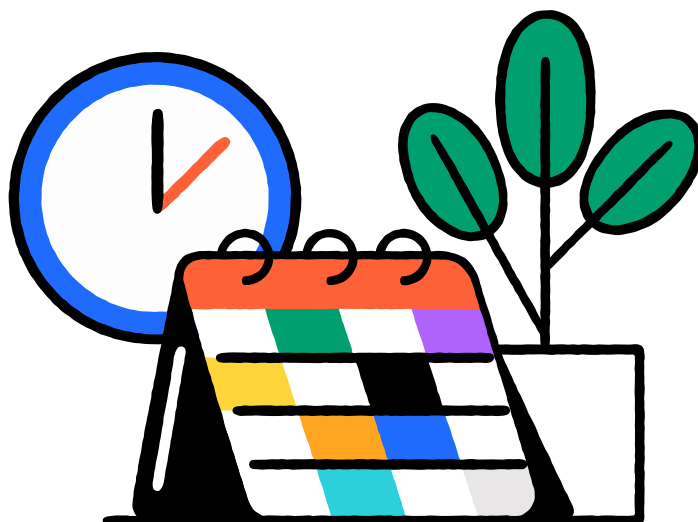
You hear an interview with a cardiologist called Dr Jack Robson.

You now have 90 seconds to read **questions 31-36**.

31. Why does Dr Robson regard Chagas as a new ...

- (A) because of the social groups it mainly affects
- (B) because patients often don't realise they're infected
- (C) because its impact is severe in a relatively small number of countries

... says that concerns over Chagas in the USA ...



PREPARATION TIPS

General

- ▶ The instructions for each task are given on the question paper and also heard on the recording. This includes information about the speakers, the topic and the context of the recording. Before each recording is heard, candidates have time to read through and think about the questions. The length of this preparation time is given on the recording and candidates can use this time to familiarise themselves with the tasks and begin to think about what they are likely to hear.

Computer based testing tip:

Encourage your students to scroll down so they can read the whole task during the reading time before each recording plays.

- ▶ A variety of voices, styles of delivery and accents is heard in each Listening sub-test to reflect the range of contexts presented in the recordings and the realities of the workplace. Candidates can expect to hear both health professionals and patients from a range of countries where English is used in the workplace, and should be ready to engage with a range of accents and idiolects. As in the real world, candidates should expect to hear patients using everyday language to describe medical conditions and their symptoms. Candidates should be encouraged to use both the situational and linguistic context to help them understand and interpret such language. During their preparation, therefore, students should be exposed to different varieties of English, to speakers of different ages and backgrounds, and to the type of language used by the layperson in medical contexts.
- ▶ Students should be encouraged to deal with the different recordings in different ways depending on the nature of the listening task. For example, the need to anticipate when they are listening for specific details and when they are required to understand the gist or main point. Many students lack strategies for extracting key information and gist meaning when they are unable to understand and decode every word or phrase. These are real-world skills that health professionals need to employ in the workplace, and so they are specifically targeted in OET Listening. Encouraging students to identify their purpose in listening and to use appropriate strategies when listening will help them to do well in both the tests and in their professional life. Focusing on the different parts of text and on the target skills required by each of the task types can help students to develop these strategies.
- ▶ Students should also be aware of how much they bring to a listening task themselves. Encourage them to use their own experience of the workplace and training contexts to anticipate the content of the recordings. The instructions provide information about the context, speakers and topic area, and this should allow students to begin to think about not just the detailed content, but also about the type of language that they are likely to hear. Students should be encouraged to use the information contained in the context sentence to help them be prepared and tune in quickly when the recording starts.



PREPARATION TIPS CONTINUED

General

- ▶ Students should also remember to use the preparation time to read through the task quickly. The task on the page also provides information about both the content of the recording and also the structure of the interaction itself. By reading the prompts in Part A and the question stems in parts B&C, the students can prepare themselves for what is likely to be discussed in each recording or each section of a longer recording. Students should be encouraged to develop strategies for using this preparation time effectively and efficiently, and also to bring their knowledge and experience to bear in terms of anticipating likely content and language, such as medical vocabulary, idiomatic expressions, etc. In Parts A and C the task on the page can guide students through the structure of the recording as they listen, and listening out for key words and phrases can help them to keep their place. Students should remember that in long recordings, questions always follow the order of information, and that language features such as discourse markers, pauses, interviewer's questions or interventions from the health professional can help to indicate changes in focus in the recording, and that this is likely to match the transition from one question to another in the task.
 - ▶ Students should be reminded to answer all the questions even if they are not sure of the answers. There is no negative marking for incorrect answers. Students should also be encouraged to go with the answers they choose as they listen rather than relying on memory in the checking time at the end of the test. This time is useful, however, for checking that all questions have been answered and that all answers in Part A are legible.
-  **Computer based testing tip:**

Time totalling two minutes is provided at the end of each extract to allow candidates time to check their answers as they go rather than as a chunk of time at the end of all the extracts. Encourage your students to use this time rather than just clicking 'Next' which will progress to the next part of the test.
- ▶ Remind students not to panic if they don't know the exact spellings of words they need to write in Part A. Minor variations in spelling may be accepted by the markers as long as the intended meaning is clear. It would be worthwhile though to build in time to revise and practise common Latin healthcare roots, affixes, prefixes, formation of plurals, commonly misheard sound pairs etc.



TYPE OF CONSULTATION

Students should be aware of the type of consultation they are likely to hear in Part A. They sometimes make wrong assumptions about this, and therefore, about the type of interaction pattern, they are likely to hear in Part A. Remind them that most consultations are likely to feature:

- ▶ a patient with a long-term or ongoing condition, and possibly comorbidities.
- ▶ part of a longer appointment with a specialist doctor, nurse or therapist.
- ▶ part of the consultation where the patient is invited to recap the history of the condition from their own point of view.
- ▶ long turns from the patient using largely non-medical language to describe symptoms, treatment, medication, etc.
- ▶ the health professional saying relatively little – but taking notes of the main points.

Remind students that in the real-world situation, the consultation has other phases which they are unlikely to hear on the recording, e.g. formal introductions and greetings, physical examinations, question-and-answer sessions led by the health professional, etc.

Remind them that they only hear an extract of a longer consultation, so they're unlikely to hear the end as the recording will fade out at an appropriate point.

If students ask why OET focuses on this phase of this type of presentation, explain that the aim of Part A is to test their understanding of what patients say and mean, as this is an important workplace skill.



TYPE OF TASK

Remind students that their task is to complete gaps in the health professional's notes. They should imagine themselves in the position of the health professional who is taking the notes.

Remind them that the notes have been written by the health professional, so will not always use the same type of language as the patient. For example, the patient may say, 'I get awful headaches that just seem to go on and on', whereas the health professional writes: Persistent headaches (severe). Students must be able to identify key words in the notes and listen for their synonyms. They should remember that the word order in the notes will not be the exact match with that in the speaker's sentence. In this example, the word 'awful' is at the beginning of the sentence, whereas the word 'severe' is at the end in the notes. 'On and on', however, which echoes the word 'persistent' is at the end of the speaker's sentence and at the beginning of the notes.

Reassure students that tasks do not use abbreviations or idiosyncratic note form. Remind them that they should also write their answers in full form.

Remind students that although the notes don't always use the same words as the recording, they will hear exactly the words they need to write, they don't need to change the form of the words or use a paraphrase.

Remind students that the information in the notes follows the order of information in the recording and that the headings are important in helping them to keep their place as they listen.

Remind students that they should only write single words or short phrases. They should not repeat the words from the cues or the task or add articles/prepositions that are not in the recording. For example, the patient might say 'some kind/type of... [key word]' but only the key word should be recorded, without the additional words, as those are not essential for medical notes.

Remind students that they might be listening for personal information (e.g. occupation) as well as medical information, and that some questions might target family medical history. They should also be very careful with possessive adjectives/personal pronouns and that those should match the patient's gender. For example, if the patient is male, then, where a pronoun or possessive adjective is needed, it must also be male. A female pronoun or possessive adjective would be marked incorrect. To illustrate, if the patient is describing where they have pain, the notes might say 'location' and in the blank space provided for the answer, the student needs to add 'his right knee'. Her right knee would be incorrect. My right knee, even though this is what the patient has said, would also be incorrect because it doesn't fit with the medical notes which are presented in the third person.

Computer based testing tip:

Reassure your students that they do not need particularly fast typing skills. Provided they can type at a similar speed to how they would write, they can feel confident their ability is sufficient.

Using the tab keyboard button, to move to the next answer space may prove more smooth than clicking with their mouse.



PREPARATION TIPS

- ✓ Encourage students to use the context sentence, which is printed on the question paper and read out on the recording to start thinking about the context. For example, **'You hear a dietitian talking to a patient'**.

Just using this information, students can already begin to predict the type of vocabulary and language they are likely to hear. In class, you can brainstorm a list of questions in pairs, e.g. 'Why are patients referred to a dietitian?' 'What type of treatments does a dietitian offer', 'What information is a dietitian likely to want from a new patient?', etc. etc. Individual students can be encouraged to produce lists under headings.

- ✓ Encourage students to read through the task and think about how the headings and notes on the page can help them as they listen. When the audio starts, they may find it helpful to circle or underline key words.

Computer based testing tip:

Underlining key words is not possible for Listening Part A on computer so if you have students taking this mode of delivery do not get them into the habit of doing this during practice.

They can still make valuable use of the time before the recording starts to anticipate the type of word that is likely to form each answer.

In class, pairs of students can predict the likely answers to certain gaps. Explain that they are unlikely to be able to predict the actual words, but that they should be able to predict the type of information they are listening for. In class, students in pairs can predict which answers are likely to be a) symptoms, b) forms of treatment, c) medication, etc. and then, by extension the word class required e.g. adjectives to describe symptoms, nouns for body parts etc. After they have listened, get students to discuss if they accurately predicted the type of information in the answer correctly and if not how to avoid this mistake next time.

- ✓ Encourage students to think about how the information is presented.

For example:

- ▶ what do they expect to hear when there is a new heading in the notes?
- ▶ What type of information is often given in brackets?
- ▶ What type of information is usually presented during the taking of a medical history?
- ▶ What type of tests and medication are likely to be given to a patient with the symptoms listed?

- ✓ Remind students to use the structure of the notes as they listen to help them keep their place and to be vigilant with the timeline of symptom development/ treatments and the dates/years/patient or relative ages in the notes. If students find it difficult at first to keep their place as they both listen and write, allow them to listen in chunks as they build up the skills, using the headings as natural divisions.

- ✓ Encourage students to write as they listen and not to leave gaps blank if they're unsure. Remind them that they have probably understood more than they think – and that they don't lose marks for wrong answers.

- ✓ Remind students of the importance of their handwriting being legible and raise this with your students if you feel the legibility of their handwriting could be an issue. Candidates are allowed to write their responses in capital letters if this is their preference or to improve the legibility of their handwriting.



TYPE OF EXTRACT

Students should be aware of the type of context, settings and interaction patterns they are likely to hear in Part B as they sometimes make wrong assumptions about this expecting something which is more academic or full of medical terms. Remind them that most extracts are most likely to be:

- ▶ interaction in an everyday workplace setting, e.g. on a hospital ward, outpatients clinic, primary-care setting, care home, community pharmacy, etc.
- ▶ part of a longer conversation between colleagues about a patient or be directly related to patient care, e.g. a handover.
- ▶ part of a longer conversation between a health professional and a patient, carer or other family member.
- ▶ part of a briefing by a more senior health professional, e.g. surgeon, nursing sister, nurse educator, etc. about practical issues related to actual patient care in the immediate workplace setting.

Remind students that Part B extracts will not feature the type of context and interaction found in Part A and Part C. So, for example, they won't hear part of a CPD presentation or interview, and if they do hear part of a conversation between a healthcare professional and a patient, it is unlikely to be a consultation of the type heard in Part A.

Remind them that they hear a number of short extracts and that these are unrelated and so will feature different speakers in different contexts. Remind them that they will be hearing an extract from a much longer interaction, but that it will be possible to answer the question just from what is heard in the extract.

If students ask why OET focuses on this type of interaction, explain that the aim of Part B is to test their understanding of instructions and briefings in the workplace, and also of the concerns of both patients and colleagues.

Explain that Part B questions often focus on the real-world skill of understanding what needs to be done in terms of patient care, and that they should imagine themselves in the position of the more junior health professional who needs to act upon what is heard.



TYPE OF TASK

Explain to students that although the question type is always the same (3-option multiple-choice), the questions in Part B will have a different wording and focus depending on the context and what needs to be understood. For example, the questions could focus on:

- ▶ what the speaker or speakers are most concerned about
- ▶ what the listener has to do next
- ▶ the main idea to take away from a set of instructions or a briefing

Remind students that most of the questions are focused on the language of the workplace and ways of interacting/communicating. Many questions test whether students can understand the gist and main idea being expressed, whether they can separate the main point from surrounding detail, and whether they understand what needs to be done.

Explain that they are not being tested on their medical knowledge, but rather on their ability to understand workplace language in the medical setting.





PREPARATION TIPS

- ✓ Remind students that they will have time to read the question before they hear each extract.
 - ✓ Encourage students to use the context sentence, which is printed on the question paper and read out on the recording to start thinking about the context. For example, 'You hear a senior nurse briefing staff on a surgical ward about new procedures'.
- Just using this information, students can already begin to predict the type of vocabulary and language they are likely to hear. In class, you can brainstorm a list of questions in pairs, e.g. 'What procedures are important on surgical wards?' 'Why might changes be made in these types of procedures?' 'What type of vocabulary and phrases do you expect to hear in a briefing?' 'How will you know what the most important points to remember are?' etc. etc. Individual students can be encouraged to produce lists under headings.
- ✓ Before they hear the extract, students are also told to read the question. Encourage them to focus on the question stem and underline the most important words – get them to think about what they are being asked and what information they are listening for. They should then read the options and underline the most important words and ideas in each. During early stages of preparation, consider use of different coloured highlighters to help make this more visual for students.
 - ✓ Tell the students that they're unlikely to hear the actual words in the answer options on the recording; they should listen for the meaning.
 - ✓ Tell them not to worry if they don't understand all the vocabulary and expressions – that they should just listen for the information they need in order to answer the question.
 - ✓ Tell students that they might hear one phrase that answers the question, or that they might need to listen to the whole extract in order to know which is the correct option and that sometimes the information has to be inferred rather than being explicitly stated.
 - ✓ Remind students that all the extracts are different and that they should think about what they are being asked.
 - ✓ Encourage students to write as they listen and not to leave questions unanswered if they're unsure. Remind them that they have probably understood more than they think – and that they don't lose marks for wrong answers.

Computer based testing tip:

Candidates are able to highlight key words in the context statement and question but not the answer options. However, as they listen, they can use the strike out option, if they wish, to eliminate an option they feel has been proven to not be the answer.



Students should be aware of the type of context, settings and interaction patterns they are likely to hear in Part C as they sometimes make wrong assumptions about this. Remind them that most extracts will feature either:

- ▶ a workplace presentation, e.g. a member of staff or visiting speaker talking to all medical staff about a topic of broad medical interest, probably related to the speaker's direct experience.
- ▶ part of a broadcast or podcast interview with a health professional on a medical topic of broad medical interest. The target listener is the medical professional.

Explain that although students may hear experts talking about their specialist field of interest or the latest research on a medical issue, these people will be aware that they are talking to nurses, therapists and non-specialist medical staff, so they won't be assuming any specialist knowledge.

Remind students that they hear two extracts and that these are unrelated and so will feature different speakers in different contexts. Remind them that they will be hearing extracts from much longer interactions, but that it will be possible to answer the question just from what is heard in each extract.

If students ask why OET focuses on this type of interaction, explain that the aim of Part C is to test their understanding of the type of input they might encounter in CPD sessions aimed at a broad range of medical staff. When listening to the recordings, students should put themselves in the position of someone attending a presentation or listening to a podcast for general professional interest.

Explain that Part C is often focused on the real-world skill of understanding the main ideas being presented or discussed and the ideas and attitude of the main speaker as well as the views on the topic held by other people that he or she mentions.

Remind students that speakers in Part C often describe the experiences of individual patients to illustrate the points they are making and will often discuss the implications of the issues discussed for everyday practice in the healthcare workplace.

Remind them that they only hear an extract, so they will not necessarily hear the end of the interview or presentation.



TYPE OF TASK

Explain to students that the question type is always the same (3-option multiple-choice), the questions in Part C will have a different wording and focus depending on the context and what is being discussed. For example, the questions could focus on:

- ▶ the experiences and views of the main speaker
- ▶ the experiences and views of other healthcare professionals or of a specific patient
- ▶ the reasons why things happen, change or need changing
- ▶ the lessons to be learnt from experience
- ▶ the force of examples and case studies
- ▶ the ideas of different experts and researchers
- ▶ recommendations and suggestions for improvements

Remind students that the six questions on one recording are likely to have a range of focuses.

Explain that they are not being tested on their medical knowledge, but rather on their ability to understand the ideas and views being discussed.



PREPARATION TIPS

- ✓ Remind students that they will have time to read the question before they hear each extract.
 - ✓ Encourage them to use the context sentence, which is printed on the question paper and read out on the recording to start thinking about the context. For example, 'You hear an interview with Dr Pauline Lee who's talking about her research into the nature of pain'
- Just using this information, students can already begin to predict the type of vocabulary and language they are likely to hear. In class, you can brainstorm a list of questions in pairs, e.g. 'What different types of pain are there?', 'Why might Dr Lee be interested in studying different types of pain?', 'What questions would you ask her if you were conducting the interview?' 'What type of vocabulary and phrases do you expect to hear in an interview on this topic?' etc. Individual students can be encouraged to produce lists under headings.
- ✓ Before they hear the extract, students are also given time to read the questions. Encourage them to focus on the question stem and underline the most important words – get them to think about what they are being asked and what information they are listening for. They should then read the options and underline the most important words and ideas in each.

Computer based testing tip:

Like for Listening Part B, computer based testing candidates can highlight key words in the context statement and question and make use of the strike out option to eliminate answers while they listen.

- ✓ Remind students that there are six questions in the task, and that the interviewer also asks six questions. The interviewer's questions tell them that they should move onto the next question in the task.
- ✓ Remind students that the context sentence will also tell them if the recording is a presentation, e.g. 'You hear a presentation by an orthopaedic specialist called John Bevan in which he describes the case of Lucy, a patient with osteoporosis'.

Just using this information, students can already begin to predict the type of vocabulary and language they are likely to hear. In class, you can brainstorm a list of questions in pairs, e.g. 'What type of treatments does an orthopaedic specialist administer?' 'Why might a patient with osteoporosis be referred to an orthopaedic specialist?' 'What type of vocabulary and phrases do you expect to hear in a presentation on this topic featuring a case study?' etc. Individual students can be encouraged to produce lists under headings.

- ✓ Ask students to think about the differences between an interview and a presentation.
- ✓ Ask them what tells you that the speaker is moving on to the next section of a presentation. Point out that pauses, discourse markers and topic sentences in a presentation perform a similar function to the questions in an interview.
- ✓ Remind students that the questions follow the order of information in the recording and that the questions are important in helping them to keep their place as they listen.
- ✓ Tell the students that they're unlikely to hear the actual words in the options on the recording; they're listening for the meaning and the speaker's point of view.
- ✓ Tell them not to worry if they don't understand all the vocabulary and expressions; they should just listen for the information they need in order to answer the question.
- ✓ Tell students that they may hear one phrase that answers the question, or that they might need to listen to the whole section of the recording in order to know which is the correct option.



PREPARATION TIPS CONTINUED

- ✓ Remind students that there might be sentences/ wording that are VERY close to the distractors but they should not rush to shade the circle as soon as they hear what they think is relevant information. They should let the speaker(s) finish the idea/point/ example and draw conclusions, as, in the end, that information could contradict the actual key.
- ✓ Encourage students to answer the questions as they listen and not to leave questions unanswered if they're unsure. Remind them that they have probably understood more than they think and that they don't lose marks for wrong answers.
- ✓ Teach your students the habit of listening for evidence as to why the distractors don't fit as an answer as well as finding evidence in what they hear to support the key. If they find it helpful, they can strike out an answer, while listening, when they have heard evidence which proves it doesn't fit. During feedback, and perhaps working with the script, get your students to justify the key and the distractors with evidence from what has been said.



To Access the Listening Test
Audio click the speaker Icon:



Occupational English Test

Listening Test

This test has three parts. In each part you'll hear a number of different extracts. You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answer.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1 to 24**, complete the notes with information you hear.



Extract 1: Questions 1-12

You hear an ophthalmologist talking to a patient called Dominic De Sousa. For **questions 1-12**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes

Patient: Dominic De Sousa

History of the condition

- has worn glasses for five years (age-related myopia)
- symptoms first apparent in poor **(1)** _____
- left eye affected
- rapid deterioration in vision
- has recently stopped working as a **(2)** _____

Optician consultation

- possible **(3)** _____ observed in left eye
- lutein preparation prescribed
- increased intake of **(4)** _____ recommended
- **(5)** _____ suspected (cause for concern)

Presenting Symptoms

Left Eye:

- problems judging **(6)** _____ of objects
- central vision is **(7)** _____
- describes changes as 'unnerving'

General Vision:

- **(8)** _____ vision unaffected
- has stopped **(9)** _____

Treatment

- asked for clarification regarding **(10)** _____ (to be administered)
- to test for suspected leaking **(11)** _____ (treatment options explained)
- expressed concern about possible need for **(12)** _____



Extract 2: Questions 13-24

You hear a neurologist talking to the father of a nine-year-old boy called Tony, who's recently started having seizures. For **questions 13-24**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes.

Patient: Tony Fitzgerald (9 years old)

Presenting symptoms

- Seizures started six weeks ago
- Described by paediatrician as **(13)** _____
- Seizures:
 - begin with a **(14)** _____ on face
 - he's unable to respond
 - his mouth makes **(15)** _____ movements
 - last for up to two minutes – recovery a little longer
- Post-seizure
 - limited recall of event
 - reports feeling **(16)** _____ during seizure
 - is tired afterwards
 - often suffers from **(17)** _____

Social history

- performing well academically
- is **(18)** _____ (like maternal grandfather)
- recently diagnosed as **(19)** _____

Medical history

- Birth:
 - born 42wks+ by emergency c-section
 - received **(20)** _____ straight afterwards
 - had mild **(21)** _____
- At 13 months:
 - had a viral infection
 - experienced a one-off **(22)** _____

Family history

- mother is of **(23)** _____ heritage
- mother suffers from **(24)** _____



Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25-30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

- 25.** You hear a dentist talking to a trainee dental nurse.

What is he explaining?

- ☐ (A) what to do in the event of accidental injury to a patient
- ☐ (B) the need to put patients at ease before a procedure
- ☐ (C) the proper positioning of a piece of equipment

- 26.** You hear two nurses in a GP surgery discussing a case of chicken pox.

What are they both concerned about?

- ☐ (A) the possibility of contagion amongst other patients
- ☐ (B) the risks to members of the patient's family
- ☐ (C) the severity of the patient's condition

- 27.** You hear an anaesthetist talking to a patient.

What is she doing?

- ☐ (A) explaining why he must stop his regular medication before surgery
- ☐ (B) confirming a previous adverse reaction he experienced
- ☐ (C) advising him to discuss his concerns with the surgeon



28. You hear a woman telling a practice nurse about her son's ear condition.

What is she most concerned about?

- ☐ (A) the effects on her son's hearing
- ☐ (B) the use of certain medicines
- ☐ (C) the prospect of surgery

29. You hear an ear, nose and throat (ENT) consultant describing a recent cancer case he was involved in.

The unusual thing about the case was

- ☐ (A) shrinkage of the tumour occurring relatively quickly.
- ☐ (B) bone erosion not showing up immediately on the scans.
- ☐ (C) CSF leakage being detected so long after the first operation.

30. You hear a surgeon and an anaesthetist briefing their team before an operation.

They point out that post-operative care may be complicated by the patient's

- ☐ (A) poor respiratory health.
- ☐ (B) previous surgical history.
- ☐ (C) problems with blood clotting.

That is the end of Part B. Now look at Part C.



Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31-42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. Complete your answers as you listen.

Now look at extract one.

Extract 1: Questions 31-36

You hear an interview with Dr Pauline Lee about her research into the nature of pain.

You now have 90 seconds to read **questions 31-36**.

31. Dr Lee refers to irritable bowel syndrome and fibromyalgia to make the point that

- ☐ (A) some types of pain have no obvious cause.
- ☐ (B) pain may come from a combination of causes.
- ☐ (C) some types of pain are more severe than others.

32. What finding from an experiment on the nature of pain does Dr Lee describe?

- ☐ (A) People may exaggerate their pain to get faster treatment.
- ☐ (B) Pain may be unrelated to the seriousness of an injury.
- ☐ (C) Only a few types of injuries cause high levels of pain.

33. Dr Lee says that one serious result of congenital insensitivity to pain is

- ☐ (A) infections resulting from joint immobility.
- ☐ (B) internal bleeding caused by tissue harm.
- ☐ (C) severe sprains due to inappropriate exercise.



34. Dr Lee says it is difficult to help people who feel no pain because
- (A) their bodies are unable to repair damaged nerves.
 - (B) they often fail to understand the cause of their condition.
 - (C) they find it difficult to learn to avoid dangerous situations.
35. Dr Lee's team are trying to find out about pain-related brain activity in volunteers by
- (A) asking them to prick their arm or leg with a pin.
 - (B) making them experience pain without any physical contact.
 - (C) telling them to imagine that they are feeling different kinds of pain.
36. Dr Lee is involved in a new development which involves studying
- (A) why pain is worse when people's emotions are involved.
 - (B) whether patients can be helped to develop a positive attitude to pain.
 - (C) how the sensation of pain can be transferred from one person to another.

Now look at extract two.



Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 37-42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. Complete your answers as you listen.

Now look at extract two.

Extract 2: Questions 37-42

You hear a presentation by an orthopaedic specialist called John Bevan in which he describes the case of Lucy, a patient with osteoporosis.

You now have 90 seconds to read **questions 31-36**.

37. What convinced Lucy that she needed to see a doctor?

- ☐ A She felt her body shape was changing.
- ☐ B She found her back pain unbearable.
- ☐ C She was very tired all the time.

38. John thinks that Lucy's GP should have

- ☐ A referred her to a specialist sooner.
- ☐ B asked her more questions.
- ☐ C given her different advice.

39. The first time John met Lucy, he formed the impression that

- ☐ A she felt uncomfortable about revealing certain information.
- ☐ B she understood what a healthy lifestyle involved.
- ☐ C she was trying to do too much at home.



40. It was decided that Lucy should have back surgery because it would
- (A) slow the advance of her osteoporosis.
 - (B) be less risky than alternative treatments.
 - (C) have a good psychological impact on her.
41. How does John feel about Lucy's future prospects?
- (A) unsure whether she'll need to take medication long-term
 - (B) worried about what her health will be like in old age
 - (C) confident that she can return to a normal family life
42. John thinks Lucy's case is significant because it acts as a reminder of
- (A) how many younger people suffer from osteoporosis.
 - (B) how rapidly treatments for osteoporosis are improving.
 - (C) how little awareness the general public has of osteoporosis.

This is the end of the listening test.



Key to Listening Sample Test - Questions 1 - 6

Q1: light

The patient talks about how 'five years ago' he 'had to get glasses' [first bullet point], and then goes on to talk about 'this latest problem' explaining that 'there wasn't much light. And I suddenly realised that I was struggling to see where I was going'. Key words in the question: first apparent, poor. Key words in the script: much worse, quite suddenly, dusk, dark. The grammar of the gap suggests an uncountable noun, likely to be related to visibility due to use of 'poor' ahead of the gap and typical collocations for poor relating to eyesight.

Q2: volunteer

He explains that: 'I was doing some volunteer work for a charity, but I've had to give that up.' Key words in the question: recently stopped, working. Key words in the script: was doing some, had to give that up. The grammar of the gap suggests a countable noun starting with a consonant likely to be a job role due to the mention of 'working' ahead of the gap.

Q3: drusen

He explains that the optician 'thought he could see what he called drusen at the back of my left eye'. Key words in the question: possible, observed, left eye. Key words in the script: see, thought, left eye. The grammar of the gap suggests an uncountable noun likely to be a type of eye condition or problem due to use of 'possible' ahead of the gap.

Q4: green vegetables

He explains that the optician also 'suggested I should take a preparation that's high in lutein' [second bullet point]. Then he goes on to say: 'He also said I should up my levels of green vegetables.' Key words in the question: increased intake, recommended. Key words in the script: should up, levels. The grammar of the gap suggests an uncountable or plural noun, likely to be a type of supplement or other health promotor due to use of 'intake of' ahead of the gap.

Q5: macular degeneration

He says that after his visit to the optician, 'when I looked online at what he said, it seemed to suggest I'd got macular degeneration, so that was frightening.' Key words in the question: suspected, cause for concern. Key words in the script: suggest, frightening. The grammar of the gap suggests a noun likely to be the name of an (eye) condition due to 'cause for concern' after the gap.

Q6: size

When talking about his left eye [third heading, first sub-heading], he says 'I find it hard to estimate size, you know things look smaller with my left eye than they do with the right.' Key words in the question: problems, judging, objects. Key words in the script: hard, estimate, things. The grammar of the gap suggests a noun likely to be a qualifying noun related to colour, distance, size due to 'judging' ahead of the gap and 'of objects' after the gap.



Key to Listening Sample Test - Questions 7 - 12

Q7: blurred

Still talking about the left eye, he goes on to say 'the area right in the middle is blurred. It's actually it's all quite unnerving.' Key words in the question: central vision. Key words in the script: right in the middle. The grammar of the gap suggests an adjective likely to be a word to describe either good or bad vision due to noun + verb (is) ahead of the gap.

Q8: peripheral

When asked about his general vision [second sub-heading], he says 'The optician said I had no problems with my peripheral vision, and there's been no change in that as far as I can see.' Key words in the question: vision unaffected. Key words in the script: no problems, vision, no change. The grammar of the gap suggests an adjective likely to be a word which typically collocates with good vision due to 'vision unaffected' after the gap.

Q9: night driving

'I recently decided I should give up night driving. I just felt my vision wasn't good enough any more.' Key words in the question: stopped. Key words in the script: give up. The grammar of the gap suggests a gerund likely to be an activity which would be difficult with poor eyesight due to 'has stopped' ahead of the gap.

Q10: (an) angiogram

He says: 'I read in the leaflet you sent me that you might want to carry out an angiogram.' Key words in the question: asked, clarification regarding, to be administered. Key words in the script: read, leaflet, carry out, is that, tests, thinking of? The grammar of the gap an uncountable noun, likely to be a type of treatment applied to the eye due to the section heading 'treatment' and 'regarding' ahead of the gap.

Q11: blood vessel

The doctor says: 'The reason for doing this is to establish whether perhaps your problems are being caused by a blood vessel there which may be leaking. Key words in the question: test, suspected leaking. Key words in the script: specialist test, establish whether perhaps, leaking. The grammar of the gap suggests a noun likely to be a word which collocates with leaking in relation to part of the eye due to 'leaking' ahead of the gap.

Q12: laser surgery

He says: 'Another thing I read about is laser surgery ... because I'd be really worried about having that..' Key words in the question: concern, possible need. Key words in the script: laser surgery, is that the treatment...? really worried. The grammar of the gap suggests an uncountable noun likely to be the name of a procedure which patients would typically dislike due to use of 'concern... possible need of' ahead of the gap.



Key to Listening Sample Test - Questions 13 - 18

Q13: episodes of confusion

The neurologist begins by establishing Tony's age and how long he's been having seizures [first bullet point]. Tony's father then explains that the boy was experiencing what the paediatrician called 'episodes of confusion.' Key words in the question: described, paediatrician. Key words in the script: paediatrician, he called. The grammar of the gap suggests an adjective or noun, likely to be a word which collocates with seizures due to use of 'described...as' ahead of the gap.

Q14: vacant look

When asked to describe the seizures [third bullet point], Tony's father says: 'I suppose the first thing we notice is that he gets this kind of 'vacant look'. Key words in the question: begin with, face. Key words in the script: first thing, notice. The grammar of the gap suggests a noun starting with a consonant (or adjective + noun) likely to be a type of expression due to 'on face' after the gap.

Q15: chewing

Tony's father goes on to explain that: 'Later, we noticed that his mouth moves – it's as if he was chewing something', before explaining how long he takes to recover [third bullet fourth point] Key words in the question: mouth, makes, movements. Key words in the script: mouth, moves. The grammar of the gap suggests an adjective, likely to be a word relating to mouth activity due to 'mouth' ahead of the gap and 'movements' after the gap.

Q16: frightened

When asked what happens after a seizure [fourth bullet point], Tony's father explains that the boy 'hardly remembers anything about it'. He then says that Tony 'becomes frightened whilst the attacks are happening, and feels exhausted afterwards'. Key words in the question: reports feeling, during seizure. Key words in the script: he's told us, whilst attacks happening. The grammar of the gap suggests an adjective, likely to be a negative emotion due to 'feeling' ahead of the gap.

Q17: (really bad) headaches

Tony's father says that his son: 'Also complains about having really bad headaches, though that doesn't happen every time.' Key words in the question: often, suffers from. Key words in the script: complains about, doesn't happen every time. The grammar of the gap suggests a noun, likely the name of a symptom due to 'suffers from' ahead of the gap.

Q18: ambidextrous

When talking about Tony's education (first bullet point), his father says 'One thing that's slightly unusual about Tony is that he's ambidextrous – going on to explain that his teacher has noticed that he often writes with both hands in the same session.' Key words in the question: like maternal grandfather. Key words in the script: runs in the family, wife, her father, too. The grammar of the gap suggests an adjective, likely to be a genetic trait due to 'is' ahead of the gap and 'like maternal grandfather' after the gap.



Key to Listening Sample Test - Questions 19 - 24

Q19: (mildly) dyslexic

Tony's father explains that, 'we've just had confirmation that he's mildly dyslexic.' Key words in the question: recently, diagnosed. Key words in the script: just had confirmation. The grammar of the gap suggests an adjective, likely to be a kind of medical condition which children are diagnosed with due to 'as' ahead of the gap.

Q20: (a course of) antibiotics

When asked about Tony's birth, his father explains that the boy was 'born by caesarean' [third heading first bullet] He then goes on to say: 'Then, he had an infection that needed a course of antibiotics'. Key words in the question: received, straight afterwards. Key words in the script: caesarean, began that immediately. The grammar of the gap suggests a noun likely to be a kind of treatment provided to neonates due to 'received' ahead of the gap.

Q21: jaundice

Tony's father explains that the boy 'did have a touch of jaundice. That soon disappeared without any need for further intervention.' Key words in the question: mild. Key words in the script: a touch of. The grammar of the gap suggests a noun likely to be a kind of condition typically experienced by neonates due to 'mild' ahead of the gap.

Q22: febrile seizure

Tony's father explains that 'about a month after his first birthday' [third heading, second bullet], Tony contracted a virus 'that brought on a febrile seizure' He goes on to explain that 'That was the only one he's ever had'. Key words in the question: experienced, one-off. Key words in the script: virus, brought on, only one he's had. The grammar of the gap suggests a noun, likely to be an uncommon symptom or condition linked to viral infections in babies due to 'a one-off' ahead of the gap.

Q23: Chinese

Tony's father says: 'My wife's parents are Chinese, so Tony's learnt both languages from when he was a baby. Key words in the question: mother, heritage. Key words in the script: wife's parents. The grammar of the gap suggests an adjective, likely the name of a nationality due to 'heritage' after the gap.

Q24: sciatica

Tony's father mentions that 'my wife does get sciatica from time to time.' Key words in the question: mother, suffers from. Key words in the script: wife, get. The grammar of the gap suggests a noun likely to be the name of a symptom or medical condition due to 'suffers from' ahead of the gap.



Key to Listening Sample Test

Questions 25 - 28

Q25

- A** ✗ Option A isn't the correct answer because although he mentions injury as a possible outcome of incorrect positioning, he doesn't talk about what to do if that happens.
- B** ✗ Option B isn't the correct answer because although he mentions the possibility that patients may become anxious, he's talking about during the procedure not before.
- C** ✓ Option C is the correct answer because the dentist is explaining how to use a device (a piece of equipment) and is telling the nurse how to use it. He says 'don't put it straight down the centre of the throat' and 'don't press against the soft tissue of the cheek' (both incorrect positions) and explains why, then says 'use it in the corners' (the proper position).

Q26

- A** ✓ Option A is the correct answer because you are listening for what they are 'both' concerned about. The female nurse says: 'Let's hope nobody else in the waiting room's picked it up.' And the male nurse says: 'I don't like the idea of people coming into the clinic getting infected.' So they are both concerned about the same thing.
- B** ✗ Option B isn't the correct answer because although both nurses talk about the man's wife (the patient's mother), they aren't concerned about her catching chicken pox – as both parents have already had it. No other family members are mentioned.
- C** ✗ Option C isn't the correct answer because although they agree that the baby's rash looked bad initially, they now agree that it is 'just a classic case of chicken pox' and 'the blister-like spots confirm it' – so they aren't unduly worried.

Q27

- A** ✗ Option A isn't the correct answer because the patient has already been given this information, and the anaesthetist is aware of his reaction to it. He doesn't ask for an explanation and she doesn't provide one.
- B** ✓ Option B is the correct answer because when the anaesthetist says: 'You had minor surgery last year and didn't respond well to the anaesthetic, I believe.', she's checking with him that this information is correct, which he confirms: 'a bit of nausea, yes, but it didn't last long.'
- C** ✗ Option C isn't the correct answer because the surgeon has already 'had a word' with the patient. Although she says that the surgeon 'can go into more detail with you', she isn't advising this, and the patient doesn't take up the offer, saying 'I'm pretty clear on things now thanks' – in other words, he has no 'concerns' to discuss.

Q28

- A** ✗ Option A isn't the correct answer because the mother says: 'I'm not sure if he's suffering from hearing loss – it's hard to tell'. This isn't her 'main concern' at the moment.
- B** ✓ Option B is the correct answer because the mother says: 'I think what he's been given really isn't doing him any good .. I feel he needs another solution.' This phrase tells us that this is her main concern at the moment.
- C** ✗ Option C isn't the correct answer because the mother says that she'd 'definitely be in favour' of the boy having an operation.



Key to Listening Sample Test

Questions 29 & 30

Q29

- | | | |
|----------|----------|--|
| A | x | Option A isn't the correct answer because the consultant doesn't talk about how quickly the tumour shrinks, only that this happens. |
| B | x | Option B isn't the correct answer because although the consultant talks about bone imaging scans, there is no suggestion that these failed to pick up evidence of bone erosion. Indeed, he suggests administering them earlier so that it can be picked up sooner. |
| C | ✓ | Option C is the correct answer because the consultant says: 'We'd expect to see this [CSF leakage] soon after treatment of the tumour, but with this case it occurred thirteen months later.' |

Q30

- | | | |
|----------|----------|---|
| A | ✓ | Option A is the correct answer because both speakers refer to this. The surgeon says: 'He's had recurrent UTIs as well as respiratory infections' and the anaesthetists says the patient is 'at high risk of developing a post-op chest infection.' |
| B | x | Option B isn't the correct answer because although they both mention the patient's back surgery, this is not the issue complicating his post-operative care. |
| C | x | Option C isn't the correct answer because although the surgeon mentions blood clotting, this is not the issue complicating his post-operative care. |



Extract 1

Key to Listening Sample Test

Questions 31 - 34

Q31

- | | | |
|----------|---|--|
| A | ✓ | Option A is the correct answer because Dr. Lee says 'The thing that underlies these different examples of chronic pain... is that there isn't any disease process that can account for them.' |
| B | ✗ | Option B isn't the correct answer because although different types of pain are mentioned connected to the two different examples, there is no discussion of different causes of pain. |
| C | ✗ | Option C isn't the correct answer because although different types of pain are mentioned connected to the two different examples, there is no discussion of the severity of pain in either case. |

Q32

- | | | |
|----------|---|---|
| A | ✗ | Option A isn't the correct answer because although Dr. Lee explains that some patients reported more pain than would be expected, she doesn't speculate about their motives for this. |
| B | ✓ | Option B is the correct answer because Dr. Lee describes research which found only 20% of patients describe the level of pain that 'you'd expect for their injury'. Most reported less or more pain than would be expected. |
| C | ✗ | Option C isn't the correct answer because although some of the patients in the study had 'nasty injuries', Dr. Lee doesn't tell us what these were and doesn't suggest that only these led to high levels of pain. |

Q33

- | | | |
|----------|---|---|
| A | ✓ | Option A is the correct answer because Dr. Lee explains that 'blood gets trapped in the joints, it pools there, which means bacteria can multiply.' This situation is worsened if patients do not 'make movements' in response to pain. |
| B | ✗ | Option B isn't the correct answer because Dr. Lee doesn't talk about internal bleeding as a result of congenital insensitivity, but rather the effect of congenital insensitivity on injuries. |
| C | ✗ | Option C isn't the correct answer because Dr. Lee doesn't talk about sprains bleeding as a result of congenital insensitivity, but rather the effect of congenital insensitivity on existing injuries. |

Q34

- | | | |
|----------|---|--|
| A | ✗ | Option A isn't the correct answer because although Dr. Lee talks about nerves which don't function, she doesn't talk about attempting to repair them. |
| B | ✗ | Option B isn't the correct answer because Dr. Lee doesn't suggest that the patients are unaware of the issues, only that they haven't developed automatic responses. |
| C | ✓ | Option C is the correct answer because Dr. Lee says that if you don't feel pain, 'it's hard to teach yourself to keep away from the kind of things that might harm you'. |



Extract 1

Key to Listening Sample Test

Questions 35 & 36

Q35

- | | | |
|----------|----------|--|
| A | x | Option A is the correct answer because Dr. Lee says 'The thing that underlies these different examples of chronic pain .. is that there isn't any disease process that can account for them.' |
| B | ✓ | Option B is the correct answer because Dr. Lee says: 'We make them experience pain without receiving a direct stimulus to any part of their body, so with no direct contact at all.' |
| C | x | Option C isn't the correct answer because although different types of pain are mentioned connected to the two different examples, there is no discussion of the severity of pain in either case. |

Q36

- | | | |
|----------|----------|---|
| A | x | Option A isn't the correct answer because Dr. Lee doesn't talk about people's emotions. |
| B | x | Option B isn't the correct answer because Dr. Lee doesn't talk about people's attitudes to pain itself. |
| C | ✓ | Option C is the correct answer because Dr. Lee says: 'when they observe someone else in pain, it triggers an experience of pain in them too.' |



Extract 2

Key to Listening Sample Test

Questions 37 - 40

Q37

- | | | |
|----------|---|---|
| A | ✓ | Option A is the correct answer because John says: 'What eventually prompted her (Lucy) to seek help was a sense that her entire posture was different.' |
| B | ✗ | Option B isn't the correct answer because although John tells us that Lucy had 'sharp twinges (pain), particularly in her back', this wasn't what prompted her visit to the doctor. |
| C | ✗ | Option C isn't the correct answer because although John tells us that Lucy 'felt deeply fatigued' (tired), this wasn't what prompted her visit to the doctor. |

Q38

- | | | |
|----------|---|--|
| A | ✗ | Option A isn't the correct answer because John feels that Lucy's GP made a 'perfectly logical response' to her symptoms. |
| B | ✓ | Option B is the correct answer because John tells us that 'one thing he didn't do ... was spend much time delving into the details of how she (Lucy) was feeling and her background.' John says that this 'could be regarded as a missed opportunity.' |
| C | ✗ | Option C isn't the correct answer because John feels that Lucy's GP gave reasonable advice based on what he knew when he 'recommended she rest and 'see how things develop'. |

Q39

- | | | |
|----------|---|---|
| A | ✗ | Option A isn't the correct answer because Lucy clearly told John about her feelings of embarrassment and inadequacy and about her mother's illness. He didn't need to 'form an impression' about these things. |
| B | ✓ | Option B is the correct answer because John tells us that Lucy 'obviously knew what was required and what it felt like to be strong and fit.' He mentions her diet and exercise regime in support of this idea. |
| C | ✗ | Option C isn't the correct answer because John tells us that she 'could hardly do anything because of the pain' and that her partner 'ended up doing everything.' |

Q40

- | | | |
|----------|---|--|
| A | ✗ | Option A isn't the correct answer because the back surgery was intended to ease the pain from fractured vertebrae, whereas osteoporosis was a 'probable secondary complication' of the Cushing's disease. |
| B | ✗ | Option B isn't the correct answer because there is no discussion of the relative risks of the alternative, which was 'bed rest, painkillers and physiotherapy.' |
| C | ✓ | Option C is the correct answer because John tells us: 'The advantage of this procedure was that it would provide almost immediate pain relief which would enable Lucy to face up to the other treatment she required.' |



Extract 2

Key to Listening Sample Test

Questions 41 & 42

Q41

- | | | |
|----------|----------|--|
| A | x | Option A isn't the correct answer because although John talks about the need for ongoing medication, he says 'I don't see why this should be a major issue for her.' |
| B | x | Option B isn't the correct answer because although John mentions the menopause, he doesn't discuss Lucy's health in old age. |
| C | ✓ | Option C is the correct answer because John says: 'I see no reason why, eventually, she (Lucy) shouldn't be able to do everything she used to'. |

Q42

- | | | |
|----------|----------|--|
| A | ✓ | Option A is the correct answer because John says: 'What's striking about Lucy is that she's still in her thirties.' He points out that although there's an assumption that osteoporosis 'only affects a certain demographic, this is 'by no means the case.' |
| B | x | Option B isn't the correct answer because although John talks about new drugs, he's talking about the next ten years rather than any rapid improvement. |
| C | x | Option C isn't the correct answer because although John thinks that 'the information is out there, but people choose not to listen', this isn't what 'Lucy's case acts as a reminder of'. |



Key:

1. light
2. volunteer
3. drusen
4. green vegetables
5. macular degeneration
6. size
7. blurred
8. peripheral
9. night driving
10. (an) angiogram
11. blood vessel
12. laser surgery
13. episodes of confusion
14. vacant look
15. chewing
16. frightened
17. (really bad) headaches
18. ambidextrous
19. (mildly) dyslexic
20. (a course of) antibiotics
21. jaundice
22. febrile seizure
23. Chinese
24. Sciatica
24. sciatica



LISTENING SUB-TEST MARK SCHEME PARTS B & C

Teachers' Handbook 2021

PART B: QUESTIONS 25-30		
25	C	the proper positioning of a piece of equipment
26	A	the possibility of contagion amongst other patients
27	B	confirming a previous adverse reaction he experienced
28	B	the use of certain medicines
29	C	CSF leakage being detected so long after the first operation.
30	A	poor respiratory health.

PART C: QUESTIONS 31-36		
31	A	some types of pain have no obvious cause.
32	B	Pain may be unrelated to the seriousness of an injury.
33	A	infections resulting from joint immobility.
34	C	they find it difficult to learn to avoid dangerous situations.
35	B	making them experience pain without any physical contact.
36	C	how the sensation of pain can be transferred from one person to another.

PART C: QUESTIONS 37-42		
37	A	She felt her body shape was changing.
38	B	asked her more questions.
39	B	she understood what a healthy lifestyle involved.
40	C	have a good psychological impact on her.
41	C	confident that she can return to a normal family life
42	A	how many younger people suffer from osteoporosis.



OCCUPATIONAL ENGLISH TEST. SAMPLE TEST ONE. LISTENING TEST.

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: ---***---.

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test, you'll have two minutes to check your answers.

Part A. In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient. For questions 1 to 24, complete the notes with information that you hear. Now, look at the notes for extract one.

PAUSE: 5 SECONDS

Extract one. Questions 1 to 12.

You hear an ophthalmologist talking to a patient called Dominic De Sousa. For questions 1 to 12, complete the notes with a word or short phrase that you hear. You now have thirty seconds to look at the notes.

PAUSE: 30 SECONDS

---***---

- F Now, Mr De Sousa, I've got your notes here, but I wonder if you could tell me, in your own words, when you first had problems with your eyes, how the condition developed, what treatment you've had, and anything else you think I should know.
- M Yes, of course. Well, I've got the usual age-related problems with my eyes. I started getting short-sighted about five years ago, soon after I retired, so I had to get glasses for that. But with this latest problem, I realised that my eyes had got much worse quite suddenly. What happened was I was walking home at dusk one evening. It was getting dark and there wasn't much light. And I suddenly realised that I was struggling to see where I was going. And that wasn't all - I noticed that I could see much better out of my right eye than I could out of my left. It was all a bit worrying.
- F: Yes, I see.
- M: I mean this was quite recently, but after that my eyesight got worse fairly rapidly. I mean, I was doing some volunteer work for a charity, but I've had to give that up – well for the time-being at least.



- F I see. And you've been to see a local optician.
- M Yes – I didn't know what else to do. He did some tests, and then said he thought he could see what he called drusen at the back of my left eye. So he referred me here for further investigation. But he did suggest in the meantime that I should take a preparation that's high in lutein. He also said I should up my levels of green vegetables – well, that's sensible anyway - so I've done that. I was quite worried after that visit, as when I looked online at what he'd said, it seemed to suggest I'd got macular degeneration, so that was really frightening.
- F Well, your optician was right to refer you, and from what you've described, that is a possible diagnosis, but we need to do more tests to see if that is the case or not. So what's the situation now?
- M Well, I can't see very well using my left eye - something's definitely wrong there. Like, I find it hard to estimate size, you know, things look smaller with my left eye than they do with my right. But apart from that, the area right in the middle is blurred. It's actually .. it's all quite unnerving.
- F I can imagine. And how's your general vision?
- M Well, let's think. The optician said that I had no problems with my peripheral vision, and there's been no change in that as far as I can tell. And I'm still coping day-to-day. I mean, I can still manage things like watching TV, which I'm grateful for. But I recently decided I should give up night driving. I just felt my vision wasn't good enough any more. Actually, I read in the leaflet you sent me that you might want to carry out an angiogram. Is that one of the tests you're thinking of?
- F One of them, yes.
- M Could you tell me a bit more about that, please?
- F Well, it's quite a specialist test. What it would do is allow us to see the back of your eye. And the reason for doing this is to establish whether perhaps your problems are being caused by a blood vessel there which may be leaking, and it could be that which is affecting your vision.
- M I see. Another thing I read about is laser surgery. Is that the treatment for that condition? - because I'd be really worried about having that.



- F Well, we need to do the test first. And anyway, even if that is the cause, this condition can settle by itself. If it doesn't, there are various treatments we can offer. Yes, laser surgery is a possibility, but we're not at that point yet.
- M I see.
- F So we'll do the test, but what I'd like to suggest in the meantime are a few things you can do to help your situation [fade]

Extract two. Questions 13 to 24

You hear a neurologist talking to the father of a nine-year-old boy called Tony, who's recently started having seizures. For questions 13 to 24, complete the notes with a word or short phrase that you hear. You now have thirty seconds to look at the notes.

PAUSE: 30 SECONDS

---***---

- F: So, Mr Fitzgerald, I understand that Tony's nine and his seizures started about six weeks ago?
- M: Yes, that's right. The paediatrician was worried because Tony was experiencing what he called 'episodes of confusion'. That's why he recommended this neurological evaluation.
- F: I see. So what happens when Tony has a seizure?
- M: I suppose the first thing we notice is that he gets this kind of vacant look. We didn't understand what was happening at first – why it was that he didn't seem to answer our questions. But he's since told us that he can't. It's like he loses the power of speech altogether. I had a chat with his teachers to see if they'd spotted anything unusual, and they said they'd sometimes noticed the same kind of behaviour at school too. Later, we noticed that his mouth moves - it's as if he was chewing something, but there's nothing there. I suppose all that goes on for about a minute or two, and then it takes about five minutes or so before he's back to his normal self.



F: And how is Tony after a seizure?

M: Well, one thing that struck me was that he hardly remembers anything about it at all. I found that very disconcerting at first. He's told us that he becomes frightened whilst the attacks are happening. And that he feels exhausted after. In fact, he often needs to lie down for a bit and he might even nod off. He also complains about having really bad headaches, though that doesn't happen every time.

F: And how would you describe Tony's ability to cope with life in general, like at school, for example?

M: Well, Tony hasn't got any problems at school. He meets the expectations of his teachers, even if he doesn't exceed them. You know, just your average boy – until now that is. But he is creative, especially with his writing. In fact, one thing that's slightly unusual about Tony is that he's ambidextrous – it runs in the family on my wife's side. Her father was too. His teachers say he often writes with both hands in the same session. I did have a word with his teachers a while back because I was concerned about his spelling. They sent him for tests and we just had confirmation that he is mildly dyslexic. It's a relief actually cos' now he's getting the support he needs.

F: I see. And, going back to when he was born, has Tony had any health problems at all?

M: He arrived late – well past his due date at over two weeks late. And the labour didn't go as planned. My wife was induced and Tony seemed to react badly to the stuff she was receiving intravenously to bring on labour. In the end, he was born by caesarean because he was in distress. Then, he had an infection and needed a course of antibiotics. They began that immediately and he was on them for five days. They both had to stay in hospital because of it. But other than that, he breastfed well and was a happy baby, even if he did have a touch of jaundice. That soon disappeared without any need for further intervention.

F: I see. And there's been nothing of note since then?



- M: Well, there is one thing. About a month after his first birthday, Tony came down with a bad virus. He had a high temperature of about forty degrees. That brought on a febrile seizure. It was so scary, but it only lasted about five minutes and then he seemed to be back to his normal self. That was the only one he's had.
- F: Right. Is there anything in his family history I should be aware of?
- M: Nothing of note, no. My wife's parents are Chinese, so Tony's learned both languages from when he was a baby. I don't know if that has a bearing on anything. His grandparents are all fit and well. In fact, relatives on both sides of the family seem to die of old age. Though maybe I should mention that that my wife does get sciatica from time to time. She hasn't had it for ages, but when she does she can be out of action for weeks..
- F: OK, well thank you for filling me on[fade]

PAUSE: 10 SECONDS

That is the end of Part A. Now look at Part B.



Part B. In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For questions 25 to 30, choose the answer A, B or C which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at Question 25. You hear a dentist talking to a trainee dental nurse. Now read the question.

PAUSE: 15 SECONDS

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M: One of your responsibilities is to maintain moisture control for the patient using a device called the oral evacuator, which sucks up excess moisture and debris from the oral cavity.

F: OK.

M: Now, when you're evacuating in the front of the mouth, you may notice saliva building up further back. But you don't take the evacuator tip and put it straight down in the centre of the throat, because this can activate the gag reflex if you touch the soft palate. So use it in the corners. And you don't want to press against the soft tissue of the cheek either - that can cause injury.

F: Right.

M: You should also pay attention to the patient's body language. If you see any signs of anxiety in the eyes or in the hands, you may want to ask if everything's alright. It's a way of alerting the dentist too.



Question 26. You hear two nurses in a GP surgery discussing a case of chicken pox. Now read the question.

PAUSE: 15 SECONDS

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- F:** Did you see Mr Henson and his baby when he brought her into the clinic? She was absolutely covered in a rash.
- M:** Yeah. It *did* look bad, I suppose – you can understand why he and his wife were so worried when they first noticed it. But it *was* just a classic case of chicken pox.
- F:** Those blister-like spots confirmed it. He's had the illness himself, but as an infant, so I guess he didn't recognise it. Let's hope nobody else in the waiting room's picked it up.
- M:** Well, it'd certainly be worth keeping her away from other people for a bit. I don't like the idea of people coming into the clinic getting infected. Anyway, hopefully his wife won't go down with it, or there could be problems looking after the baby.
- F:** Oh, she's already had it – he did volunteer that information.

PAUSE: 5 SECONDS



Question 27. You hear an anaesthetist talking to a patient. Now read the question.

PAUSE: 15 SECONDS

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- F:** Mr Clarke, I believe the surgeon's already had a word with you regarding the operation and he's outlined the main issues. If necessary, he can go into more detail with you.
- M:** I think I'm pretty clear on things now, thanks.
- F:** OK. I understand that you've provided a list of medication that you're currently taking, and you know you shouldn't take them on the day of the operation. You seemed anxious about that.
- M:** I was just checking. It makes sense to me actually.
- F:** Good. You had minor surgery last year and didn't respond well to the anaesthetic, I believe.
- M:** A bit of nausea yes, but it didn't last too long.
- F:** That's good, but it's still important to know because it affects the type of anaesthetic we give you. We don't want you to have the same experience again.

PAUSE: 5 SECONDS

Question 28. You hear a woman telling a practice nurse about her son's ear condition. Now read the question.

PAUSE: 15 SECONDS

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- M:** So how's little Ben been coping with his ear infections?
- F:** He's still having them regularly. They're really dragging him down. He's very pale these days, and rather tired. I'm not sure if he's suffering from hearing loss, though - but it's hard to tell.



M: He does look pale – he's three now, isn't he?

F: That's right. He's had this problem for ages – and each time the infection flares up, it's clearly painful. But I think what he's being given really isn't doing him any good – his stomach's upset whenever he has a new lot of antibiotics, and I feel he needs another solution. You mentioned him having an operation. It's not without risks, I know, but I'd definitely be in favour if that would do the trick.

M: Well, I think Ben should see the doctor again – I agree this has gone on quite long enough.

PAUSE: 5 SECONDS

Question 29. You hear an ear, nose and throat (ENT) consultant describing a recent cancer case he was involved in. Now read the question.

PAUSE: 15 SECONDS

---***---

M: So, generally, we can say that the treatment on this patient was successful. However, one issue that did arise from this case was the events that made it necessary for us to operate on his nose twice. Now with a tumour of this type, it's very common for bone erosion to occur. As the tumour shrinks, we often see some degree of CSF leakage, you know, cerebral spinal fluid. We'd expect to see this soon after treatment of the tumour, but with this case it occurred thirteen months later. So we had to carry out a second operation to address the problem. What we've learned from this is that we need to take early bone imaging to see if there are any areas of bone thinning, and then adjust our method of treatment if necessary.

PAUSE: 5 SECONDS

Question 30. You hear a surgeon and an anaesthetist briefing their team before an operation. Now read the question.

PAUSE: 15 SECONDS



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M: The last case on our list is Jonathan. We're going to do a Kelly's procedure on him to re-arrange the tissues of the pelvis. You might remember that he had his back done just a few weeks ago. He's had recurrent UTIs as well as respiratory infections. We have some concerns about his chest. His bloods are all normal, apart from his clotting. But he's got two units cross-matched just in case. Err...Laurel.

F: Thank you. Ah- It's quite a complex case anaesthetically-speaking. He's very wheezy and at high risk of developing a significant post-op chest infection. That isn't going to make analgesia as straightforward as we'd like afterwards. He's going to need a chest X-ray. Also, because of his back surgery, he can't have an epidural, which we'd like to have done. We're definitely going to need a bed in intensive care. Perhaps we should call to confirm there's still one available.

PAUSE: 10 SECONDS

That is the end of Part B. Now, look at Part C.

PAUSE: 5 SECONDS

Part C. In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For questions 31 to 42, choose the answer A, B or C which fits best according to what you hear. Complete your answers as you listen.

Now look at extract one.

Extract one. Questions 31 to 36. You hear an interview with Dr Pauline Lee about her research into the nature of pain.

You now have 90 seconds to read questions 31 to 36.

PAUSE: 90 SECONDS



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- M:** Hello, today I'm with Dr Pauline Lee who's looking into the nature of pain, particularly chronic pain. Dr Lee, can you tell us a little bit about your work?
- F:** Well, I'm part of a team which is studying particular aspects of chronic pain. So for example patients with irritable bowel syndrome have gut pain, patients with fibromyalgia will tell you they feel bruised all over, and so on. The thing that underlies these different examples of chronic pain reported by patients is that there isn't any disease process that can account for them. So we think possibly something in the brain may have gone wrong and that's what we're trying to find out.
- M:** So what do we know about the nature of pain?
- F:** There's a very famous experiment that was carried out about twenty years ago, where two researchers sat in a hospital Emergency department and just asked people as they were coming in 'Are you in pain?' And what they found was that in about forty per cent of cases people said: 'No, there's no pain at all,' when actually they had pretty nasty injuries, and in about forty per cent of cases people reported perhaps rather *more* pain than you'd expect for someone in their condition, which left only twenty per cent of people reporting the amount of pain you'd expect for their injury. So pain's not a simple matter, there seem to be a lot of different factors involved.
- M:** And there are some people who have a congenital insensitivity to pain which, you know, actually seems like it'd be quite a good thing to have?
- F:** Yeah, you'd think a pain-free life would be a good life, but it can have quite serious problems. For example, if most of us have a sprained ankle, it'll hurt. So we won't carry on walking on it, we'll rest it and give the soft tissues a chance to get better. So pain has a very obvious protective function. But also our sensitivity to pain means there are these little movements that we make all the time, whether we're standing or sitting or whatever, and this is basically so that we don't put too much pressure on one joint. And what happens to the people who don't feel pain and don't make those movements is that blood gets trapped in the joints, it pools there, which means bacteria can multiply in there and this can do serious damage.
- M:** So is there anything that can be done to help people who are unable to feel pain?



- F:** It's actually remarkably difficult because if these people do something that's damaging, like pick up a hot dish with their bare hands, they just don't feel it. They haven't developed the sort of immediate responses that other people develop very early on – 'It's hot, don't touch it.' It appears that if the nerves responsible for transmitting information about pain aren't functioning as they should, it's actually very hard to teach yourself to keep away from the kinds of things that might harm you.
- M:** Right. So let's move onto your own research. I understand you and your team are trying to track what happens in the brains of volunteers when they experience pain.
- F:** Yes. We decided to use brain imaging techniques to try to track what happens in the brains of volunteers when we make them experience pain without receiving a direct stimulus to any part of their body, so with no direct contact at all. And we've found we can create pain by hypnosis, for example, and we've shown the volunteers *pictures* of people with injuries, and we've used a rubber arm illusion where you give them a fake limb and then stick a pin in that limb. And, in this way, we're building a picture of what the brain does when it creates an experience of pain in the absence of an actual tactile stimulus.
- M:** Interesting. And are there any other developments that you're involved in?
- F:** One new development which I've been a part of is that we tend to associate pain with a smack in the face or a cut to the wrist, but increasingly we've come to understand that, in a fair proportion of people, when they observe someone else in pain it triggers an experience of pain in them too. Anecdotally, I've done quite a lot of work with back pain patients and we've noticed that when they see someone else doing a bad lift or a bad bend, they'll wince and they'll say: 'Yeah, that hurts *my* back'. So we're thinking that if we can start to understand the different avenues that create pain, we can perhaps give better education and better treatment to our patients.
- M:** Dr Lee, thank you very much.

PAUSE: 10 SECONDS

Now look at extract two.

Extract two. Questions 37 to 42. You hear a presentation by an orthopaedic specialist called John Bevan in which he describes the case of Lucy, a patient with osteoporosis.

You now have 90 seconds to read questions 37 to 42.



PAUSE: 90 SECONDS

---***---

Hello. My name's John Bevan and I'm an orthopaedic specialist. I'd like to talk to you about a patient of mine with osteoporosis. I'll call her Lucy.

The story begins two years ago when Lucy went to see her GP. Lucy had recently given birth to her first child at the age of thirty-four. The pregnancy was normal, the baby girl was healthy and Lucy seemed to be coping well. But then Lucy started to get sharp twinges, particularly in her back, and she felt deeply fatigued. Her partner suggested she saw a doctor, but Lucy thought it might just be some new-mum problem, and did nothing for a while. What eventually prompted her to seek help was a sense that her entire posture seemed different – that her shoulders were much narrower than before; that her clothes were all too large.

Lucy's GP said she was displaying classic post-pregnancy symptoms, and recommended she rest and make the most of any help she could get with her baby and the housework. A perfectly logical response. When she asked if she could be checked by a specialist, her GP said they should see how things developed, but he did prescribe some painkillers for her. Again, not unreasonable at all. One thing he didn't do, according to Lucy, which could be regarded as a missed opportunity, was spend much time delving into the details of how she was feeling and her background. Whatever demands GPs face, certain things are simply good practice.

Two months after she'd started to feel unwell, Lucy was referred to my clinic. The first time I met her, she was clearly distressed. She'd tried to carry on doing as much as possible – carrying her baby, some light housework and shopping – but could hardly do anything because of the pain. Her partner ended up doing everything and she felt embarrassed that she couldn't look after her baby. I think this feeling was particularly acute because she obviously knew what was required and what it felt like to be strong and fit. She'd been a keen runner, careful about her diet, and rarely drank any alcohol. But I also discovered that her mother, who'd died a few years before, had suffered from osteoporosis – this was something she hadn't previously mentioned.

After carrying out various tests, I recommended that Lucy should have back surgery. The tests showed she had two fractured vertebrae, and Cushing's Disease, with osteoporosis as a probable secondary complication. Cushing's Disease is caused by a benign tumour in the pituitary gland, which produces too much cortisol. This affects the bones, and prevents



absorption of calcium, leading to osteoporosis. We opted for a balloon kyphoplasty, a form of surgery in which a small balloon is inserted into the spine and used to push the fractured bones back into place. The advantage of this procedure was that it would provide almost immediate pain relief which would enable Lucy to face up to the other treatment she required. The alternative involved bed rest, painkillers and physiotherapy. This could've worked, but it would've been much more drawn out.

The back procedure went well. Removing the tumour leaves the body with low cortisol levels and Lucy has to take hydrocortisone to compensate, but, crucially, the back pain has gone. So, what now? And what are Lucy's prospects? She's taking a bisphosphonate, with calcium and vitamin D supplements for her bones. She's also doing weight-bearing exercises to improve her bone density, as many osteoporosis sufferers do. I see no reason why, eventually, she shouldn't be able to do everything she used to. Given the impact of the tumour, and the likelihood of hereditary osteoporosis, though, she probably won't come off the drugs for several years. Osteoporosis hits many women hard when they reach the menopause, but if we monitor Lucy, I don't see why that should be a major issue for her.

So, what can we take from Lucy's story? It's well-known that osteoporosis is one of those conditions that people think will never happen to them, even though two out of five women are likely to get it. The information's out there, but it's almost as if people choose not to listen. What's striking about Lucy is that she's still only in her thirties. There's a tendency to assume it only affects a certain demographic, and that's by no means the case. On the plus side, there have been exciting developments regarding what we know about the condition and how we can deal with it. In the next ten years, there may well be drugs that can reverse the pathology much more effectively than is currently possible.

PAUSE: 120 SECONDS

That is the end of the Listening test.



OET Reading

General Description

Format of the Subtest:

The subtest consists of three parts. Each part contains a number of reading texts relating to a healthcare setting and corresponding comprehension tasks.

Part A is administered separately from Parts B/C.

Timing: 60 minutes

Part A: 15 minutes

Parts B & C: 45 minutes

Number of Parts: 3

Number of questions: 42

Task types: Matching, short-answer questions, sentence completion, multiple-choice

Text types: Informational texts used by healthcare professionals in the workplace and discursive texts on medical topics

The Reading sub-test is designed to provide candidates with a range of reading material of broad relevance to their working environment. Each part of the test focuses on key areas of understanding for healthcare staff including: locating and recording practical information, dealing with internal communication in the workplace and understanding published material of broad relevance to health professionals, such as journal articles, etc.

Structure and tasks:

Part A

Task type: Matching, short-answer questions, sentence completion

Focus: Locating and recording specific information

Format: Four extracts from informational texts of the type consulted in the workplace

A set of 3 or 4 sub-tasks. Candidates locate and record key pieces of information from the texts.

No. of Qs: 20 (divided into three sub-sets)

Fractures, dislocations and sprains: Texts

Text A

Fractures (buckle or break in the bone) often occur following direct or indirect injury, e.g. twisting, violence to bones. Clinically, fractures are either:

- closed, where the skin is intact or
- compound, where there is a break in the overlying skin

Dislocation is where a bone is completely dislodged from the joint. It often results from injuries away from the affected joint, e.g. elbow dislocation after a fall on an outstretched hand.

Sprain is a partial disruption of a ligament or capsule of a joint.

Text B

Simple Fractures

Immediate management:

- Halt any external haemorrhage by pressure bandage or direct pressure
- Immobilise the affected area

Fractures, dislocations and sprains: Questions

Questions 1-7

For each question, 1-7, decide which text (A, B, C or D) the information comes from. You may use any letter more than once.

In which text can you find information about

- | | | |
|---|--|---|
| 1 | procedures for delivering pain relief? | C |
| 2 | the procedure to follow when splinting a fractured limb? | D |
| 3 | what to record when assessing a patient? | B |
| 4 | the terms used to describe different types of fractures? | A |
| 5 | the practitioners who administer analgesia? | |
| 6 | what to look for when checking an injury? | |
| 7 | how fractures can be caused? | |



Part B

Task type: 3-option multiple choice

Focus: Understanding the detail, purpose, gist, etc. of short workplace texts

Format: Six short extracts from different types of workplace communication in a range of healthcare contexts

One 3-option multiple-choice question per extract

No. of Qs: 6 (1 per extract)

In this part of the test, there are six short extracts relating to the work of health professionals. For **questions 1-6**, choose the answer (**A**, **B** or **C**) which you think fits best according to the text.

Fill the circle in completely. Example: 

1. The manual informs us that the Blood Pressure Monitor

- ☐ **A** is likely to interfere with the operation of other medical equipment.
- ☒ **B** may not work correctly in close proximity to some other devices.
- ☐ **C** should be considered safe to use in all hospital environments.

Instruction Manual: Digital Automatic Blood Pressure Monitor

Electromagnetic Compatibility (EMC)

With the increased use of portable electronic devices, medical equipment may be susceptible to

Part C

Task type: 4-option multiple choice

Focus: Understanding the detailed arguments, examples and points of view expressed in a discursive text on a topic of general interest to a broad range of health professionals

Format: Two extracts taken from longer articles on topics related to medicine and patient care

Eight 4-option multiple-choice questions per extract

No. of Qs: 16 (8 per extract)

In this part of the test, there are two texts about different aspects of healthcare. For **questions 7-22**, choose the answer (**A**, **B**, **C** or **D**) which you think fits best according to the text.

Fill the circle in completely. Example: 

Text 1: Sleep deprivation

Millions of people who suffer sleep problems also suffer myriad health burdens. In addition to emotional distress and cognitive impairments, these can include high blood pressure, obesity, and metabolic syndrome. 'In the studies we've done, almost every variable we measured was affected. There's not a system in the body that's not affected by sleep,' says University of Chicago sleep researcher Eve Van Cauter. 'Every time we sleep-deprive ourselves, things go wrong.'

A common refrain among sleep scientists about two decades ago was that sleep was performed by the brain in the interest of the brain. That wasn't a fully elaborated theory, but it wasn't wrong. Numerous recent studies have hinted at the purpose of sleep by confirming that neurological function and cognition are messed up during sleep loss, with the patient's reaction time, mood, and judgement all suffering if they are kept awake too long.

Text 1: Questions 7-14

7. In the first paragraph, the writer uses Eve Van Cauter's words to

- ☐ **A** explain the main causes of sleep deprivation.
- ☒ **B** reinforce a view about the impact of sleep deprivation
- ☐ **C** question some research findings about sleep deprivation.
- ☐ **D** describe the challenges involved in sleep deprivation research.

8. What do we learn about sleep in the second paragraph?



The three parts of the Reading sub-test

Part A:

Short extracts from informational texts consulted in the workplace with matching, sentence completion and short-answer questions.

Part A tests the candidate's ability to locate and retrieve specific information from various types of text that are consulted in the workplace and which relate directly to patient care. Part A is administered separately from Parts B and C, and has to be completed within a time limit of fifteen minutes.

See sample task on pages 82-85

Each correct answer in Part A receives 1 mark.

Part A consists of a text booklet, containing four short extracts on a theme, and a question paper which contains three or sometimes four sets of questions. The questions require candidates to skim and scan the extracts in order to locate the targeted information. Candidates also need to read certain sections more carefully in order to find the answer to specific detailed questions. The tasks are designed to replicate the workplace skill of consulting key documents to check detailed information in the context of actual patient care. The time limit of 15 minutes reflects the real world skill of needing to access such information quickly and accurately under pressure.



Computer based testing tip:

On computer, candidates will see the texts in a separate pane on the left-hand side of their screen and the questions on the right-hand side of the screen. Candidates can scroll up and down in the 2 panes independently and have the option to zoom in to make the texts larger or smaller as they wish.

The questions don't follow the order of the extracts, but rather require candidates to quickly read and re-read the whole set to get an idea of what type of information each text contains and how it is organised. Candidates should use layout features such as headings, bullet points, tables and flowcharts to help them locate the information they need. The order of the three tasks guides them in this. The first sub-set of questions is a simple matching task in which candidates identify which text contains certain pieces of information. In doing this task, candidates gain a familiarity with the layout and content of the four extracts, which will help them answer the more detailed questions that follow.

The second and third sub-tasks include sets of items in which the candidates must both locate the relevant information and write the answer to a specific question. These items may be presented in the form of short-answer questions, or as sentence-completion items where candidates fill a gap in a sentence with information from one of the extracts. These items are worded to reflect the real-world situation. Candidates are not asked comprehension questions about the texts, but rather are asked to find the answer to specific questions that might arise in the context of actual patient care.

The answer to these questions is a single word, a number or a short phrase that is found in one of the extracts. Candidates are expected to copy this information accurately and completely, and to spell all words correctly.

Fractures, dislocations and sprains: Questions

Questions 1-7

For each question, 1-7, decide which text (A, B, C or D) the information comes from. You may use any letter more than once.

In which text can you find information about

- | | | |
|---|--|---|
| 1 | procedures for delivering pain relief? | C |
| 2 | the procedure to follow when splinting a fractured limb? | D |
| 3 | what to record when assessing a patient? | B |
| 4 | the terms used to describe different types of fractures? | A |
| 5 | the practitioners who administer analgesia? | |
| 6 | what to look for when checking an injury? | |
| 7 | how fractures can be caused? | |



Part B:

Short extracts with three-option multiple-choice questions

Part B tests the candidate's ability to read short extracts from different types of workplace communication and show an understanding of both the detailed content and also the purpose or main point of the communication, including any action that needs to be taken as a result. The six extracts are completely independent of each other and feature a range of topics and text types.

See sample task on pages 86-89

Each correct answer in Part B receives 1 mark.

Part B consists of six unrelated short extracts of approximately 100-150 words in length. The extracts are mostly examples of internal communication that convey background information (policies, developments, updates, etc.) to a range of health professionals in a healthcare setting, rather than information for a particular individual or those performing a particular role.

These are texts that medical professionals encounter in the course of their work, but not generally those they would consult for detailed information about a specific task. A range of text types is likely to be found in Part B, including extracts from sets of guidelines and policy documents, updates, group emails and memos. The extracts are typically dense informational texts in a neutral or fairly formal register, but which deal with issues related to patient care.

There is one three-option multiple-choice question for each extract. Sometimes the question will focus on a detailed understanding of the content of the extract, for example in a statement of policy. In other extracts, questions might focus on the main idea that is being conveyed, or the main message that a member of staff needs to take away and apply to their daily work. This could come in the form of a direct instruction, or it could come from understanding the writer's main point, the purpose or inference of the communication.

The six extracts are completely independent of each other and feature different contexts. The question wording generally provides information about the context and extracts are laid out with headings and other features found in the real world.

In this part of the test, there are six short extracts relating to the work of health professionals. For questions 1-6, choose the answer (A, B or C) which you think fits best according to the text.

Fill the circle in completely. Example: ☒ (A) ☐ (B) ☐ (C)

1. The manual informs us that the Blood Pressure Monitor

- ☐ (A) is likely to interfere with the operation of other medical equipment.
☒ (B) may not work correctly in close proximity to some other devices.
☐ (C) should be considered safe to use in all hospital environments.

Instruction Manual: Digital Automatic Blood Pressure Monitor

Electromagnetic Compatibility (EMC)

With the increased use of portable electronic devices, medical equipment may be susceptible to electromagnetic interference. This may result in incorrect operation of the medical device and create a



Part C:

Long extracts with three-option multiple-choice questions.

Part C tests the candidate's ability to read longer articles on health related topics and to show an understanding of a range of views and perspectives, including those of the writer. The two extracts are completely independent of each other and feature different topics.

See sample task on pages 90-97

Each correct answer in Part C receives 1 mark.

Part C consists of two unrelated extracts of around 800 words each. The extracts are generally articles or extracts from journals where the health professional is the target reader. Articles are taken from journals aimed at a broad target readership of health professionals.

Unlike Parts A and B, the content of the extracts may not always be directly related to the workplace, but the treatment of topics mirrors that found in continuing professional development (CPD) events and materials, which are aimed at a broad range of practising health professionals, including nurses and therapists as well as doctors. Although extracts may have very specific content, the target reader is not assumed to have any specialised knowledge of the topic. The extracts in Part C generally discuss issues of broad interest and relevance to health professionals, and often report on the latest research and thinking.

A set of four-option multiple-choice questions follows the order of information in the extract. The questions reflect the discursive nature of the writing and test an understanding of the ideas discussed rather than information about the topic itself. Questions are likely to focus on the views and experience of the writer, but may also explore the views and perspective of others who contribute to an understanding of the topic, and whose ideas are reported and discussed by the writer. This may include the views of researchers, of colleagues with relevant experience and of patients themselves. Writers often describe the experiences of a typical or interesting patient to illustrate the points being made, and this can make the subject matter more accessible to a broad target readership.

Two of the eight questions may focus on the understanding of specific words and expressions in context, or on organisational features, for example the use of reference words and phrases.

Text 1: Questions 7-14

7. In the first paragraph, the writer uses Eve Van Cauter's words to
- ☐ (A) explain the main causes of sleep deprivation.
 - ☒ (B) reinforce a view about the impact of sleep deprivation
 - ☐ (C) question some research findings about sleep deprivation.
 - ☐ (D) describe the challenges involved in sleep deprivation research.
8. What do we learn about sleep in the second paragraph?



PREPARATION TIPS

General

- ▶ The Reading sub-test is taken immediately after the Listening sub-test, and also uses the same content for all healthcare professions. The test is designed to assess the candidates' reading skills in the context of the medical workplace and to target the specific reading skills that are needed in that context. The whole Reading test lasts 60 minutes, but is sub-divided into two sections. The text booklet and question booklet for Part A are given out first, and collected in again after 15 minutes. This is because Part A is designed to test the workplace skills of locating and recording detailed information under pressure. The texts and questions for Parts B and C are then given out together. Candidates have 45 minutes to complete Parts B and C together. They need to decide how much time they spend on each of these parts, however, and on each of the extracts in Part C. Learning how to manage their time effectively will therefore be an important part of the candidates' preparation for all parts of the Reading Sub-test. This will involve understanding that the different reading tasks need approaching in different ways, and that these reading skills will be useful in the real-world as well as in the test itself.
- ▶ Encourage students to plan their time carefully and to have different strategies for the different parts of the test. In Part A they should do the questions in the order that they appear – as this will help them to find their way around the extracts before attempting to find detailed information using skimming and scanning skills. Questions in Parts B and C can be done in any order, and it's important that students don't get stuck on one question. Warn them that if they spend too long puzzling over one question, they may not have time to answer later questions which may not be as challenging for them. On the whole, however, it is better for students to do the questions in order. In both Parts B and C, the first extract is likely to be more accessible than the second or later extracts. Encourage students to move fairly quickly through the questions in Parts B and C, returning later to any they are unsure about if time allows.
- ▶ A total of twelve different extracts features in each version of the OET Reading sub-test, and these are all extracts from real-world documents and publications. Candidates can expect to find a variety of text types and layout conventions that broadly reflect real-world usage, as well as extracts from a range of contexts and different parts of the world. Texts do not assume familiarity with any particular health system or cultural norms; they are selected to be accessible to the widest possible readership amongst healthcare professionals, and to be of international relevance. Candidates can expect to read about health professionals and patients from a range of countries where English is used in the workplace and, during their preparation, should be exposed to reading matter in English from a range of cultures.

Computer based testing tip:

At the end of Reading Part A there is an optional 10-minute break. If candidates leave their seat during this break, they will need to go through security checks again. If they prefer to keep going, they can click 'Resume test' to move onto Reading Parts B and C.



PREPARATION TIPS CONTINUED

General

- ▶ Students should be encouraged to deal with the different sections of the Reading Test in different ways, depending on the nature of the task. For example, they need to understand when they are reading for detailed meaning and when they are required to understand the purpose or main point of a text. Many students lack strategies for extracting key information and gist meaning when they are unable to understand and decode every word or phrase. These are real-world skills that health professionals need to employ in the workplace, and so they are specifically targeted in OET Reading. Encouraging students to identify their purpose in reading and to use appropriate strategies will help them to do well in both the tests and in their professional life. Focusing on the different parts of text and on the target skills required by each of the task types can help students to develop these strategies.
- ▶ When preparing for OET, students should be encouraged to make use of dictionaries and other reference books and online resources in English. However, they should also be encouraged to develop strategies for working independently of these, as they will need to do this on test day. For example, the skill of working out the meaning of unknown words and expressions by looking at the surrounding context is directly tested in Part C of the Reading sub-test, but is also useful in all parts of the test, and in life. Remind students that they are not permitted to take dictionaries into the test with them. They should be encouraged to read texts such as medical journals and articles and extract some meaning without the need to stop and process, or translate, every word, and to only read in close detail when the task demands it, once the relevant section of text has been identified.
- ▶ Students should also be encouraged to develop a system for keeping a record of new vocabulary that they come across in their reading. Most will want to develop a system that suits their own style of learning, but it's important to ensure that they keep a note of contexts of use and any collocations or set phrases in which vocabulary items feature. Remind students that although medical vocabulary and terms are important, and knowing these in English will help them in their careers, it is even more important to understand the language that surrounds these terms. Remind them that OET will be testing knowledge of a wide range of vocabulary and expressions, not just medical terminology.
- ▶ Encourage students to make full use of the layout and presentation features of a text to predict its content and organisation. Familiarity with the main text types found in the different parts of the Test and how they are typically laid out will help them to do this with confidence.
- ▶ Students should be reminded to attempt all the questions even if they are not sure of the answers. There is no negative marking for incorrect answers. Remind students that all answers in Part A need to be correctly spelled and legible. Encourage students with poor handwriting or copying skills to practise writing quickly and accurately as part of their preparation.

Computer based testing tip:

Spelling is equally important for candidates taking OET on computer. Any typos will be treated in the same way as a spelling error and will score 0 for that question.



TYPE OF EXTRACT

Students should be aware of the type of extracts they are likely to encounter in Part A. They sometimes make wrong assumptions about this, and therefore, about the type of questions they may be asked in Part A. Remind them that most common text types they are likely to see are:

- ▶ descriptions of presenting factors, symptoms and diagnostic tools
- ▶ information about investigations and differential diagnoses
- ▶ medication tables and dosage charts
- ▶ treatment pathways and options, often represented as flow-charts
- ▶ instructions about dressings, mobility aids and other devices
- ▶ advice to give patients on discharge

Remind students that in the real-world situation, these texts may be consulted in hard copy or on screen and that these are texts that health professionals are likely to consult in the workplace whilst they are looking after patients.

Remind them that they are looking at extracts - not whole documents - but that the extracts should stand alone; they have all the information they need to understand and answer the questions from the section that they can see.

Remind them that the four extracts come from different sources and perform different functions in the workplace. Sometimes, similar information may be presented in different texts, but from a different perspective. Sometimes it may be necessary to consult more than one text in order to find the answer to a question.

Remind students that the questions don't always follow the order of information in the extracts – they need to search for it. Tell them that, in the real world, if the health professional needs to check something, he or she has to decide where to look, and how to find the relevant information quickly and reliably. This may involve consulting a number of sources.

If students ask why OET focuses on texts of this type in Part A, explain that the aim of this part is to test their ability to find specific information under pressure and make an accurate record of it. This is an important workplace skill.



TYPE OF TASK

Remind students that the first set of questions is always a simple matching task. All they have to do is decide which of the four texts contains the information they are looking for. Explain that this task can be done quite quickly because the answers are not difficult to find, and they only have to write a letter as their answer.

Tell them to use headings, sub-headings and other layout features to help them decide which extract is the answer to each question. They should do this set of questions first because this task is designed to help them familiarise themselves with the content, layout and structure of the four extracts.

Remind students that in the second and third set of questions, they have to write the answers to questions, or complete a gap in a sentence or a set of notes. Each set of questions has separate instructions that explain what they have to do, and all the items in each set will be of the same type.

Remind them that in these sets of questions they are looking for detailed information. They will need to read the questions and the text carefully to be sure they have the correct answer.

Explain to students that they are being tested on two important skills: finding the target information and recording it clearly. To get the mark for each question, they have to demonstrate that they have both of these skills.

Tell them that they should imagine that a colleague, perhaps on another shift, may need to read and understand their answers, so these should be written clearly. The words and numbers that answer the questions can all be copied directly from one of the extracts.

Remind students that they should only write single words, numbers or short phrases, and that they need to copy numbers and the spelling of words carefully from the extract.

Explain that the questions are not testing reading comprehension, but rather the ability to read and find the relevant information. The wording of the questions, therefore, reflects the workplace context. They may be asked, for example, to check which medication or which dose to give a patient of a particular age or condition; or they may be asked to check what a symptom they have observed may indicate or how it should be dealt with.

Explain that they are not in a particular role when doing the task, and that the information will not be very specialised. These are documents that all health professionals should be able to read and consult in the course of their work. Even if students are familiar with the conditions or scenarios dealt with in the extracts, they will still need to check the detailed information and record it accurately.

Reassure students that even if they are unfamiliar with the conditions or scenarios occurring in the extracts, they should still be able to find the target information.



PREPARATION TIPS

- ✓ Encourage students to practise with appropriate text types. They should be looking at reference material that has the medical professional as the target reader (not patients) and which is designed to be used in the workplace.
- ✓ Encourage students to practise the enabling skills for the task before attempting to do a full task within a time limit. This can help them to build up confidence. Make the enabling skills explicit to students and encourage them to think about where their own strengths and weaknesses lie, then they can target these skills in their practice.

For example they may need to work on:

- interpreting visual and tabular information
- dealing with dense informational text
- employing the skills of skimming and scanning
- using headings and sub-headings
- copying letters and numbers accurately
- checking and proofreading information they record
- moving quickly through the questions

- ✓ Encourage students to practise the skills demanded by the task separately until they become more confident and can begin to combine them.
- ✓ Remind students that they only have 15 minutes to do Part A. Once they feel confident in the skills, encourage them to practise doing the tasks in a time limit. They might prefer to begin with a longer time limit, say 20 or 30 minutes, and gradually reduce this as they get better at moving quickly and efficiently through the questions. They should develop strategies for dealing with the tasks quickly and effectively.

For example they should:

- ▶ read the rubrics carefully to make sure they understand what they have to do in each of the sub-tasks.

- ▶ use the numbered questions as their starting point, working through them systematically, only referring to the extracts to locate and copy over the relevant information. They shouldn't try to read all the extracts first, therefore, but should start immediately on the questions.
- ▶ do the tasks in the order they appear in the question booklet. The first set of questions will help them find their way around the extracts, and this will help them in later questions.
- ▶ use the words in the numbered questions to help them find the answers in the extracts. They should underline the important content words in the numbered questions, and then scan for these and synonyms in the extracts.
- ▶ be aware that some words and references will occur in more than one extract and that they may need to read more than one section carefully to find the answer to the particular question they are being asked.

Computer based testing tip:

Candidates can highlight words in the 4 texts to help them decide the final answer.

- ▶ move as quickly through the questions as they can. Aim to answer all questions.
- ▶ write the answer exactly as written in the texts, without adding additional words, changing the grammar or unnecessarily repeating words given before or after the gaps.

Computer based testing tip:

Encourage your students to spend a couple of seconds after they have typed their answer to check their spelling against the text. Stress that it would be a waste of marks to lose a correct answer because of a small typo.

- ▶ remember that they are not required to answer in full sentences for short answer questions. If they can't find an answer, they should leave it and return to it at the end if time allows.



TYPE OF EXTRACT

Students should be aware of the type of extracts they are likely to read in Part B as they sometimes make wrong assumptions about this, expecting something which is more academic or full of medical terms. Remind them that most extracts are likely to be:

- ▶ Internal communications in a healthcare setting, in other words documents, messages, etc. intended to be read by those working in a healthcare setting.
- ▶ Complete messages, such as emails and memos, or extracts from longer documents such as guidelines and policy documents. Often they are designed to update health professionals on issues that broadly affect their work.
- ▶ The target reader is the broad range of health professionals. These are documents that are widely consulted, or messages that are sent to groups of people in a healthcare setting, e.g., those working in a hospital, primary-care setting, care home, community pharmacy, etc. They are not personal messages between colleagues, nor do they contain information about specific patients.
- ▶ The extracts are mostly in a formal or semi-formal style and are intended for the general reader in the healthcare workplace, rather than a particular sub-group.

Remind students that Part B extracts will not feature the type of text and content found in Part A and Part C. So, for example, they won't be reading part of an article (Part C) nor a list of symptoms or dosages (Part A).

Point out that they will read a number of short extracts and that these are unrelated and so will feature different topics and different contexts. Remind them that if they are reading an extract from a much longer document, it will be possible to answer the question just from the part they can see.

If students ask why OET focuses on this type of extract, explain that the aim of Part B is to test their understanding of workplace communication. Health professionals generally work in large institutions such as hospitals, or as part of large organisations, and as such they have to deal with a large amount of correspondence and reference material related to their work.

Explain that Part B questions often focus on the real-world skill of understanding what needs to be done in response to a message or statement of policy, and that they should imagine themselves in the position of the health professional who needs to understand the purpose of the communication and how to act upon it.



TYPE OF TASK

Explain to students that although the question type is always the same (3-option multiple-choice), the questions in Part B will have a different wording and focus depending on the context and what needs to be understood. For example, the questions could focus on:

- ▶ the main purpose of the extract
- ▶ the main point that the reader should take away from the extract.
- ▶ what the reader should do or not do as a result of reading the extract.

Remind students that most of the questions are focused on the language of the workplace. Many questions test whether students can understand the gist and main idea being expressed, whether they can separate the main point from surrounding detail or infer the main point, and whether they understand what needs to be done.

Point out that the wording of the question will contain information about the context of the extract and that headings and layout will give further help with this.

Explain that they are not being tested on their knowledge of Medical English, but rather on their ability to understand workplace language in the medical setting.



PREPARATION TIPS

- ✓ Remind students that they should answer the questions in Part B one-by-one, and that there is no link between them.
- ✓ Encourage students to practise with appropriate text types. They should be looking at examples of workplace communication, i.e. correspondence and documents designed to be read by health professionals working in a particular institution or healthcare context.
- ✓ Get students to look at some examples of this type of text, and to identify the purpose of each extract and the main point being made. Students can write statements about the meaning of the text, and their partner or the teacher must decide if these are True or False.
- ✓ With practice tasks, encourage students to read each question before they read the corresponding text and to use the wording of the question to start thinking about the context. For example, **'The extract from the policy document stresses that in the event of a fire,'**
The heading of the extract will also help them to understand the context, e.g.
Extract from Hospital Fire Safety policy
A useful classroom activity would be to show students the question and heading and ask them to think about the type of information and language they would expect to find in the extract which follows. They could also discuss when and why such a document would be consulted and by whom.
- ✓ Encourage students to focus on the question stem and underline the most important words – get them to think about what they are being asked and what information they are looking for, e.g., **The extract from the policy document stresses that in the event of a fire,'**

Computer based testing tip:

Candidates can highlight words in the context statement and question to help them focus on the key words before reading to find the answer. They can also highlight words in the texts.

In this example, the word 'stresses' is important – encourage students to think about what it means and what type of language they expect to read around the points that are being stressed.

They should then read the options and underline the most important words and ideas in each, e.g. **C patients must never leave the building unaccompanied.**

- ✓ Tell the students that the options are unlikely to use the same wording as the extract. Discourage them from trying to simply match words and phrases in the options with words and phrases in the extract. Explain that the options will summarise the ideas expressed in the extract using different language, and that they need to think about the meaning and the purpose of the extract.

Computer based testing tip:

To help candidates select their final answer, they can use the optional strike out function to eliminate an answer they believe to be incorrect (this can be reversed if they change their mind later).

- ✓ Tell them not to worry if they don't understand all the vocabulary and expressions in the extract; that they should just read to find the information they need in order to choose the correct option A, B or C.
- ✓ Encourage students to underline the section of text that gives the correct answer, and also the sections of text that rules out the incorrect options. Encourage them to justify their choices, e.g. see example on p. 101. Students in pairs can be encouraged to compare and justify their answer in this way before looking at the key. This will help them to develop the skill of reading for meaning, and relating the wording of the options to the meaning of the text.



TYPE OF EXTRACT

Students should be aware of the type of text and topics they are likely to encounter in Part C, as they sometimes make wrong assumptions about this. Remind them that most texts will be extracts from longer articles on topics of interest to a broad range of health professionals.

Remind students that they read two extracts and that these are unrelated and so will feature different topics in different contexts. Point out that they will be reading extracts from much longer articles, but that it will be possible to answer the question just from what is on the page in each extract.

Explain that students are likely to read extracts from articles by experts in particular fields, and that these might discuss the latest research or thinking on a medical issue. But the texts will be taken from publications with a broad target readership of medical professionals. The articles will not, therefore, assume any particular specialist knowledge, and so they will be accessible to students from all the OET professions. Some articles may also focus on research carried out by health professionals themselves in the workplace.

Explain that Part C is often focused on the real-world skill of understanding the main ideas being discussed and the ideas and attitude of the writer, as well as the views on the topic held by other people that he or she mentions. Writers in Part C often discuss the implications of the issues discussed for everyday practice in the healthcare workplace, and may describe the experiences of individual patients to illustrate the points they are making.

Remind students that the articles are not factual in nature. They are not simply describing medical conditions and forms of treatment, and the questions are not focussed on their knowledge of medicine, but rather on their ability to appreciate different ideas and points of view on medical topics. If students ask why OET focuses on this type of article, explain that the aim of Part C is to test their understanding of the type of reading they might do as part of their continuing professional development.



TYPE OF TASK

Explain to students that the question type is always the same (4-option multiple-choice), but that there are three different possible question focuses in Part C.

1. Most questions will test an understanding of the content of the article, with a focus on the issues and ideas discussed and the views of the writer and other people whose views are mentioned or quoted by the writer. The wording and focus of each question is likely to be different, however.

Each question is based on a discrete section of the extract, usually a paragraph, and the questions in the task follow the order of information in the extract itself.

Sometimes the question wording will mention the paragraph that the student needs to read in order to find the answer, and sometimes this will be evident from the wording, such as where a topic sentence at the head of the paragraph matches the wording of the question stem in the task.

Most of these questions focus on the detailed content of the article with a focus on the views of the writer, but could also include a focus on things such as:

- understanding the use of examples and case studies
- separating the writer's main point from surrounding detail
- understanding the force of quotations and references to other writers
- following the details of a piece of research and understanding the outcome

2. Sometimes one of the eight questions will focus on a word or expression used in the text. This will generally be a word or expression beyond the target level of OET, or a word that is used in a particular way in the context of the article. It is not an item of medical terminology, and the options do not represent definitions of the word or expression. Students are expected to be able to work out the meaning or force of the word or expression from the surrounding text. In other words, this type of item tests both their understanding of the surrounding text and their ability to deal with unfamiliar vocabulary and expressions. For example, the question stem might be: *The writer uses the word 'vanguard' in the final paragraph to suggest...*

3. Sometimes one of the eight questions will focus on the use of a cohesive device or other form of reference in the article. Students are expected to be able to work out which idea in the surrounding text is being referred to by a word or expression. In other words, this type of item tests both their understanding of the surrounding text and their ability to follow the coherence of the writer's ideas and arguments. For example, the question could ask: 'What does the word 'that' the expression 'Be that as it may' in refer to?

- (A) one person's opinion
- (B) some preliminary findings
- (C) a recent report
- (D) a lack of evidence

In this case, students must match a pronoun with the correct subject/object. To do well in this type of question, students will need a good understanding of sentence structures, and cause & effect structures as well as the ability to identify clauses and effectively distinguish between subjects and objects.



PREPARATION TIPS

- ✓ Encourage students to practise with appropriate text types. They should be looking at articles that are published in medical journals with a wide target readership, and other publications where the health professional is the assumed target reader. Part C texts are carefully selected and edited extracts from longer articles, so it's important that students are not discouraged by attempting to read overly long or specialised original material on topics that may be unfamiliar to them. Official OET practice materials are the best source of extracts of appropriate length and difficulty.
- ✓ Encourage students to focus on the different points of view presented by writers. For example, a writer may present two different points of view held by different experts on a topic, or may contrast his or her own views with those of another expert. A writer may also report research findings that either support or contradict these views, or give examples of their own patients or those of colleagues, to illustrate the points being made.
- ✓ Encourage students to underline the names of people and studies in the article and to think about why the writer is mentioning them, and how this adds to the overall arguments that the writer is putting forward.
- ✓ Remind students that they should answer the questions in Part C in order, as the writer will be developing his or her ideas as the extract progresses.
- ✓ With practice tasks, encourage students to mark the sections of text that each question refers to. They should read each question before they read the corresponding text and use the wording of the question to start thinking about the content.
- ✓ Encourage students to focus on the question stem and underline the most important words – get them to think about what they are being asked and what information they are looking for. They should then read the options and underline the most important words and ideas in each.

Computer based testing tip:

Like with Reading Part B, candidates can highlight words in the text and question and use the optional strike out function to help them select their answer.

- ✓ Point out that the options are unlikely to use the same wording as the extract. Discourage them from trying to simply match words and phrases in the options with words and phrases in the extract. Explain that the options will summarise the ideas expressed in the extract using different language, and that they need to think about the meaning and the purpose of the extract.
- ✓ Tell them not to worry if they don't understand all the vocabulary and expressions in the extract; they should just read to find the information they need in order to choose the correct option.
- ✓ Encourage students to underline the section of text that gives the correct answer, and also the sections of text that rule out the incorrect options. Encourage them to justify their choices, e.g. 'The answer must be X because it says xxxx, in the extract; and the answer can't be Y because it says xxxxxx in the extract.' Students in pairs can be encouraged to compare and justify their answer before looking at the key. This will help them to develop the skill of reading for meaning and relating the wording of the options to the meaning of the text rather than relying on the simple matching of single words and phrases.

Computer based testing tip:

Remind your students that they can scroll the text and question panes independently in Reading Part C, so they can line up the question opposite the paragraph they are focusing on for ease.

- ✓ For content questions, students will generally need to read the whole paragraph in order to find the correct option and rule out the others.



PREPARATION TIPS CONTINUED

- ✓ For vocabulary and reference questions, encourage students to read both before and after the targeted word or expression. A useful classroom activity is to ask students to underline all the pronouns and other reference devices in a text, and then divide these into:
 - ▶ simple pronouns that refer to other words in the surrounding text, e.g. 'That was an important discovery' clearly relates to something which has just been mentioned or described.
 - ▶ pronouns that are part of phrases and expressions that carry meaning in themselves and have another function, e.g. 'Whichever argument you support,' clearly relates back to a larger section of text in which two arguments are presented, and also refers forward to the writer's next point.

Getting students to draw lines on the text connecting the ideas referred to by lexical and pronoun links helps them to see how the text, and the arguments, are constructed.



Hydration in the elderly in residential care: Texts

Text A

Risk factors for dehydration in the elderly

Older people are vulnerable to dehydration due to physiological changes in the ageing process, but this can be complicated by many disease states, and mental and physical frailty.

Age-related changes include a reduced sensation of thirst, and this may be more pronounced in those with Alzheimer's disease or in those that have had a stroke. Thirst in older people may not be relied on as an indicator of dehydration.

Reduced renal function is also a risk factor. Difficulties with swallowing, dementia and poorly controlled diabetes are more common in older people and are all associated with poor hydration.

The likelihood of dehydration may also be exacerbated by medications including diuretics. Incontinence predisposes people to dehydration as they may limit their fluid intake.

Poor oral intake of fluids can be related to the inability to feed independently and having poor availability and access to fluids. This can be exacerbated in the residential care setting by inadequate staff training and lack of awareness of the importance of keeping residents well hydrated.

Text B

Hydration assessment

On admission and at any time if there is a change in the resident's condition or symptoms of dehydration, conduct an assessment including:

- medical history
- current medications
- cognitive status
- continence status
- the resident's usual hydration habits and current fluid intake patterns, functional ability and requirements for aids such as straws or 'special' cups

Conduct a physical examination that includes:

- lying/standing blood pressure (low BP and/or postural hypotension may be an indicator of dehydration), temperature, pulse rate, respiration rate, capillary refill rate
- calculating the resident's BMI (body mass index)
- monitoring fluid input and urine output over 24-hour period (normal output should be >700mL)
- urinalysis (colour, specific gravity) (dehydration is indicated when the creatinine ratio is greater than 25 and/or sodium concentrate 148 mmol/L)
- identifying observable symptoms of dehydration:
 - dry oral mucosa and tongue
 - loss of skin turgor (elasticity): check by grasping skin on the back of the hand between two fingers so that it is tented up - skin with poor turgor takes time to return to its normal position
 - sunken eyes
 - muscle weakness and/or increased physical frailty
 - constipation and/or small amounts of dark, concentrated urine
 - change in mental status (confusion, disorientation, altered consciousness, headache) and drowsiness

**Text C**

Recommended fluid intake for adults in residential care (Litres per day)					
Height:	150 cm	160 cm	170 cm	180 cm	190 cm
Weight:					
40 kg	1.5	1.6	1.7	1.8	1.9
50 kg	1.6	1.8	1.9	2.0	2.1
60 kg	1.7	1.9	2.0	2.1	2.2
70 kg	1.9	2.0	2.1	2.3	2.4
80 kg	2.0	2.2	2.3	2.4	2.5
90 kg	2.1	2.3	2.4	2.5	2.6
100 kg	2.2	2.4	2.5	2.6	2.7

Text D**Managing hydration in the residential care context**

Staff knowledge and education:

- Causes of dehydration in older people
- Maintaining adequate hydration
- Signs and symptoms of dehydration
- Fluid volumes of drinking vessels

If a resident is assessed as dehydrated:

- Establish severity of dehydration
- Review the daily intake goal, increasing oral fluids as tolerated
- Involve the resident to identify their preferred fluids and intake patterns
- Document and monitor the resident's fluid intake and output
- Refer to a GP to consider blood tests and withholding certain medications
- Monitor symptoms by repeating assessment
 - daily if there is no or only marginal improvement in fluid intake
 - in seven days if the daily intake goal is being achieved

When symptoms are relieved, monitor the resident for symptoms of overhydration:

- unexplained weight gain
- peripheral oedema
- distention of neck veins
- shortness of breath



Part A

TIME: 15 minutes

- Look at the four texts, **A-D**, in the separate **Text Booklet**.
- For each question, **1-20**, look through the texts, **A-D**, to find the relevant information.
- Write your answers in the spaces provided in this **Question Paper**.
- Answer all the questions within the 15-minute time limit.
- Your answers should **only** be taken from texts **A-D** and must be correctly spelt.

Hydration in the elderly in residential care

Questions 1-7

For each question, **1-7**, decide which text (**A**, **B**, **C** or **D**) the information comes from. You may use any letter more than once.

In which text can you find information about

- | | | |
|----------|---|-------|
| 1 | how to determine whether a patient is suffering from dehydration? | _____ |
| 2 | the amount that patients should drink over a 24-hour period? | _____ |
| 3 | information to obtain when an individual enters residential care? | _____ |
| 4 | how to deal with a case of dehydration? | _____ |
| 5 | the correlation between body size and fluid intake? | _____ |
| 6 | indications that a patient may have consumed too much liquid? | _____ |
| 7 | conditions which increase the likelihood of dehydration? | _____ |

Questions 8-14

Answer the following questions, **8-14**, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

- | | | |
|-----------|--|-------|
| 8 | What is the minimum volume of urine which a healthy patient should produce per day? | _____ |
| 9 | Which part of the body should be observed when assessing a patient's level of skin elasticity? | _____ |
| 10 | Which illness may affect patient's ability to judge when they are thirsty? | _____ |



- 11 What condition may make patients reluctant to drink enough fluids?

- 12 What analyses might a doctor recommend for a patient diagnosed with dehydration?

- 13 If the daily intake goal is on target, how long should you wait before reassessing the patient?

- 14 How much fluid should a 190cm man who weighs 70 kg drink each day?

Questions 15-20

Complete each of the sentences, **15-20**, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

- 15 Patients who have problems _____ may be at risk of dehydration.
- 16 Urinalysis results showing high levels of sodium or an elevated _____ are a sign of dehydration.
- 17 A patient who is overhydrated may have distended _____.
- 18 If the _____ and mucous membrane lining of the mouth are dry, this could be an indication of dehydration.
- 19 An increase in _____ is a possible sign of overhydration.
- 20 Staff should check whether a resident needs to use _____ or adapted drinking vessels.

END OF PART A
THIS QUESTION PAPER WILL BE COLLECTED



Part B

In this part of the test, there are six short extracts relating to the work of health professionals. For **questions 1-6**, choose the answer (**A**, **B** or **C**) which you think fits best according to the text.

1. What is the memo doing?

- ☐ A reminding staff of their obligations
- ☐ B issuing a warning to non-compliant staff
- ☐ C presenting new guidelines for staff to follow

Memo

To: All staff

Re: Bare Below the Elbow policy

Hand hygiene remains the single, most effective means of preventing the transmission of healthcare associated infections. The hospital ensures that the Bare Below the Elbow policy is clearly defined and is widely available to all staff, at all levels and in all disciplines. Staff must make effective hand hygiene possible by ensuring full compliance with the Bare Below the Elbow policy. Uniforms and work wear must not impede effective hand hygiene and should not come into contact with patients during direct patient care activity. All staff must adopt the policy whenever they are engaged in a direct patient care activity.



2. The notice warns staff not to

- (A) rely on information held on record without checking its accuracy.
- (B) order blood products before submitting the necessary samples.
- (C) collect both of the required blood samples at the same time.

Staff notice: Confirming a patient's blood group prior to transfusion

Guidelines on pre-transfusion compatibility procedures require that, prior to issue of blood/blood products, at least two samples have been received in order to confirm the patient's blood group. Many patients already have historical groups on the Local Information Management System (LIMS) and only one further sample is therefore required. Where no historical group is available, two samples are required that have been collected on separate occasions with the patient being fully identified on each occasion. The hospital does not currently recommend a set period of time between collection of these samples. Where it is suspected that the samples have been collected simultaneously, for example where the date of collection is the same on both, they will be treated as one sample and one will be discarded.

3. The instructions for sending materials to the laboratory emphasise the importance of

- (A) clearly identifying the contents of any packages.
- (B) ensuring that materials cannot leak from packages.
- (C) storing packages of samples in an appropriate place.

County Pathology Laboratory user guide

All samples coming to the laboratory must be packaged to a high standard of containment and in such a way as to contain the contents in the event of a breakage if they are roughly handled or dropped.

Pathology samples may contain infectious material and should be treated with care.

Samples should be transported in a suitable transport container, designed for the purpose, with sufficient absorbent material to absorb the entire liquid content. This should be placed in a zip lock bag.

The request form should be placed in a separate pouch.

Samples being taken by hand to the laboratory should be placed in a transparent transport box (to allow examination prior to opening), with the lid securely sealed.



4. The email reminds midwives that

- (A) they must put patient welfare above the wish to maintain good working relationships.
- (B) they can refer a patient to a senior member of staff directly if they feel it is necessary.
- (C) they should speak to the Labour Ward Co-ordinator if they are unhappy with the actions of junior staff.

To:

All midwives

Subject:

Patient referral

Please read the following:

Any midwife can refer a patient in their care to an obstetric consultant at any stage of intrapartum care if they have concerns for the welfare of the patient or her unborn baby. Referral is generally done via the Labour Ward Co-ordinator (LWC). However, the midwife may wish to refer directly if the LWC is not immediately available, or if the midwife feels that the LWC and/or junior medical staff have failed to respond appropriately to an emergency. In such circumstances, and in order to maintain good working relationships, the LWC should be informed of the referral as soon as possible, and an explanation presented to the team member in question. Any decisions between professionals should be open and honest and all actions taken should be for the welfare and safety of the patient and her unborn baby.



5. When is it unnecessary to report a suspected ADR?
- (A) where the patient's health record reveals a known allergy
 - (B) in the case of a non-serious reaction to an established vaccine
 - (C) if documentation shows the authorities have already been informed

Immunisation policy - Adverse Reaction Reporting

The Medicines and Healthcare products Regulations Agency (MHRA) encourages reporting of suspected adverse drug reactions (ADRs) even if there is uncertainty as to whether the vaccine or drug played a causal role. The Yellow Card scheme should be used for reporting. Any ADR that is suspected to be linked to an established vaccine should only be reported to the authorities if it is a serious ADR. For newly licensed vaccines labelled with a black triangle, ALL suspected adverse reactions should be reported. Any adverse reactions should also be documented in the patient's health record.

6. This extract from a training manual addresses the fact that some patients will
- (A) want a limited amount of detail about the recommended treatment.
 - (B) look for information about treatment from sources outside of the hospital.
 - (C) ask for assurances about treatment that the medical professional cannot give.

Discussing treatments with patients

Before a patient can consent to a particular treatment, investigation or procedure, they need information about what will happen, how long they will be in hospital, how they will feel afterwards and so on.

Patients and those close to them will vary in how much information they want: from those who wish to know as much as possible, including discussion of rare risks, to those who ask health professionals to make decisions for them. There will always be an element of clinical judgement in determining what information should be given. However, the presumption must be that the patient wishes to be well informed about the risks and benefits of the various options.

All information given should be documented. Sources of patient information include consultants, specialist nurses, specialist clinics and Patient Information Leaflets. Patient Information Leaflets are available within each speciality.



Part C

In this part of the test, there are two texts about different aspects of healthcare. For **questions 7-22**, choose the answer (**A**, **B**, **C** or **D**) which you think fits best according to the text.

Text 1: Physicians and drugs in sport

After years of doping scandals involving elite athletes such as cyclists and sprinters, the major role physicians have played in these doping cultures has received much less attention than it deserves, especially in medical circles. Physician involvement in these illicit, and often medically dangerous, practices will seem counter-intuitive to those who associate physicians with the task of healing and the injunction to do no harm. One rationalisation for physician-managed doping is the 'lesser harm' argument: since an athlete may not possess the self-discipline or knowledge to limit their intake of doping drugs, it is the physician's responsibility to exert some control over this and thereby limit medical harm. What such physicians do not understand is that at least some of these athletes will top off their medically sanctioned doses with drugs they obtain illegally on the black market.

The proponents of legalising 'medically supervised' doping imagine that such arrangements between doctors and athletes are comparable to proper clinical relationships between doctors and patients. In fact, these are doctor-*client* relationships that can subordinate medical judgment and the client's health to the demands of performance. This mismatch is exacerbated when doctors become infatuated by the celebrity of their 'patients'. Some doctors identify so strongly with athletes' goals or derive so much satisfaction from the athlete's celebrity status that they willingly abandon medical norms in favour of the ambitions of athlete-clients who are now effectively in charge of their medical 'treatment'. This type of emotional dependence works in both directions. Just as doctors can succumb to the charismatic appeal of athletes, athletes can revere doctors as if they have all the answers.

There exists no scientific evidence that using 'performance-enhancing' drugs or methods for doping purposes is healthy, particularly in the mid- and long-term. A 'doped' athlete may be able to compete for a longer time, perform faster, tolerate higher workloads, or better withstand pain — but this is certainly far from beneficial to health. To illustrate this point, in a case of injury or fever, it is clear what the general medical practice should be. Why should it be any different in sport? Can one imagine a doctor prescribing amphetamines to a truck driver because he or she is too tired to continue driving? The use of even the most common drugs is associated with risks and potential side effects. To argue that medically supervised doping is safer because a doctor is in charge misses the point entirely. Every day, in hospitals and clinics, patients experience the side effects of drugs despite strict monitoring by highly experienced doctors.



The World Anti-Doping Agency (WADA), organised in 1999 by the International Olympic Committee, introduced the term *therapeutic exemption* and defines it as the use of a drug for the restoration of normal health. But one of the central problems in defining a therapeutic exemption lies in understanding the evolving power of medical science. Medicine historically has focused on restoring normative health for those with pathologic conditions. As medical science advances, however, the focus of treatment transcends the longstanding goal of normalising pathologic conditions and extends into the concept of wellness and helping individuals feel better than they have ever felt. So, from a medical therapeutic perspective, where does the restoration of normative function end and the beginning of performance enhancement start?

Further complicating this issue are the subtle ways in which performance-enhancing drugs are sport specific. For example, in sports like golf, archery, or pistol shooting, where a steady hand is critical, beta-blockers provide a performance-enhancing function that combats the normal physiologic tremor that is exacerbated in high-pressure situations. Conversely, in an endurance sport like cycling or long-distance running, beta-blockers adversely affect performance and would not necessarily be prohibited. An interesting question to consider is whether athletes with adult attention deficit hyperactivity disorder (ADHD) are better athletes when treated with stimulants. Some athletes actually perform better when their ADHD symptoms are not treated with medication. A basketball player who has symptomatic ADHD may be more spontaneous or unpredictable for the opponent while another player with ADHD may have difficulty disciplining him- or herself to stay in position unless his or her ADHD symptoms are treated with medication.

The global demand for androgenic anabolic steroids has grown to serve multiple niche markets that include the elite athlete population along with much greater numbers of people employed in physically demanding occupations and other 'action-oriented' subcultures. The involvement of physicians in the doping of athletes must be understood in the larger context of the promotion of hormonal enhancements for entire populations of prospective 'patients'. In an era when testosterone-replacement drugs are being touted as an elixir of youth, distinguishing between traditional therapy and enhancement procedures is becoming increasingly difficult. Warnings against indiscriminate testosterone supplementation from medical authorities cannot compete in the media marketplace with drug company advertising. 'Doping doctors' can be seen as the **vanguard** of an army of medical practitioners who are leaving the traditional practice of medicine for the cash-only business of male hormone replacement therapy.



Text 1: Questions 7-14

7. In the first paragraph, the writer suggests that physician involvement in sports 'doping'

- (A) has been conducted irresponsibly.
- (B) has been well-intentioned but misguided.
- (C) has received more attention than it deserves.
- (D) has succeeded in reducing the potential dangers.

8. In the first paragraph, the word 'this' refers to doctors

- (A) pointing out the risks of harm from a particular drug.
- (B) providing information about the effects of drug-taking.
- (C) attempting to regulate an individual's drug consumption.
- (D) supporting an individual's efforts to reduce their drug intake.

9. In the second paragraph, the writer suggests that doctors involved in 'doping' risk

- (A) compromising their medical standards.
- (B) believing the message that they know everything.
- (C) becoming dependent on income from celebrity patients.
- (D) placing unrealistic performance demands on their clients.

10. The example of the truck driver is given to underline the idea that

- (A) performance-enhancing drugs have few adverse effects.
- (B) appropriate practice should be followed in every situation.
- (C) experienced doctors sometimes make errors of judgement.
- (D) amphetamines are commonly overused throughout society.



11. In the fourth paragraph, the writer suggests that medical science has advanced to the extent that
- (A) certain therapies are no longer banned in sports.
 - (B) people can be more confident about their own health.
 - (C) some pathologic conditions have become normalised.
 - (D) traditional boundaries of therapy have been broadened.
12. Specific sports are referred to in the fifth paragraph to exemplify the idea that
- (A) many athletes would prefer all medications to be prohibited in their sport.
 - (B) a lack of self-discipline may drive athletes to seek medication.
 - (C) medication can both help and hinder sports performance.
 - (D) medication is routinely used to overcome fatigue.
13. In the final paragraph, the writer expresses some unease about
- (A) misconceptions regarding what testosterone is.
 - (B) widespread marketing of testosterone supplements.
 - (C) support given to drug companies by medical authorities.
 - (D) questionable financial practices within the drug therapy industry.
14. The writer uses the word 'vanguard' in the final paragraph to suggest
- (A) a marketing initiative.
 - (B) an economic incentive.
 - (C) a likely future development.
 - (D) an unexpected consequence.



Text 2: Diagnostic errors in medicine

Mistakes happen, in medicine as in any other field. But medicine may be unique in the extent to which the scale of errors is contentious and perhaps unappreciated. A contributory factor, in many countries, is that deaths caused by medical errors can't be identified as such on the death certificate – there is simply no option to do so. And if you're not keeping records, you can't know the scale of the problem. However, even indirect methods of assessing error-associated mortality suggest that the figures are startlingly high, and that diagnostic errors represent an increasing proportion of the total.

This may be partly due to the nature of modern healthcare. After the patient presents with the initial complaint, each step in the diagnostic investigation presents the physician with a bewildering array of possible paths to take, in terms of what questions to ask and which investigations to order. In addition, the process is not linear in the way it is normally presented in textbooks. It is likely that a doctor will have to take a few steps back to find the right route, especially with more challenging cases. And it seems doctors often jump ahead as well as back – one study has shown that treatment alternatives are often evoked during the diagnostic assessment, before a final diagnosis has even been reached.

This latter finding is **counter-intuitive**, but could be relevant to the question of medical error. A well-understood characteristic of decision-making is that the initial hypothesis generation stage is very important. If we see someone behaving oddly in the street, we immediately form an idea as to why this might be. And once we have mentally structured a problem in a specific way, it can be very difficult to restructure it. This is exactly the same in a diagnostic situation. So, for example, a doctor who has not explicitly considered cancer at the start of a diagnostic process, will be much less likely to diagnose it at the end and refer the patient to a specialist.

So, how might diagnostic error be reduced? The first problem is disclosure, as without openness the problem cannot be tackled. Surveys suggest that an overwhelming majority of practitioners agree that serious errors should be disclosed to patients. Yet, while in one study 47% of pathologists questioned had been involved with a serious error, only 17% had actually disclosed a serious error to the patient. Clearly, the system prevents doctors from being as transparent as they would wish. Why should this be?



Firstly, it is natural to be concerned about one's reputation, and therefore, when things go wrong, instinct may tell us to keep quiet. But above and beyond this are fears for one's actual livelihood. In an age where an individual physician's error record may be posted on the internet, error disclosure could result in a fall-off in patients for that physician – not good in cultures where physician payment is based on the fee-for-service system. Compare this with the airline industry – it gives pilots a medal for admitting that they had a near miss, because it helps everyone to understand where the risks are. What's more, there's no risk to the pilot's job because the near misses aren't publicised per person - there is much to be said for this approach.

Even in situations where a doctor wasn't responsible for the error, it can still be difficult for them to disclose one that comes to their attention. They are faced with the option of talking to the physician at fault themselves, or going to the institution's risk management officer. Generally they pick option one, as risk management is their absolute last choice. But **this** can contribute to errors remaining hidden, because it leaves the choice of how to proceed with the physician. And unsurprisingly – given the disclosure disincentives outlined above – sometimes the error report goes no further.

Then there is the fear of litigation. This is a consequence of the 'deny and defend' status quo, in which the default reaction of healthcare organizations is to deny responsibility for errors or any harm therefrom. From the patient perspective, 'deny and defend' has been said to be slow, inequitable, and inefficient; from the physician perspective, expensive, stressful and inclined to incentivize 'defensive medicine' i.e., the avoidance of higher-risk patients or procedures. In fact, most physicians have a very powerful moral compass and don't need fear of litigation to drive their behaviour in the right direction. For example, in a survey of 2,000 doctors in the US and Canada, disclosure rates were identical in these two countries despite their very different litigation environments. Perhaps then the litigation environment merely acts as a general stressor, which contributes to an environment of non-disclosure, but only drives non-disclosure in particular circumstances.



Text 2: Questions 15-22

15. What point does the writer make about medical error in the first paragraph?
- (A) It varies enormously from country to country.
 - (B) Methods of reporting it are beginning to improve.
 - (C) Errors relating to diagnosis outnumber all others.
 - (D) The problem is likely to be worse than many believe.
16. What aspect of the diagnostic process is the writer drawing attention to in the second paragraph?
- (A) the input that patients like to have in it
 - (B) the time it takes to perform all the steps
 - (C) the indirect way conclusions are reached
 - (D) the quantity of data that needs to be analysed
17. Why does the writer use the word 'counter-intuitive' in the third paragraph?
- (A) He finds it worrying that doctors make diagnoses so quickly.
 - (B) He was surprised at the variation in doctor's treatment choices.
 - (C) He feels the study looked at the problem from an unusual angle.
 - (D) He would expect a doctor to diagnose a patient before treating them.
18. What potential problem is the writer describing in the third paragraph?
- (A) a natural preference for an easy solution
 - (B) people having a tendency to jump to conclusions
 - (C) causes of disease manifesting in very different ways
 - (D) doctors being wary of generating multiple hypotheses



19. What do the figures provided in the fourth paragraph reveal?
- (A) There is a gap between doctors' intentions and their actions.
 - (B) It is unclear why some types of error remain so under-reported.
 - (C) Many doctors don't believe it necessary to report medical error.
 - (D) The rates of medical error vary considerably across different fields.
20. In the fifth paragraph, the writer praises the airline industry for
- (A) presenting errors to the public in a way that can be readily understood.
 - (B) allowing those who acknowledge mistakes to remain anonymous.
 - (C) making sure that all employees are aware of risk factors.
 - (D) paying pilots in a way that is not linked to performance.
21. What does the word 'this' in the sixth paragraph refer to?
- (A) a private conversation
 - (B) postponing a decision
 - (C) speaking to senior staff
 - (D) passing the problem on
22. What conclusion does the writer come to about the fear of litigation?
- (A) It has had some positive impact on how doctors practise.
 - (B) It is more of a problem for patients than doctors.
 - (C) It is less of an issue than might be expected.
 - (D) It drives some doctors out of the profession.



Key to Reading Sample Test - Questions 1 - 7

Q1: B

The whole of Text B is about 'Hydration assessment', as can be seen from the heading. This text tells you how to 'determine whether' a patient is dehydrated. Key words in the question: determine, suffering, dehydration. Key words in the extract: conduct an assessment, physical examination, symptoms of dehydration.

Q2: C

The whole of Text C is about 'Recommended fluid intake', as can be seen from the heading. This table tells you the 'litres per day' that different patients should drink. Key words in the question: amount, should drink, 24-hour period. Key words in the extract: recommend, fluid, day.

Q3: B

In Text B, the first section deals with the assessment that should be conducted 'on admission' and the points are listed. Key words in the question: enter, residential care, information. Key words in the extract: admission, resident, medical history, medications, habits.

Q4: D

The whole of Text D is about 'Managing hydration', as can be seen from the heading. The second set of bullet points concerns 'If a resident is assessed as dehydrated' and lists measures 'to deal with' such cases. Key words in the question: deal with, dehydration. Key words in the extract: managing, dehydration, establish, review, monitor, blood tests.

Q5: C

The whole of the table in Text C is concerned with finding the correct fluid intakes for patients of different sizes. Weight and height need to be considered in relation to one another to reach a figure for the individual patient. Key words in the question: correlation, body size, fluid intake. Key words in the extract: height, weight, fluid intake.

Q6: D

The last set of bullet points in Text D deals with 'symptoms of overhydration', in other words patients who have consumed too much liquid. Key words in the question: indications, consumed, too much, liquid. Key words in the extract: symptoms, overhydration.

Q7: A

Text A mentions a number of conditions which can make dehydration more likely, e.g. Alzheimer's Disease, reduced renal function, dementia and diabetes. Key words in the question: conditions, increase, likelihood, dehydration. Key words in the extract: risk factors, Alzheimer's disease, stroke, reduced renal function, dementia, diabetes, associated with poor hydration.



Key to Reading Sample Test - Questions 8 - 15

Q8: 700 mL

The answer is found in **Text B** in the third bullet point about how to conduct a physical examination. Key words in the question: minimum, volume of urine, healthy patient, should produce, per day. Key words in the extract: urine output, 24-hour period, normal, should be, > (symbol for more than).

Q9: (the) back of the hand

The answer is found in **Text B** in the last bullet point about how to conduct a physical examination. Key words in the question: part of the body, assessing, skin, elasticity. Key words in the extract: check, skin, turgor (elasticity).

Q10: Alzheimer's (disease)

The answer is found in **Text A** in the second point under the heading 'risk factors', where it says that the disease may lead to 'reduced sensation of thirst' Key words in the question: illness, affect, ability to judge, thirsty. Key words in the extract: disease, reduced sensation of thirst.

Q11: incontinence

The answer is found in **Text A** in the second point under the heading 'risk factors', where it says that 'people may limit their fluid intake' as a result. Key words in the question: condition, reluctant to drink. Key words in the extract: limit, fluid intake.

Q12: blood tests

The answer is found in **Text D** in the fifth bullet point of the second set which lists what to do if a resident is assessed as dehydrated. Key words in the question: analyses, doctor, recommend. Key words in the extract: GP, consider, blood tests.

Q13: seven days

The answer is found in **Text D** in the seventh bullet point of the second set which lists what to do if a resident is assessed as dehydrated. Key words in the question: daily intake goal, target, how long, before reassessing. Key words in the extract: repeating assessment, daily intake goal, being achieved.

Q14: 2.4 Litres

The answer is found in **Text C**. You find the figure in the last column (190 cm) fourth row (70 kg). Key words in the question: how much, 190 cm, 70 kg, drink each day. Key words in the extract: fluid intake, per day, 190 cm, 70 kg.

Q15: swallowing

The answer is found in **Text A** in the third point. Keywords in the question: problems, dehydration. Key words in the extract: difficulties, poor hydration. The grammar of the gap suggests a gerund likely to be an action due to 'have problems' ahead of the gap.



Key to Reading Sample Test - Questions 16 - 20

Q16: creatinine ratio

The answer is found in **Text B** in the fourth bullet point about how to conduct a physical examination. Keywords in the question: urinalysis, high sodium, elevated. Key words in the extract: urinalysis, sodium concentrate, greater than. The grammar of the gap suggests a noun likely to be another substance like sodium due to 'or an elevated' ahead of the gap.

Q17: neck veins

The answer is found in **Text D** in the third bullet point of the final set under the heading 'Overhydration'. Keywords in the question: overhydrated, distended. Key words in the extract: overhydration, distention. The grammar of the gap suggests a plural noun due to the lack of article before the adjective, likely to be a body part due to use of 'distended' ahead of the gap.

Q18: tongue

The answer is found in **Text B** in line one of the final bullet point. Keywords in the question: mucous membrane lining, mouth, dry. Keywords in the extract: symptoms of dehydration, dry, oral mucosa. The grammar of the gap suggests a singular or plural noun, likely to be a mouth part due to use of 'and lining of the mouth' after the gap.

Q19: weight

The answer is found in **Text D** in the first bullet point of the final set under the heading 'Overhydration'. Keywords in the question: increase, overhydration. Key words in the extract: overhydration, gain. The grammar of the gap suggests a noun or gerund, likely to be linked to excessive fluid intake due to use of 'increase in' ahead of the gap.

Q20: straws

The answer is found in **Text B**. It is the last point in the first list of things to do when conducting an assessment. Keywords in the question: staff, use, adapted drinking vessels. Key words in the extract: requirements, aids, 'special' cups. The grammar of the gap suggests a noun, likely to be an item used for drinking due to the use of 'to use' ahead of the gap and 'or adapted drinking vessels' after the gap.



Key to Reading Sample Test - Questions 1 - 3

Q1

- | | | |
|----------|---|--|
| A | ✓ | Option A is the correct answer because it reports the purpose of the whole memo. This is a memo to all staff, and it is 'reminding' them about something they should already know – the policy is already 'clearly defined' and 'widely available' to all staff (lines 2/3). |
| B | ✗ | Option B isn't the correct answer because the memo is addressed to all staff. It makes no mention of what will happen to members of staff who fail to comply with the instructions. The purpose of the memo is not to issue such people with a warning |
| C | ✗ | Option C isn't the correct answer as the memo is not 'introducing new information' – although it uses the modal verbs 'should' and 'must', this in the context of the existing policy, not a new one. |

Q2

- | | | |
|----------|---|--|
| A | ✗ | Option A isn't the correct answer because staff are not asked to check the accuracy of information held on record. On the contrary, an entry on the Local Information Management System can count as one of the samples. |
| B | ✗ | Option B isn't the correct answer because staff are not required to 'submit' the blood samples before ordering, but to confirm that they have been 'collected' before blood for the patient 'is issued'. |
| C | ✓ | Option C is the correct answer because this is the main gist of the message being communicated by the notice, which is about the confirmation of the patient's blood group. The notice stresses that 'at least two samples' (line 2) need to have been taken, but that these 'are required' to have been 'collected on separate occasions' (lines 4/5). The notice goes on to stress that if two blood samples are taken 'simultaneously, 'they will be treated as one sample and one will be discarded.' (line 8). The notice is clearly warning members of staff not to do this. |

Q3

- | | | |
|----------|---|--|
| A | ✗ | Option A isn't the correct answer because although identifying the contents is no doubt important, and this is implied by the mention of transparent containers and request forms, this is not the main focus of this set of instructions. |
| B | ✓ | Option B is the correct answer because this is the point that is being 'emphasised' throughout this extract from the user guide. The guide speaks of the need for packaging to 'a high standard of containment' (line 1) and the need to 'contain the contents in the event of a breakage' (line 2). It then explains what this means in a number of situations, for example the types of container (zip-lock bag, transparent plastic box) and safety precautions that should be in place to prevent leakage (absorbent material, lid securely sealed). |
| C | ✗ | Option C isn't the correct answer because these instructions relate to the transportation of samples 'coming to the laboratory' which may be 'taken by hand', so the emphasis here is not on storage. |



Key to Reading Sample Test - Questions 4 - 6

Q4

- | | | |
|----------|----------|--|
| A | x | Option A isn't correct because although the email talks about the need to 'maintain good working relationships', this is in the context of 'open and honest' decision-making. The implication is that good relationships serve patient safety, and therefore need to be maintained even if the midwife has concerns about a patient. |
| B | ✓ | Option B is the correct answer because the email says that the midwife can refer a patient to an obstetric consultant (a senior member of staff) 'at any stage of intrapartum care' (lines 1/2). It goes on to explain the situations in which it might be appropriate to 'refer directly' (line 4), for example if the LWT is 'unavailable' or if staff have failed to 'respond appropriately' to an emergency. |
| C | x | Option C isn't correct because the LWC is a junior member of staff (compared to the consultant), and so is not the point of referral. The email is explaining when the midwife can 'refer directly', i.e. not via a junior member of staff. |

Q5

- | | | |
|----------|----------|--|
| A | x | Option A isn't correct because although the patients' health record is mentioned in the last line of the document, this is not in relation to 'known allergies', but rather the need to record new adverse reactions. |
| B | ✓ | Option B is the correct answer because the policy document states that 'any ADR that is suspected to be linked to an established vaccine should only be reported to the authorities if it is a serious ADR.' So a 'non-serious' reaction to 'an established vaccine' need not be reported. |
| C | x | Option C isn't correct because although documentation is mentioned, for example the Yellow Card Scheme, this is in the context of reporting an ADR, not checking if it has already been reported. |

Q6

- | | | |
|----------|----------|---|
| A | ✓ | Option A is the correct answer because the main point being made in this section of the Training manual is that a certain level of information needs to be given, irrespective of the patient's stated wishes. 'The presumption must be that the patient wishes to be well informed about the risks and benefits of the various options' (lines 6/7). So the manual is 'addressing the fact that' not all patients want the same level of detail, and explains how this should be dealt with. |
| B | x | Option B isn't correct because although patients may look for information outside the hospital, this is not 'the fact' that this section of the manual is addressing. |
| C | x | Option C isn't the correct answer because although patients may want detailed information, 'including discussion of rare risks', there is no suggestion that the medical professional would be unable to give this – so this is not 'the fact' being addressed. |



Key to Reading Sample Test - Questions 7 - 9

Q7

- A** ✗ Option A isn't the correct answer because the writer doesn't suggest that the physicians have behaved irresponsibly – indeed he suggests the opposite, that they feel it is their 'responsibility' (line 6) to get involved. In other words they have good motives, and believe they will help.
- B** ✓ Option B is the correct answer because the writer's main point in this paragraph is that physicians who become directly involved in sports 'doping' often do so for the best of reasons, believing that 'lesser harm' (line 5) is done if these drugs are taken under medical supervision than without it. But the writer points out that they may be wrong (misguided) because they 'do not understand' (line 7) that the athletes will supplement ('top off') these with further doses obtained 'illegally'. His main point is that their involvement won't necessarily have the positive impact they intend.
- C** ✗ Option C isn't the correct answer because the writer makes the point that the issue 'has received much less attention than it deserves' (line 2).
- D** ✗ Option D isn't the correct answer because the writer points out that the dangers may well remain the same, for example when drugs are acquired 'illegally on the black market' (line 8).

Q8

- A** ✗ Option A isn't the correct answer because the doctors don't wish simply to point out the dangers, they want to intervene ('exert some control') to 'limit medical harm'.
- B** ✗ Option B isn't the correct answer because the doctors don't wish simply to provide information about the dangers, they want to intervene ('exert some control') to 'limit medical harm'.
- C** ✓ Option C is the correct answer because the word 'this' refers back to the phrase 'their intake of doping drugs' in the previous sentence.
- D** ✗ Option D isn't the correct answer because it is suggested in the previous sentence that athletes may not have 'the self-discipline or knowledge' to reduce their drug intake.

Q9

- A** ✓ Option A is the correct answer because the writer is suggesting that when doctors 'identify with athletes' goals' or 'gain satisfaction' from athletes' celebrity, they might become willing to 'abandon medical norms' (line 6).
- B** ✗ Option B isn't the correct answer because the writer suggests that it is the athlete who may think that doctors 'have all the answers' (line 8), not the doctors themselves.
- C** ✗ Option C isn't the correct answer because although the writer talks about 'celebrity' patients, there is no mention of the financial arrangements.
- D** ✗ Option D isn't the correct answer because although the writer suggests that the 'demands of performance' may affect the doctor's judgement, the demands are those that the athlete already faces; they are not 'placed on' the patient by the doctor.



Key to Reading Sample Test - Questions 10 - 12

Q10

- A** ✗ Option A isn't the correct answer because although 'side effects' are mentioned twice in the paragraph in relation to the example of the truck driver, this isn't the main point being made.
- B** ✓ Option B is the correct answer because the writer uses the example of a truck driver to illustrate his point that 'general medical practice' should be followed for all patients. The case of the truck driver is a situation where the general principle to be applied is self-evident. He says 'why should it be any different in sport?' (line 5) to make this point.
- C** ✗ Option C isn't the correct answer because when the writer says 'can one imagine a doctor prescribing amphetamines' (line 5), he's suggesting that this isn't something that could ever happen – not that it might sometimes happen by mistake. OR the writer is not suggesting that doctors make errors in judgement per se, but that they can't prevent side effects despite their best efforts (line 8).
- D** ✗ Option D isn't the correct answer because no mention is made in the paragraph of the frequency or quantity of use (or overuse) of amphetamines in society.

Q11

- A** ✗ Option A isn't the correct answer because although the notion of what drugs may be permitted in sports as a 'therapeutic exemption' is discussed in relation to advances in medical science, there is no discussion of bans on individual therapies being lifted.
- B** ✗ Option B isn't the correct answer because although the writer mentions individuals who may feel 'better than they have ever felt', this is in the context of 'wellness' rather than health, and there is no discussion of how confident these people feel.
- C** ✗ Option C isn't the correct answer because the notion of 'normalising pathologic conditions' is mentioned as an aim of therapy, and is not related to particular conditions.
- D** ✓ Option D is the correct answer because the writer says 'As medical science advances' (line 4), the focus of treatment goes beyond the 'longstanding goal of normalising pathologic conditions' and extends into concepts such as 'wellness' (line 6). So the boundary between what is regarded as 'medical treatment' and what isn't has shifted. He then asks the question: 'Where does restoration of normative function end ... and performance enhancement start?' (lines 7/8).

Q12

- A** ✗ Option A isn't the correct answer because there is no discussion of athletes' preferences in relation to the sports mentioned.
- B** ✗ Option B isn't the correct answer because although 'self-discipline' is mentioned in relation to basketball, it is not mentioned in relation to the other sports mentioned in the paragraph.
- C** ✓ Option C is the correct answer because a number of sports are mentioned in the paragraph in relation to beta-blockers. These drugs can help or 'enhance' performance (line 3) in the case of those requiring 'a steady hand' (line 2), but hinder or 'adversely affect' performance (line 4/5) in others that call for 'endurance'.
- D** ✗ Option D isn't the correct answer because the notion of fatigue isn't discussed in relation to the sports discussed in the paragraph.



Key to Reading Sample Test - Questions 13 - 15

Q13

- A** ✗ Option A isn't the correct answer because although the writer is concerned about the 'promotion of hormonal enhancements' (line 4) – he doesn't suggest that the nature of testosterone itself has been misunderstood.
- B** ✓ Option B is the correct answer because when the writer says 'Warnings against indiscriminate testosterone supplementation from medical authorities cannot compete in the media marketplace with drug company advertising'. (lines 6/7), he is expressing his 'unease' about the fact that 'distinguishing between traditional therapy and enhancement procedures is becoming increasingly difficult.'. His use of the words 'touted' (line 5) and 'indiscriminate' (line 6) and his use of inverted commas around the word 'patients' (line 4) provide further clues to his underlying attitude here.
- C** ✗ Option C isn't the correct answer because when the writer talks about 'warnings ' from medical authorities', these are not in support of drug companies, but of their potential customers who may be misinformed.
- D** ✗ Option D isn't the correct answer because although the writer mentions the commercial nature of the 'marketplace' for testosterone supplements', there is no suggestion of 'business malpractice or financial wrongdoing.

Q14

- A** ✗ Option A isn't the correct answer because although the text talks about 'the marketplace' in terms of advertising, this is not what the word 'vanguard' is referring to.
- B** ✗ Option B isn't the correct answer because although the doctors will be leaving traditional medicine for financial reasons, this is not the idea that the word 'vanguard' is supporting.
- C** ✓ Option C is the correct answer because the word 'vanguard' suggests that in addition to these doctors, many more 'will be leaving' (lines 8/9) the traditional practice of medicine for the 'business' of male hormone replacement therapy. The word 'army' suggests large numbers. (N.B. 'vanguard' means 'an advance party of soldiers that leads an attack'.)
- D** ✗ Option D isn't the correct answer because the phrase 'the vanguard of an army' refers to future developments rather than the reasons for a development.

Q15

- A** ✗ Option A isn't the correct answer because although the writer says that reporting policies do vary across countries, he isn't saying that the incidence of medical error necessarily varies.
- B** ✗ Option B isn't the correct answer because although the writer says that reporting policies do vary, he makes no comment on whether these are improving or not.
- C** ✗ Option C isn't the correct answer because although the writer says that these represent an 'increasing proportion' of the total, he presents no figures to tell us what that proportion is.
- D** ✓ Option D is the correct answer because the writer says that 'the figures are startlingly high', suggesting that both he and others are likely to be surprised at them and that errors account for 'an increasing proportion'.



Key to Reading Sample Test - Questions 16 - 18

Q16

- A** **x** Option A isn't the correct answer because although the paragraph begins with a patient presenting with an initial complaint, it then goes on to look at the issue from the doctor's perspective.
- B** **x** Option B isn't the correct answer because although the writer talks about the steps that need to be taken, and how complicated that process is, it is not the time this takes that he is drawing our attention to.
- C** **✓** Option C is the correct answer because the writer says 'the process is not linear' and that doctors are likely to 'take a few steps back' before finding 'the right route' – drawing our attention to the fact that the pathway is not clear and doctors need to investigate various possibilities before arriving at a diagnosis.
- D** **x** Option D isn't the correct answer because the writer is drawing our attention to steps in a process and makes no mention of specific data.

Q17

- A** **x** Option A isn't the correct answer because the expression is referring to the stage at which this happens, not to the speed at which it happens.
- B** **x** Option B isn't the correct answer because the phrase is referring to when something happens, not to the decisions made at that particular stage.
- C** **x** Option C isn't the correct answer because the expression isn't referring to the study and how it was set up, but rather to its findings.
- D** **✓** Option D is the correct answer because the expression 'counter-intuitive' (meaning not what you would expect) is used in relation to the phrase 'this latter finding'. This is a reference to the end of the previous paragraph where we were told that 'one study has shown' that 'treatment alternatives' are considered before a final diagnosis has been made. In other words, it is not what you would expect to happen.

Q18

- A** **x** Option A isn't the correct answer because there is no suggestion that the doctor is looking for an 'easy solution' – indeed, what is suggested is that this is 'a well understood' characteristic of decision making – so an inherent trait rather than an attitude.
- B** **✓** Option B is the correct answer because the writer is describing a general tendency for people to form an 'initial hypothesis' when faced with a situation that needs to be interpreted. The writer gives the example of someone 'behaving oddly' in the street to illustrate this point. He then relates this tendency to the process of diagnosis.
- C** **x** Option C isn't the correct answer because although a diagnosis of cancer is given as an example, the writer isn't talking about a particular disease in the paragraph as a whole.
- D** **x** Option D isn't the correct answer because the issue explored in the paragraph is the point at which different diagnoses are considered, and the effect that has on later thinking, rather than different ideas.



Key to Reading Sample Test - Questions 19 - 21

Q19

- | | | |
|----------|---|--|
| A | ✓ | Option A is the correct answer because the figures show that there is a difference between intentions – the ‘overwhelming majority’ agree that errors should be disclosed – and what happens: only 17% were found to actually do that. |
| B | ✗ | Option B isn’t the correct answer because although the writer poses this question at the end of the paragraph, this isn’t what the figures ‘reveal’ – it is more our reaction to that information. |
| C | ✗ | Option C isn’t the correct answer because the figures are not telling us what the doctors ‘believe’ – this is reported via the words ‘overwhelming majority’ rather than by the figures, which refer to what actually happens. |
| D | ✗ | Option D isn’t the correct answer because the figures relate to levels of reporting generally rather than incidence of error in any particular field. |

Q20

- | | | |
|----------|---|--|
| A | ✗ | Option A isn’t the correct answer because no mention is made of how the airline industry publicises the near misses to the public in terms of being readily understood or not. |
| B | ✓ | Option B is the correct answer because when the writer says ‘there is much to be said for this approach’, he is giving praise, and ‘this approach’ is that ‘near misses aren’t publicised per person’. |
| C | ✗ | Option C isn’t the correct answer because the airlines ‘allow everyone to understand what the risks are’ - this isn’t the aspect of their policy that the writer singles out for praise. |
| D | ✗ | Option D isn’t the correct answer because although physician payments are mentioned earlier in the paragraph, payments to pilots are not discussed. |

Q21

- | | | |
|----------|---|--|
| A | ✓ | Option A is the correct answer because the word ‘this’ refers to the physician choosing ‘option one’ in the previous sentence. This in turn refers to the first of the two possible courses of action described above, i.e. talking to the person concerned rather than reporting them to the risk management officer. |
| B | ✗ | Option B isn’t the correct answer because the word ‘this’ refers to which decision is made, not when it is made. |
| C | ✗ | Option C isn’t the correct answer because speaking to senior staff is one of the options available, but not the one referred to by the word ‘this’ and the phrase ‘option one’ |
| D | ✗ | Option D isn’t the correct answer because the word ‘this’ refers to a way of confronting the problem directly – i.e. talking to the person concerned – not to passing it on for others (i.e. the risk management officer) to deal with. |



Key to Reading Sample Test - Question 22

Q22

- | | | |
|----------|----------|---|
| A | x | Option A isn't the correct answer because the text says that doctors 'don't need fear of litigation to drive their behaviour in the right direction'. |
| B | x | Option B isn't the correct answer because it is presented as a similar level of problem for both groups. |
| C | ✓ | Option C is the correct answer because the writer points to the example of the USA and Canada, which have the same rates of disclosure, but very different litigation environments. |
| D | x | Option D isn't the correct answer because the writer doesn't discuss the extent to which doctors may leave the profession as a result of litigation or fear of it. |

**READING SAMPLE SUB-TEST MARK SCHEME - PART A**

PART A: QUESTIONS 1-10	
1	B
2	C
3	B
4	D
5	C
6	D
7	A
8	700mL
9	(the) back of the hand
10	Alzheimer's (disease)

PART A: QUESTIONS 11-20	
11	incontinence
12	blood tests
13	seven days
14	2.4 Litres
15	swallowing
16	creatinine ratio
17	neck veins
18	tongue
19	weight
20	straws



READING SUB-TEST MARK SCHEME PARTS B&C

PART B: QUESTIONS 1-6

1	A	reminding staff of their obligations
2	C	collect both of the required blood samples at the same time.
3	B	ensuring that materials cannot leak from packages.
4	B	they can refer a patient to a senior member of staff directly if they feel it is necessary.
5	B	in the case of a non-serious reaction to an established vaccine
6	A	want a limited amount of detail about the recommended treatment.

PART C: QUESTIONS 7-14

7	B	has been well-intentioned but misguided.
8	C	attempting to regulate an individual's drug consumption.
9	A	compromising their medical standards.
10	B	appropriate practice should be followed in every situation.
11	D	traditional boundaries of therapy have been broadened.
12	C	medication can both help and hinder sports performance.
13	B	widespread marketing of testosterone supplements.
14	C	a likely future development.

PART C: QUESTIONS 15-22

15	D	The problem is likely to be worse than many believe.
16	C	the indirect way conclusions are reached
17	D	He would expect a doctor to diagnose a patient before treating them.
18	B	people having a tendency to jump to conclusions
19	A	There is a gap between doctors' intentions and their actions.
20	B	allowing those who acknowledge mistakes to remain anonymous.
21	A	a private conversation
22	C	It is less of an issue than might be expected.



OET Writing

General Description

FORMAT:	This sub-test contains one task
TIMING:	45 minutes in total Reading time: 5 minutes Writing time: 40 minutes
STIMULUS MATERIAL:	i Background information on context ii Set of case notes (profession-specific) &/or relevant documentation iii Task instructions
TASK TYPE:	Letter (e.g. of referral)
MARKS:	6 assessment criteria scored out of 3 or 7 Purpose (3) Content (7) Conciseness & Clarity (7) Genre & Style (7) Organisation & Layout (7) Language (7)

Nursing management:

Encourage oral fluids, proper nutrition.
Ambulant as per physio r/v.
Encourage chest physio (deep breathing & coughing exercises).
Sitting preferred to lying down to ensure postural drainage.

Assessment: Good progress overall

Discharge plan: Paracetamol if necessary for chest/abdom. pain.
Keep warm.
Good nutrition – ↑ fluids, eggs, fruit, veg (needs help monitoring diet).

Writing Task:

Using the information given in the case notes, write a discharge letter to Ms Georgine Ponsford, Resident Community Nurse at the Community Retirement Home, 103 Light Street, Newtown. This letter will accompany Mr Ramamurthy back to the retirement home upon his discharge tomorrow.

In your answer:

- Expand the relevant notes into complete sentences
- Do **not** use note form
- Use letter format

The body of the letter should be approximately 180–200 words.

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Ms Georgine Ponsford
Resident Community Nurse
Community Retirement Home
103 Light Street
Newtown

10 February 2019

Dear Ms Ponsford,
Re: Lionel Ramamurthy,





Detailed Description:

Input word length:

The task introduction and case notes will cover two pages (excluding headings, e.g. dates, etc).

Computer based testing tip:

On computer, the case notes will appear in a separate pane to the space for typing the letter. Reassure your students, that they can independently scroll up and down the two different panes for easy reading of and reference to the case notes.

Expected output word length:

Candidates are required to write approximately 180-200 words in the body of the letter (excluding salutation, subject line and complimentary close).

Completing the task within the word length is an important part of task achievement. If considerably fewer words are written, it means that all necessary and relevant content is unlikely to have been included. If, however, the word count is significantly over 200 words, then irrelevant details are likely to have been incorporated, which will distract the reader and obscure the clarity of the letter.

Stimulus material:

Each writing task starts with a short introduction which includes brief background information about the context as well as brief reference to the relationship between the writer and the patient. The profession-specific case notes which follow are organised under separate headings, e.g. *Patient details*, *Presenting problem*, *Treatment record*, *Plan*, etc, together with relevant dates, in order to provide a clear scenario and timeline. The information is given in reduced note form and includes commonly known abbreviations (e.g. BP, BMI, etc) and symbols where appropriate (e.g. ↑, >, etc). Candidates are required to extract the relevant information and expand it into full sentence form.

Finally, task instructions are given which include:

- i. the recipient's details (name, job title, address)
- ii. a brief reason for writing (e.g. to request advice about the patient's future treatment)
- iii. information re. word count and need for letter format



Detailed Description continued:

Task type and focus:

The task is to write a formal letter to a given addressee, usually to another health professional, e.g. to a medical specialist, care home manager or community nurse. Such a letter is usually one of referral, transfer or discharge. Sometimes, however, the recipient may be a patient, carer or group (e.g. in Pharmacy, Veterinary Science, Speech Pathology and Occupational Therapy), in which case the letter is normally one of advice or information. Radiography tasks tend to have a different focus, e.g. a written response to a complaint.

The referral letter involves the partial transfer of responsibility for the patient's care to another healthcare professional for advice and/or further management (e.g. when the care required falls outside the writer's area of expertise). A transfer letter, on the other hand, involves transferring all responsibility for the patient over to that health professional.

For all types of letter, it is essential that adequate and relevant information about the patient is included in order to enable continuation of care. One key feature of the writing task, therefore, is that candidates must carefully select relevant information from the case notes. The notes contain a limited amount of superfluous but professionally plausible details which candidates need to disregard.

The case notes also contain a 'problematic point' in order to provide sufficient complexity to allow for discrimination between candidates. This may, for example, take the form of uncertainty with establishing a definitive diagnosis or problems with patient compliance. The level of complexity and amount of detail included in the case notes, however, are designed for comprehension within the 5 minutes' reading time. In the 40 minutes' writing time, candidates must then present the relevant and necessary information in a logically organised, clear and accurate form, using an appropriate register for the target reader. No additional information should be included (e.g. from the candidate's own medical knowledge) which is not given in the case notes.

Task rationale:

The task is designed to reflect the realistic demands of the health professional's workplace, involving the process of information selection and letter production within a limited time. The aim is to allow health professionals to retrieve key information quickly and efficiently from a written document.



Preparation, tips and strategies:

When preparing for the Writing test, your students need to familiarise themselves with the task type, time and word length constraints as well as the formal tone required for the target reader.

- ▶ Train your students to read the introduction and task instructions carefully, so that they are clear from the start why they are writing and to whom. Recognising the purpose of the letter and understanding the role of the addressee in the patient's care will help students to identify the relevant information in the case notes. Make sure that students are able to give a clear summary of the reason for writing in the opening paragraph and that this is adequately expanded upon later in the body of the letter and, if appropriate, briefly resumed in the closing sentence.
 - ▶ Stress to your students that the case notes contain redundant information which should not be included in the letter. Some candidates have difficulty in separating the relevant from the irrelevant and feel a need to include everything given in the case notes. Train your students to differentiate between the two types of information, e.g. by getting them to underline essential points in a set of case notes or, alternatively, to underline any superfluous details which should be excluded from their responses. Gradually decreasing time limits could be set for this, so that students are eventually able to identify essential/superfluous information within 5 minutes, to reflect the reading time allowed in the exam. (During the latter, however, candidates are not permitted to write or make any marks on their papers.)
- Computer based testing tip:**

The Writing task is displayed at the end of the case notes in the left-hand pane AND above the box where candidates will type their answer for easy reference.
- ▶ Once your students understand the role of the target reader in the patient's care, they need to establish what he/she needs to know. For example, if the letter is to a Care Home Manager, the information required is 'forward looking' in that it will involve instructions and recommendations for future care. On the other hand, in a GP referral to a specialist for patient assessment, relevant information from the patient's medical history and treatment record will be the main focus. Awareness of the target reader will also help to prevent inclusion of unnecessary details, e.g. from 'Social background', which may be of less relevance to an orthopaedic surgeon than to a psychiatrist, for example. Candidates should avoid giving information which the target reader will already know, e.g. when replying to a referring GP.
- Computer based testing tip:**

Candidates are also prevented from using the highlight function on the case notes during the first 5 minutes of Reading time. This is available once the 40 minutes, Writing time starts.

Candidates can end the Reading time early on computer but encourage them not to do this. Any remaining Reading time will NOT be added to their Writing time, they will simply lose the opportunity to consider the case notes and this may impact their ability to type a coherent letter.



Preparation, tips and strategies continued

- ▶ Students will benefit from practice in planning and structuring their letters. Train them in how to use paragraphs effectively, so that each key area is covered in a separate paragraph. They also need to order their ideas logically, moving smoothly from e.g. the purpose of the letter in the introductory paragraph through a summary of treatment given and then onto expanded details of the stated purpose, such as details of the aftercare required. Time references can help to clarify the sequence of events, (e.g. *On initial presentation five years ago*, *A recent deterioration last month*, etc.) but care is needed to ensure these accurately match the timeline in the notes.

Computer based testing tip:

If candidates want to plan/draft on computer, they can do this in the same box which is provided for their letter. Before the Writing time ends, they should delete any plan/draft they had written so it is not considered part of their final answer.

- ▶ It will be useful to remind students that they do not need to follow the same sequence of information as that given in the case notes. They are expected, when necessary, to re-order points for the sake of emphasis, clarity and avoidance of strain for the reader.
- ▶ Students need to be familiar with letter layout and format in order that they include all necessary reference details accurately. Care should be taken to ensure that the recipient's name, job title and address are correctly copied from the stimulus material and are clearly laid out, using 'open' punctuation (i.e. no full stops, etc.), which is considered good letter-writing practice but not strictly assessed for OET. The date in full form should be included as well as a separate subject line, highlighting the patient's name and date of birth for easy reference. Paragraphs should be separated by a single line space, to help clarify content and reduce strain on the part of the reader.

Computer based testing tip:

Encourage your students to follow this advice when typing their letter too.

- ▶ Give your students practice in linking, highlighting and prioritising information, e.g. by effective use of connectors and cohesive devices, precise lexical choices (e.g. *It is essential/important/advisable/possible to ...*), etc. They need to be able to clearly show any connections between points given in the case notes but should be advised not to use connectors for the sake of it, in the hope of increased marks. Over-use and inclusion of unnecessary connectors will impede communication and distract the target reader.
- ▶ Students need to be able to summarise information effectively. They need for example to be able to identify and précis repeated treatment patterns given in the case notes, condense medical history, avoid unnecessary replication of data, etc. Concise and clear communication is highly valued in the health professional's workplace and is essential if time-consuming and irrelevant detail is to be avoided.
- ▶ It will be useful for students to practise writing letters within the required word and time limit so that they learn to judge when their work is of an appropriate length and how long it takes them. This will help to prevent them counting every word during the exam itself, thereby saving precious time.

Computer based testing tip:

Students who may feel anxious about their typing speed can be reassured that they only need to type at a similar speed to their handwriting speed.

A word count for what they have typed is displayed below the text box for their letter. Remind them that this is for the whole letter but only the body is considered within the word limit. The same advice to not pay too much attention to word count applies to all modes of delivery of OET.



Preparation, tips and strategies continued

- ▶ Remind students that the Writing test is a language test rather than one of medical knowledge. Language accuracy, however, matters to the extent that it helps or hinders retrieval of key information. Minor slips are unlikely to interfere with meaning or to cause too much strain for the reader. Major and/or repeated inaccuracies, however, are likely to confuse and/or distract the reader (e.g. incorrect tense use).

Occasional spelling errors are not specifically penalised unless they are misleading, e.g. *hypertension for hypotension, palpitation for palpation*, etc. Familiarise your students with these and other common spelling errors, e.g. *advise for advice, loose for lose*, etc. American/Australian/UK spellings are all acceptable, but it is important that the chosen convention is used consistently throughout the candidate's response.

Give students lots of practice in recognising the key functions needed for the task, e.g. advising, warning, emphasising, etc., and in using a range of appropriate verb structures to express these functions.

Train students to understand the meaning of symbols and abbreviations used in the case notes (e.g. >, ↑, Wt., etc.). They should avoid using such abbreviations in their letters and would benefit from lots of practice in converting information given in note form to full phrases and full sentence form, e.g. *2x/wk to twice a week, Pt. advised ↓sugar intake to the patient was advised to reduce his sugar consumption*, etc.

- ▶ Your students need to be familiar with the style and genre of writing required. They should be able to produce the relatively formal register and neutral tone used in professional letters and to use it consistently. They would benefit from practising the formal language and professional tone required, e.g. by appropriate use of the passive voice (e.g. *'IV antibiotics were administered' rather than 'the nurse administered IV antibiotics'*; *'Compliance with medication should be checked' rather than 'You should check the patient's compliance with her medication'*) and avoidance of informal lexis, e.g. *'the patient's mom'*, etc. Students should also be able to select appropriate terminology for the addressee, e.g. by differentiating between 'technical' and 'non-technical' terms such as *'hypertension'* for a Medical Consultant versus *'high blood pressure'* for a carer, *'ambulate'* versus *'walk'*, etc.

The same goes for medical abbreviations; although some are commonly used by specialists and non-specialists alike (e.g. MS, IBS), when writing to a carer, for example, the full form of less common acronyms should be given. It would be inappropriate, however, to give the full form to a medical consultant whose specialist field would involve regular use of a particular acronym.

Give students practice in using the correct salutation and complimentary close in their letters, i.e. to use the recipient's name if given and to close with *'Yours sincerely'* in such cases. They will also find it useful to familiarise themselves with a range of closing polite formulae, e.g. *'Should you need any further information, please do not hesitate to contact me'*.



Preparation, tips and strategies continued

- ▶ Understanding the assessment criteria and descriptors will help to inform your students of what they should be aiming at. Go through the descriptors with your students so that they are aware of what is required and, when giving feedback on their work, do so separately for each criterion so that students learn to apply the full range when writing and can measure their progress against each assessment descriptor.
- ▶ It's always a good idea to encourage students to allow a couple of minutes at the end of their writing time to review their work, e.g. to check that patient details have been correctly copied, that spellings of medications etc. match the case notes and are used consistently, that grammatical agreements of subject with verb, choice of tense, etc. are accurate.
- ▶ Although the quality of candidates' handwriting is not assessed in the writing test, your students should be encouraged to write legibly and to avoid too many untidy deletions, arrows to re-order information, etc. so as to avoid undue strain on the reader. Practice in planning the structure of the letter, e.g. deciding which points are to go in separate paragraphs, will help to reduce the likelihood of deletions, etc.

Computer based testing tip:

While editing functionality (cut, copy, paste) will be available when practising with the sample tests on the OET website, these functions will be locked down on test day, so they should practise without these.

Writing sub-test: Assessment criteria and level descriptors

Band	Purpose	Band	Content	Conciseness & Clarity	Genre & Style	Organisation & Layout	Language
3	Purpose of document is immediately apparent and sufficiently expanded as required	7	Content is appropriate to intended reader and addresses what is needed to continue care (key information is included; no important details missing); content from case notes is accurately represented	Length of document is appropriate to case and reader (no irrelevant information included); information is summarised effectively and presented clearly	Writing is clinical/factual and appropriate to genre and reader (discipline and knowledge); technical language, abbreviations and polite language are used appropriately for document and recipient	Organisation and paragraphing are appropriate, logical and clear; key information is highlighted and sub-sections are well organised; document is well laid out	Language features (spelling/punctuation/vocabulary/grammar/sentence structure) are accurate and do not interfere with meaning
2	Purpose of document is apparent but not sufficiently highlighted or expanded	6	Content is appropriate to intended reader and mostly addresses what is needed to continue care; content from case notes is generally accurately represented	Length of document is mostly appropriate to case and reader; information is mostly summarized effectively and presented clearly	Writing is clinical/factual and appropriate to genre and reader with occasional, minor inappropriacies; technical language, abbreviations and polite language are used appropriately with minor inconsistencies	Organisation and paragraphing are generally appropriate, logical and clear; occasional lapses of organisation in sub-sections and/or highlighting of key information; layout is generally good	Minor slips in language generally do not interfere with meaning
1	Purpose of document is not immediately apparent and may show very limited expansion	4	Content is mostly appropriate to intended reader; some key information (about case or to continue care) may be missing; there may be some inaccuracies in content	Inclusion of some irrelevant information distracts from overall clarity of document; attempt to summarise only partially successful	Writing is at times inappropriate to the document or target reader; over-reliance on technical language and abbreviations may distract reader	Organisation and paragraphing are not always logical, creating strain for the reader; key information may not be highlighted; layout is mostly appropriate with some lapses	Inaccuracies in language, in particular in complex structures, cause minor strain for the reader but do not interfere with meaning
0	Purpose of document is partially obscured/unclear and/or misunderstood	3	Content does not provide intended reader sufficient information about the case and what is needed to continue care; key information is missing or inaccurate	Clarity of document is obscured by the inclusion of many unnecessary details; attempt to summarise not successful	The writing shows inadequate understanding of the genre and target reader; mis- or over-use of technical language and abbreviations cause strain for the reader	Organisation not logical, putting strain on the reader; or heavy reliance on case note structure; key information is not well highlighted and the layout may not be appropriate	Inaccuracies in language cause considerable strain for the reader and may interfere with meaning
0		0					
Performance below Band 1							

Writing sub-test: Assessment criteria and level descriptors

Criterion	Description
Purpose Helps the reader get a quick and precise sense of what is asked of them	Due to time constraints, health professionals want to understand the purpose behind a written handover document (e.g. referral letter) very quickly and efficiently. This criterion therefore examines how clearly the writing communicates the purpose of the document to the reader. The purpose for writing should be introduced early in the document and then clearly expanded on later (often near the end of the document). The purpose should be easily and immediately identifiable to the reader, so there is no need to search for it.
Content - Considers necessary information (audience awareness: what does the reader need to know?) - Considers accuracy of information	The content criterion examines a number of aspects of the content: - All key information is included - Information is accurately represented - Audience awareness is key here. The writing needs to be appropriate to the reader (and their knowledge of the case) and what they need to know to continue care.
Conciseness & Clarity - Considers irrelevant information (audience awareness: what doesn't the reader need to know?) - Considers how effectively the case is summarised (audience awareness: no time is wasted)	Health professionals value concise and clear communication. This criterion, therefore also considers: - whether unnecessary information from the notes is included and how distracting this may be to the reader, i.e. Does this affect clarity? Is there any information that could be left out? - how well the information (the case) is summarised and how clearly this summary is presented to the reader.
Genre & Style Considers the appropriateness of features such as register and tone to the document's purpose and audience	Referral letters and similar written handover documents need to show awareness of genre by being written in a clinical/factual manner (e.g. not including personal feelings and judgements) and awareness of the target reader through using professional register and tone. The use of abbreviations should not be overdone thereby assuming common prior knowledge. If written to a medical colleague in a similar discipline, then judicious use of abbreviations and technical terms would be entirely appropriate, but if the medical colleague was in a totally different discipline, or a letter was from a specialist to a GP, more explanation and less shorthand would be desirable. If the target readership includes the patient, the information must be worded appropriately, e.g. minimising medical jargon.
Organisation & Layout Considers organisational features of the document	Health professionals value documents that are clearly structured so it is easy for them to efficiently retrieve relevant information. This criterion examines how well the document is organised and laid out. It examines whether the paragraphing is appropriate, whether sub-sections within the document are logically organised and whether key information is clearly highlighted to the reader so that it is not easily missed. The criterion also considers whether the layout of the document is appropriate.
Language Considers aspects of language proficiency such as vocabulary, grammar, spelling, punctuation	Health professionals are concerned with linguistic features only to the extent that they facilitate or obstruct retrieval of information. This criterion examines whether the language is accurate, used appropriately and whether it interferes with reading comprehension or speed.



Case notes of OET Medicine test:

Page 1 of 2

OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: MEDICINE

TIME ALLOWED: **READING TIME: 5 MINUTES**
WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

Notes:

Mr William McGuire (born on 23 May 1953) is a patient in your general practice.

Name:	Mr William McGuire
DOB:	23 May 1953
Residence:	75 Queens Parade, Bay City
Social background:	65-year-old retired school teacher
Family history (Hx):	Married, lives at home with wife Ex-smoker (40 cigs/day for 40 years, quit 5 years ago) Sister 72 y.o. – mild chronic obstructive pulmonary disease (COPD) Sister 66 y.o. – rheumatoid arthritis & bronchiectasis
Immunisation:	Fluvax up-to-date (no known allergies)
Past medical Hx:	(2014) Gout
History of presenting complaint:	
August 2016	4-month Hx chronic cough, ↑ dyspnoea Diagnosed with COPD
September 2017	1st infective exacerbation of COPD Hospitalisation & IV antibiotics
July 2018	2nd infective exacerbation of COPD Hospitalisation Sputum – pseudomonas aeruginosa IV antibiotics (ceftazidime & gentamicin) Discharged with FEV ₁ % of 66% on oral antibiotics; 6-week course of pulmonary rehabilitation with physiotherapist
Medications:	COPD: salbutamol (Ventolin) 100mcg 2 puffs p.r.n. salmeterol/fluticasone (Seretide) 500mcg/50mcg 1 puff b.d. tiotropium bromide (Spiriva) 18mcg 1 puff b.d. Gout: allopurinol (Progout) 100mg 1 tablet b.d.



Case notes of OET Medicine test:

Page 2 of 2

Current Presenting

Complaint: 06.10.18:

Subjective:	Slowly ↑ dyspnoea since last hospital admission No paroxysmal nocturnal dyspnoea (difficulty breathing at night) No orthopnoea (difficulty breathing when lying down) No haemoptysis, perirectal bleeding or melaena (dark, tarry stools) ↓↓↓ ADL, loss of appetite, ↑ anxiety, ?depression
Objective:	T – 36.7°C, P – 83 regular, Ht – 170cm, Wt – 78kg Hyperinflation, ↑ resonance, ↓ chest expansion, ↓ breath sounds No wheezes/crepitations Jugular venous pressure not elevated (JVPNE), dual heart sounds; no murmurs, BP 140/80 No anaemia
Test results:	Normal – ECG & troponin (nil ischaemia), FBC (nil anaemia), CXR (nil pneumothorax/cancer) Peak expiratory flow rate (PEFR) – 320, FEV₁% of 47%
Assessment:	↓ respiratory function with significant ↓ ADL Mild depression
Plan:	?psychologist for depression treatment Refer to respiratory specialist for assessment and advice on management: ?intensification of treatment ?home oxygen therapy

Writing Task:

Using the information given in the case notes, write a letter of referral to the respiratory physician, Dr Sutton, seeking follow-up assessment and advice on management. Address the letter to Dr Mandy Sutton, Department of Respiratory Medicine, Central Hospital, Bay City.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately 180–200 words.



OET Medicine Sample response:

OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: MEDICINE

SAMPLE RESPONSE: LETTER OF REFERRAL

Dr Mandy Sutton
Department of Respiratory Medicine
Central Hospital
Bay City

6 October 2018

Re: Mr William McGuire
DOB: 23.05.1953

Dear Dr Sutton

I am writing to refer Mr McGuire, who presented today with deteriorating respiratory function, for assessment and advice on management of his condition.

Mr McGuire was diagnosed with COPD two years ago. His risk factors include: smoking, for 40 years until 2013, and a relevant family history, sisters with COPD and bronchiectasis.

Mr McGuire has had two infective exacerbations of COPD (more than one year ago and three months ago), both requiring hospitalisation and IV antibiotics. He has undergone six weeks of pulmonary rehabilitation. He is immunised with Fluvax and currently managed on Spiriva, Seretide and Ventolin.

On examination, Mr McGuire had signs of hyperinflation, decreased chest expansion, increased resonance and decreased breath sounds. No wheezes or crepitations were audible. He has a PEF of 320 and a FEV₁% of 47%.

Mr McGuire's lung function has declined significantly since his last lung function test (FEV₁% 66% in July). His daily activities are becoming severely curtailed and he appears to be experiencing mild depression. There is no evidence of an acute exacerbation or reversible cause of increasing dyspnoea (normal FBC/ECG).

Please review and advise regarding the need for potential intensification of treatment and/or home oxygen therapy.

Yours sincerely

Doctor



MEDICINE

Candidate sample response with comments

Key:

Notes in blue are paragraph level comments

Notes in black are word or sentence level comments

Appropriate layout of address. Role of addressee not technically needed because not set as part of the address

Dr Mandy Sutton
Respiratory Physician
Department of Respiratory Medicine
Central Hospital
Bay City

Acceptable date format

06.10.2018

Correct register for salutation

Dear Dr Sutton,

Re: Mr William McGuire, DOB: 23rd May 1953

Omission of purpose at start; the reader only learns the reason for writing in the final paragraph

I am writing regarding this 65-year-old retired school teacher, who is presenting with **markedly deteriorating** respiration function with significantly reduction in his activity of daily living. He has a two-year history of chronic obstructive pulmonary disease (COPD) and a four-year duration of gout. He **is** an ex-smoker for five years. He also has a family history of COPD in his 72-year-old sister; and of rheumatoid arthritis and bronchiectasis in his 66-year-old sister.

Spelling mistakes

Lack of concision: this point is repeated at start of para 2.

Details of smoking history (years smoked, cigs per day) omitted

Covering medical history & family history in the same para overloads it for the reader

Wrong tense

Inaccurate punctuation

In August 2016, Mr. McGuire **has been diagnosed** as having COPD. During these two years, he had been admitted to hospital for acute infective exacerbation of COPD for two times. His last admission was in July 2018, in which he was discharged with FEV1 of 66% on oral antibiotics. He also attended a six-week course of pulmonary rehabilitation with a physiotherapist. He is **currently** taking Seretide 500/50 mcg inhaler two times a day together with tiotropium bromide inhaler 18 mcg twice per day and salbutamol inhaler 100 mcg as needed. He is on allopurinol for his gout.

Lack of concision first half of para 2; letter is overlength

Correct formal register

Medication details would be better in a separate paragraph

Spelling mistake

Today, Mr McGuire attended me complaining of progressive dyspnoea, loss of appetite and inability to perform his **dialy** ability. Moreover, He is very anxious and I suspect that he is **suffering depression for which** I am going to refer him to a psychologist **on** later date. Examination revealed hyperinflated lungs with reduced chest expansion and reduced breath sound, and increased resonance. However, wheezing and crepitations **were not detected**. Electrocardiogram, full blood count and chest X-ray were all normal, but peak expiratory flow rate was 320 and FEV1 was 47%.

Info regarding physical state should be together/ the sentence regarding anxiety at the para end

Missing/ wrong prepositions

Passive shows appropriate formal register & use of complex language

Effective linking

In view of the above, I believe that Mr. McGuire need a follow-up assessment by a specialist for further management. **I would really appreciate** your expert management plan for this patient.

Unnecessary repetition in the last sentence (management). Content/full purpose omitted (i.e. intensification of treatment & home oxygen therapy)

Lapse in formality

Yours sincerely,

Dr.

Correct register for complimentary close



Using the assessor commentaries with the candidate Writing samples

Six candidate responses and assessor commentaries have been provided for the Medicine set of case notes about patient William McGuire and the Nursing set of case notes about patient Betty Wood, respectively.

Together, the responses and commentaries are a valuable tool in assisting you to understand the marking criteria and their application to candidates' writing more clearly, and as a teaching resource to use with your students.

Here are some suggestions for how you can use them in both instances:

Marking tool

To standardise your use of the marking criteria against the scores given by OET assessors using the marking criteria, complete this activity individually or, if you are part of a school, collectively.

Start by reading the case notes and then 'setting the standard': read the candidate sample and associated assessor commentary. For Medicine, we recommend sample 6 and for Nursing, we recommend sample 4 for this purpose. Once you have read both the sample and commentary, reflect on what scores were awarded and the justification given for these scores by the assessors; notice how the language used by the assessor reflects the assessment descriptors.

Next, work to apply the standard with teaching colleagues if possible. [If you are a private tutor, you could reach out to other teachers through the official OET Facebook group for teachers]. For Medicine, we recommend sample 5 and for Nursing, we recommend sample 1 for this purpose. For this step, read the candidate sample and, as a group, discuss the scores you would give and your justifications for them until you have negotiated a final score for each criterion for this sample. Then read the assessor commentary and compare your final scores with those given by the assessor. Discuss any points of difference between scores, referring to the explanation provided in the commentary.

Finally, apply the standard individually. For both Medicine and Nursing we recommend sample 3 from the corresponding set of samples for this purpose. Like with the previous step, read the candidate sample, but this time, score by yourself, perhaps making a few notes to justify your decision. Then read the assessor commentary and compare with your scores.

If you identify some areas where you are scoring higher or lower than the assessor, you can use the other 3 samples for each profession to further standardise your marking. You could also ask a colleague to mentor you with marking for this criterion by discussing a selection of your students' letters after you have marked them.

These materials can be used as training resources with colleagues to ensure scoring consistency. Once you are matching the standard, you can incorporate ongoing standardisation using other official OET sets of case notes so that you are regularly checking as a team that you are maintaining the standard.



Teaching resource

To familiarise your students with the assessment criteria and to assist them to recognise the scores their writing would achieve on the assessment level descriptors, you can complete a range of activities using the candidate samples and assessor commentaries. These will all work best once students are familiar with the case notes but before they have written their own letter.

Activities 1 - 4

1 Cut up one or more of the candidate samples (but keep each sample separate). Ask students to organise the paragraphs into the clearest order for the reader. With stronger students, you could also cut up the paragraphs into individual sentences and do a similar activity to focus on ensuring that the most important information is clearly highlighted in each paragraph.

2 Cut the purpose paragraph from each candidate sample (or at least 3 examples) and the official sample letter. Ask students to discuss the merits and weaknesses of each of the sample purpose paragraphs against the Writing Task and any additional information provided about the reason for writing in the final section of the case notes. Then ask them to rate the paragraph they felt was the best example against the official sample letter. Are the two equally clear? Is the official sample more specific to the Writing Task? Has the candidate sample used any 'template' phrases that perhaps are not truly appropriate for this scenario?

3 Give students a candidate sample and the official sample letter. Ask them to go through each one, identifying examples of simple, compound and complex sentences. Then ask them to go through the letters again, looking for use of simple, continuous and perfect tenses as well as active/passive forms. Discuss the sentences they have identified and how the official sample will have demonstrated a range of sentence types and tenses. Does the candidate sample show similar range? Are there sentences which could be improved by changing sentence type or tense?

4 Give groups of students one candidate sample and the assessment descriptors. Ask students to read the sample individually and then discuss in their groups what they think the strengths and weaknesses of it are, and perhaps any improvements they would make to it. Then, ask the group to work together to score the sample, looking at each assessment level descriptor to find evidence for their choice. Provide the assessor commentary for the candidate sample for the group to compare with the scores they awarded. If there were differences, can they understand why the assessor gave a different score from the evidence in the commentary? Did anything surprise them about the scores? What do the scores for this sample tell them about their own writing? How do they think their letter for these case notes would score based on their usual performance? (They can then compare these predictions with the scores you give them after writing the letter).

[Note about the scores and grades provided for these candidate samples](#)

These assessor commentaries have been generated from genuine candidate samples for the purpose of this handbook as a teaching and learning tool for teachers. The intention is that the scores and grades will help teachers feel more confident about the accuracy of their own marking and the advice they are giving to their students about when they are test-ready to apply for OET.

OET never recommends that teachers provide students with a letter grade. Grades are calculated from two sets of raw scores produced by OET assessors who have received specialist training to be a Writing assessor. These scores are then combined and processed through quality checks to produce the final grade received by the candidate.

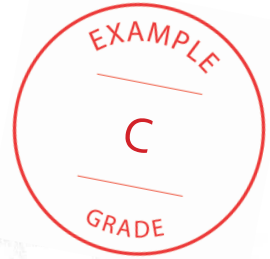
While students are keen to know a letter grade, it is more beneficial to focus on the strengths and weaknesses of their writing and to advise them on the test-readiness or lack of test-readiness of their practice letters. Using the candidate samples provided as some kind of template for students will not be of assistance to them in achieving the score they want on test day.



MEDICINE

Candidate sample response 1:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr. Mandy Sutton

Respiratory physician

Department of Respiratory Medicine

Central Hospital

Bay City.

06.10.2018

Dear Dr. Sutton,

Re: Mr. William McGuire, DOB - 23rd May 1953

I am writing regarding this 65-year-old retired school teacher, who is presenting with markedly deteriorating respiration function with significantly reduction in his activity of daily living. He has a two-year history of chronic obstructive pulmonary disease (COPD) and a four-year duration of gout. He is an ex-smoker for five years. He also has a family history of COPD in his 72-year-old sister; and of rheumatoid arthritis and bronchiectasis in his 66-year-old sister.

In August 2016, Mr. McGuire has been diagnosed as having COPD. During these two years, he had been admitted to hospital for acute infective exacerbation of COPD for two times. His last admission was in July 2018, in which he was discharged with FEV₁ of 66% on oral antibiotics. He also attended a six-week course of pulmonary rehabilitation with a physiotherapist. He is currently taking Seretide 500/50 mcg inhaler two times a day together with tiotropium bromide inhaler 18 mcg twice per day and salbutamol inhaler 100 mcg as needed. He is on allopurinol for his gout.

Today, Mr. McGuire attended me complaining of progressive dyspnoea, loss of appetite and inability to perform his daily ability. Moreover, He is very anxious and I suspect that he is suffering depression for which I am going to refer him to a psychologist on later date. Examination revealed hyperinflated lungs with reduced chest expansion and reduced breath sound, and increased resonance. However, wheezing and crepitations



MEDICINE

Candidate sample response 1:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

were not detected. Electrocardiogram, full blood count and chest X-ray were all normal, but peak expiratory flow rate was 320 and FEV₁ was 47%.

In view of the above, I believe that Mr. McGuire need a follow-up assessment by a specialist for further management. I would really appreciate your respect management plan for this patient.

Yours sincerely,

Dr.



MEDICINE

Candidate sample response 1

Assessor scores / comments:

Script:	WMED1_Sample 1	Profession:	MED - William McGuire
Purpose (0 – 3)			
1	The intended reader would know from the first paragraph that it is a referral for a patient with “rapidly deteriorating respiration function” with a two-year history of COPD. However, the last paragraph only requests follow-up assessment and a management plan and doesn’t specify request for advice on management; the specific requests for whether intensification of treatment and home oxygen therapy are indicated are not included and therefore the expansion of ‘Purpose’ is very limited.		
Content (0 – 7)			
3	The key details missing here are outlined above, i.e. the two specific enquiries for the respiratory specialist, limiting this to band 3. Apart from this significant omission, content is appropriate to the intended reader and mostly addresses what is needed to continue care. It is mentioned that he has been an ex-smoker for five years, although not that he smoked forty cigarettes daily for forty years. That he is immunised with Fluvax is also not mentioned. Content is generally accurate.		
Conciseness & Clarity (0 – 7)			
4	The response is rather overlength, partly because of the over-inclusion of both irrelevant or less important detail e.g. sisters’ ages, RA in sister and referral to the psychologist. Although the less relevant detail from the subjective and objective examinations has been left out (no nocturnal dyspnoea, orthopnoea, etc), some unhelpful repetition is noted, such as the effect on the patient’s activities of daily living. The attempt at summary is partially successful; not all sections have been summarised and condensed for clarity as well as the section on the most recent examination.		
Genre/ Style (0 – 7)			
5	The candidate shows an awareness of genre and is familiar with the clinical and factual tone required for a letter of this type, utilising professional polite language on the whole and no judgemental language used. Abbreviation use is appropriate, e.g. FEV1 and COPD would be readily understood by a respiratory physician. Some terms are unnecessarily written in long form, such as “electrocardiogram” and the first mention of COPD is unnecessarily expanded. As well, “I would really appreciate” is perhaps a little less formal than the rest of the response and better phrasing of clear requests would have improved this aspect.		
Organisation & Layout (0 – 7)			
4	Organisation is not always clear in this response, with paragraphing creating some strain at times. The overloading of the past medical history into the first paragraph is not helpful, and takes away from ‘Purpose’. Medication is hidden in the second paragraph but could have been linked to the past history or given its own section. Another paragraph level lapse in organisation is the inclusion of the sentence about the depression which distracts from the key information about the physical examination in that paragraph. Layout is standard.		
Language (0 – 7)			
4	The candidate makes more than occasional errors and slips, but the meaning is generally clear. Inaccuracies in complex structures, articles, and tense and verb conjugation are noted, for instance, “In August...he has been diagnosed...” and “Mr McGuire need...” but they are minor. Several instances of minor strain are seen, e.g. “Today, Mr McGuire attended me... inability to perform his dialy ability...”, and “Markly deteriorating” There are some slips in punctuation and capitalisation noted. For example, a semicolon after ‘and’ in the first paragraph. There are also a few spelling mistakes (deterioating, hyperinflatted).		

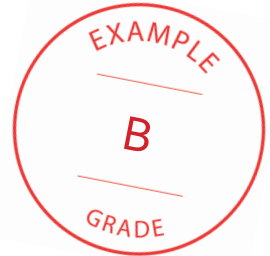
*These scores were provided as a training example for this candidate’s response to a particular set of case notes. Copying the language used in response to a different set of case notes will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample response 2:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr. Mandy Sutton

Department of Respiratory Medicine

Central Hospital

Bay City

06 October 2018

Dear Dr. Sutton,

Re: Mr William McGuire, DOB: 23/05/1953

Thank you in advance for seeing Mr McGuire, a 65-year-old patient of mine who has had a progressively worsening clinical picture of his diagnosis of chronic obstructive pulmonary disease and needs further assessment and management. He attended our clinic today complaining of

Mr. McGuire has had a slowly progressive dyspnoea since his last hospitalization for an infectious exacerbation of his COPD two months ago, which is evidenced by his deteriorating pulmonary function test results. Today he has an FEV1% of 47% and PEF of 320, while in July his FEV1% was 66%. The dyspnoea is not associated with Remedyx, but has caused significant impact on Mr McGuire's activities of daily living.

His condition has also impacted Mr. McGuire's mental health, causing increased anxiety and possibly depression, and warranting a referral to a psychologist for further evaluation. On examination, Mr McGuire's pulmonary examination shows no wheezes or crackles, but the breath sounds are decreased, as is his chest expansion, and hyperinflation and hyper-resonance are noted. The remainder of his examination is unremarkable, as are his other laboratory test results.



MEDICINE

Candidate sample response 2:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Mr. McGuire was diagnosed with COPD two years ago and has had two hospitalisations due to infective complications the most recent of which was last July as has been previously stated. He is currently taking Ventolin, Seretide and Spiriva.

It would be greatly appreciated if you could provide Mr. McGuire with further management, including an optimisation of his medication regimen, as well as considering some oxygen therapy, if indicated.

If you have further questions, please do not hesitate to contact me.

Yours sincerely,

Doctor



MEDICINE

Candidate sample response 2

Assessor scores / comments:

Script:	WMED 1_Sample2	Profession:	MED – William McGuire
Purpose (0 – 3)			
1	The standard referral opening immediately outlines the medical concern, (“ <i>Thank you ... for seeing...progressively worsening clinical picture of his diagnosis of chronic obstructive pulmonary disease</i> ”) but then states that “ <i>further assessment and management...</i> ” is needed. Assessment is needed but management is <u>to be advised upon</u> , and the candidate has not made this distinction. Further final expansion of purpose is given as “ <i>provide with further management, including an optimisation of his medication regimen as well as considering home oxygen therapy, if indicated...</i> ”. The final phrase demonstrates that the intended reader needs to determine whether these options are recommended but the repeated overstating of the request for management impacts the score.		
Content (0 – 7)			
4	The content is mostly appropriate to the reader, mostly addresses what is needed to continue care and generally represents the case notes accurately. However, the repeated request for management noted above detracts from what is otherwise very well presented. Apart from this, this response presents an accurate clinical picture of the current situation, and the history of the COPD. A clear progression is shown with the timeline easily identified, although the recent hospitalisation was three months ago, not two, and we are not told when the first was. Some useful detail in the past medical history is omitted, such as that he was an ex-smoker, had the Fluvax, that he had undergone pulmonary rehabilitation after hospitalisation, and has family history of similar conditions.		
Conciseness & Clarity (0 – 7)			
7	The candidate has summarised the case highly effectively, showing excellent condensing of detail to keep the reader’s focus on the COPD progression and the details of the most recent appointment. In particular, the writer directs the reader to the detail of today’s appointment and pulmonary investigation first, and then condenses the other detail neatly with “ <i>The remainder of his examination is unremarkable, as are his other laboratory test results...</i> ”. The omission of less crucial information (e.g. details of the first hospitalisation, the history of gout) allows the reader to cover the most important detail and skim over the other. The mention of the psychologist referral is an instance of less critical information inclusion. This response is of an appropriate length.		
Genre/ Style (0 – 7)			
7	The writer shows excellent familiarity with genre and style, using a polite, professional, and appropriate tone, with no lapses into informality or judgemental vocabulary choice. The tone remains clinical and factual. The use of abbreviations and acronyms e.g. FEV1% and PEFr, are appropriate to the intended reader, as they would be understood by a specialist of the respiratory system.		
Organisation & Layout (0 – 7)			
6	Organisation and paragraphing are appropriate, logical and clear, with a standard layout for the task. At a whole -text level, it reads well. The writer has prioritised today’s appointment and COPD history first, after the introduction, followed by a brief other history paragraph and then the final expansion of purpose and closing remarks. Paragraphs and their sub-sections are generally well organised, although the mental health details might have been better ordered following the pulmonary observations. Layout is standard for the task.		
Language (0 – 7)			
7	This writer demonstrates excellent control of a range of highly accurate grammatical structures of varying complexity. It reads effortlessly. Reference and substitution are used to good effect, as are word choice and vocabulary. An unnecessary article is seen, i.e. “ <i>a slowly progressing dyspnoea</i> ”, but it is a low impact slip. There are no lapses or inconsistencies noted in either spelling or punctuation.		

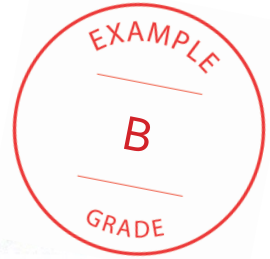
*These scores were provided as a training example for this candidate’s response to a particular set of case notes. Copying the language used in response to a different set of case notes will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample response 3:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

06 October 2018

Dr Mandy Sutton
Respiratory Physician
Department of Respiratory Medicine
Central Hospital
Bay City

Dear Dr Sutton,
Re: Mr William McGuire
DOB: 23/05/1953

I am writing to refer this patient, a 65-year-old retired school teacher, who has clinical features suggestive of decreased respiratory function with significant reduction of activities of daily living as well as mild depression. He requires further assessment and management under your care.

Mr McGuire was initially diagnosed with COPD 4 years ago due to a 4-month-history of chronic cough and progressing dyspnoea. He experienced two episodes of infective exacerbations in 2017 and 2018, for which he was hospitalised. During the last admission, his FEV₁% decreased to 66% and a 6-week course of pulmonary rehabilitation was arranged.

This patient returned today, complaining of slowly increasing dyspnoea since the last hospital admission, with no paroxysmal nocturnal dyspnoea, orthopnoea, or haemoptysis. He also had a difficulty to perform activities of daily living, loss of appetite, and anxiety. On examination, his BP was slightly elevated. Chest hyperinflation was noted, associated with increased resonance, and decreased chest expansion and breath sound. No wheezes or



MEDICINE

Candidate sample response 3:

Page 2 of 2

Please record your answer on this page.
(Only answers on Page 1 and Page 2 will be marked.)

or crepitations were heard and his JVP was not elevated. His peak expiratory flow rate was 320 and FEV₁ % was 47 %. Other investigations (ECG, troponin, FBC, and CXR) were unremarkable.

His current medications include Ventolin, Seretide, and Spiriva. As additional information, Mr McGuire had smoked 40 cigarettes /day for 40 years and stopped smoking in 2013. He has a family history of lung disorders (mild COPD and bronchiectasis in his sisters).

I would appreciate it if you could provide specialist advice regarding possible intensification of treatment and home oxygen therapy. Should you have any queries, please do not hesitate to contact me.

Yours sincerely,

Dr Oeswadi



MEDICINE

Candidate sample response 3

Assessor scores / comments:

Script:	WMED 1_Sample3	Profession:	MED - William McGuire
Purpose (0 – 3)			
3	The initial referral statement sets out an immediately apparent core medical issue, (<i>"I am writing to refer this patient...suggestive of decreased respiratory function."</i>). The final paragraph captures the expansion of purpose very well with the twin enquiry, <i>"I would appreciate it if you could provide specialist advice regarding possible intensification of treatment and home oxygen therapy..."</i> . Both of these sections have identified and expressed the reason for the letter very clearly for the intended reader.		
Content (0 – 7)			
6	The content is appropriate to the reader, addresses what is needed to continue care and generally represents the case notes accurately. This response presents a clear and accurate clinical picture of the current situation and the history of the COPD, although the timeline is not as precise as it should have been, as when the patient was hospitalised in 2018 is not given. Otherwise, there is excellent coverage of the detail required, with the Fluvax being the only omission noted.		
Conciseness & Clarity (0 – 7)			
4	The candidate has summarised the case clearly, showing some condensing of detail (e.g. <i>"other investigations are unremarkable"</i>) to keep the reader's focus primarily on the recent history of the COPD linked to the recent appointment. The omission of some less crucial information (e.g. details of the first hospitalisation, the history of gout) is noted but the candidate has included more than was strictly necessary in the third and fourth paragraphs, resulting in a clear but not concise enough response, at almost 300 words.		
Genre/ Style (0 – 7)			
7	The writer shows an excellent awareness of genre and style. Throughout the response, a polite, professional, and an appropriately clinical and factual tone is used. Vocabulary choice is also appropriate. The candidate shows audience awareness with the use of the abbreviations and acronyms, e.g. JVP, COPD, FEV1%, PEFR. A single lapse is the use of <i>"this patient"</i> at the start of paragraph 3 and also in the introduction, where the patient's name would have been more appropriate in each case.		
Organisation & Layout (0 – 7)			
6	Organisation and paragraphing is appropriate, logical and clear overall and the layout is standard for the task. The text is arranged in a mostly predictable order; with the introduction to purpose together with another associated concern, a history of the presenting complaint followed by the detail of today's appointment, other history, the final expansion of purpose, and closing remarks. Paragraphs and their sub-sections are generally well organised and key information is highlighted for the reader, although the third paragraph is overloaded and would have been easier to digest if split at <i>"On examination..."</i> .		
Language (0 – 7)			
6	The language used in this response demonstrates a range of highly accurate grammatical structures of varying complexity. Only very minor slips are noted e.g. <i>"had smoked"</i> where the past simple would have been more appropriate, and <i>"a difficulty..."</i> , as well as <i>"breath sound"</i> . <i>"Progressing dyspnoea"</i> would have been expressed better as <i>"progressively worsening"</i> but the meaning remains clear. One instance of not expanding the note form is seen with <i>"cigarettes/day"</i> . The only inconsistency noted in either spelling or punctuation was the final letter of 'dyspnoea'. The response reads effortlessly, nonetheless; these slips are easily understood and have no impact on meaning.		

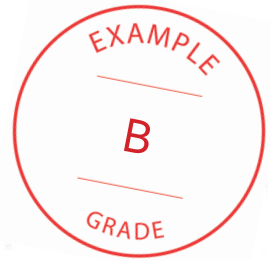
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MEDICINE

Candidate sample response 4:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Mandy Sutton
Department of Respiratory Medicine
Central Hospital
Bay City

6 October 2018

Dear Dr Sutton,

Re: Mr William McGuire
75 Queens Parade, Bay City
DOB: 23 May 1953

Thank you for seeing Mr McGuire, a 65-year-old retired school teacher with ~~very~~ poorly-controlled COPD.

Mr McGuire was first diagnosed with COPD in August 2016 following a 4-month history of chronic cough and worsening dyspnoea. He has had 2 episodes of infective exacerbation of COPD in 2017 and 2018 necessitating hospital admission and IV antibiotics. He was ~~seen~~ referred for Pulmonary rehabilitation post recent discharge.

In terms of relevant past history, McGuire is an ex-smoker with a 80 pack-year history (quit 5 years ago) and has a family history of mild COPD. He is also afflicted with Gout, for which he takes Prognant.

On 06/10/18, McGuire presented with Progressive dyspnoea, markedly limited ADLs, anxiety and symptoms suggestive of depression. However, he denied any Paroxysmal ~~nocturnal~~ dyspnoea, orthopnoea, haemoptysis or PR bleeding. On examination, the chest was hyperinflated with ~~hyper-resonance~~ hyper-resonance and reduced expansion and breath sounds, all signs consistent with COPD exacerbation. Routine tests including ECG, FBC and CXR are unremarkable. Nevertheless, respiratory



MEDICINE

Candidate sample response 4:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

function tests revealed diminished PEF (320) and FEV1 (47%).

I am considering a Psychologist referral for management of Mr McGuire's potential depression. His usual COPD regime consists of Ventolin 100mcg x 2 p.r.n., Seretide 160mcg/50mcg x 1 b.i.d. and Spiriva 18mcg x 1 b.i.d. I would be grateful for your opinion as to whether ~~int~~intensification of his current ~~regimen~~ regime and home oxygen therapy are indicated. Thank you for your ongoing care and please do not hesitate to contact me if you require further information.

Yours sincerely,
Doctor.



MEDICINE

Candidate sample response 4

Assessor scores / comments:

Script:	WMED 1_Sample4	Profession:	MED - William McGuire
Purpose (0 – 3)			
2	The general purpose is brief and yet apparent from the outset (i.e. <i>“Thank you for seeing...with poorly controlled COPD”</i>); however, there is somewhat limited expansion with the request for action buried within the final paragraph. Though the specific phrase, ‘assessment and advice on management’ is not explicitly stated, the writer provides a synonymous request (i.e. for an <i>“opinion”</i>).		
Content (0 – 7)			
5	The content of the letter is appropriate to the intended reader and mostly addresses what is needed to continue care. Key details omitted from the document include: the previous FEV1% of 66% and when that was recorded (to highlight the significant decline in a short period of time), the number of weeks of pulmonary rehab, Fluvax, and no wheezing and crepitations on examination. The family history of bronchieostatis is also omitted. The information on the amount of cigarettes smoked is inaccurate (i.e. <i>“80 pack-year history”</i>) but otherwise content is generally accurately represented.		
Conciseness & Clarity (0 – 7)			
5	The candidate has summarised the case effectively in some sections (medical history of hospitalisations and objective examination at the most recent visit) but the inclusion of less crucial information (i.e., of the lack of paroxysmal nocturnal dyspnoea, orthopnoea or haemoptysis; the intention to refer to a psychologist; and the history of gout) are noted and make this slightly overlength.		
Genre/ Style (0 – 7)			
6	The writer shows a strong awareness of genre and a polite, professional and appropriate tone is used throughout. Reference to the patient as <i>“McGuire”</i> comes across as abrupt/informal, and <i>“afflicted with gout”</i> is not an appropriate non-judgemental vocabulary choice for the genre but other than these minor inconsistencies, the style is clinical and factual. The opening is also slightly abrupt at the beginning with no polite request so this could have been improved to be more polite. The abbreviations and acronyms included are mostly appropriate to the intended reader. An exception is the assumption that <i>“PR bleeding”</i> (i.e. perirectal bleeding) would be understood by a specialist of the respiratory system.		
Organisation & Layout (0 – 7)			
5	The organisation of the letter is generally appropriate and mostly flows with clear, logical sequencing on macro and micro levels. The exception is the final paragraph which includes information on the psychological referral, current medications, request for future action, and closing remarks. This serves to inadequately highlight the request for further action as a key component of the referral letter. Layout is standard except for the inclusion of the patient’s address in the Re line.		
Language (0 – 7)			
6	The language utilised is clear and highly accurate throughout. There are very occasional slips, such as the omission of a comma in the opening paragraph (i.e. <i>“...school teacher with...”</i>). There is very minimal strain for the reader throughout the response, an exception being the description of the smoking history (<i>“...80 pack-year history...”</i>) and <i>“post recent discharge”</i> which could have been better phrased as ‘following his most recent discharge...’ There are no spelling mistakes and punctuation is accurate, although the candidate’s ‘p’s look capitalised e.g. Poorly-controlled (para 1), Pulmonary rehab (end para 2) Past history (para 3).		

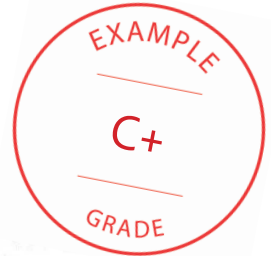
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MEDICINE

Candidate sample response 5:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Mandy Sutton

Respiratory Physician

Department of Respiratory Medicine

Central Hospital

Bay City

06.10.2018

Dear Dr Sutton,

Re: Mr William McGuire

DOB: 23.05.1953

I am writing to refer Mr McGuire, a 65-year-old patient, who has been diagnosed with chronic obstructive pulmonary disease (COPD) since 2016. Your further assessment and management would be highly appreciated.

Mr McGuire is an ex-smoker. He had been a heavy smoker for forty years before he quit five years ago. His family history is significant for COPD as well as bronchiectasis. Moreover, he has no known allergies.

When presented in August 2016, Mr McGuire complained of a four-month history of cough and dyspnoea. As a result, he was diagnosed with COPD for which he has been taking Ventolin, Seretide and Spiriva inhalers. The patient has been admitted twice due to infective COPD exacerbations. Both IV and oral antibiotics were administered. In addition, pulmonary rehabilitation was arranged. The patient was discharged with 66% FEV₁.

Today, Mr McGuire's condition has worsened. He suffered from increased dyspnoea with decreased ADL. Objectively, his lungs were hyperinflated with decreased chest expansion and breath sounds. His investigations revealed a deteriorated FEV₁ percentage of 47% as well as his peak expiratory flow rate was 320.

In view of the above, I am therefore referring this patient into your care. Your thoughts on follow-up assessment and management would be greatly appreciated.

Should there be any queries, please do not hesitate to



MEDICINE

Candidate sample response 5:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

contact me.

Yours sincerely,
Doctor



MEDICINE

Candidate sample response 5

Assessor scores / comments:

Script:	WMED 1_Sample5	Profession:	MED - William McGuire
Purpose (0 – 3)			
1	The initial purpose is apparent; from the initial paragraph it is clear that this is a letter of referral regarding a patient with COPD, with a generic request for assessment and management (rather than ‘advice on management’). The later reiteration of this is better , i.e. <i>“your thoughts on follow up assessment and management...”</i> is an acceptable paraphrase of ‘advice on assessment and management’. However, without the two specific requests, this is very limited expansion of purpose.		
Content (0 – 7)			
2	The intended reader would have understood the patient’s general situation from this response; however, key information is missing. There is an incomplete timeline of the case, (only <i>“today”</i> and <i>“in August 2016”</i> are given) which would not convey enough detail in terms of the rapidity of the decline or when he was last discharged from hospital. Continuing care would also be difficult without the omitted requests for advice on adjusting treatment, as mentioned above, as these key details are needed. Observations from the most recent appointment (the increased resonance, no wheezing and crepitations and other tests normal) are missing as is his Fluvax status. Content is generally accurate.		
Conciseness & Clarity (0 – 7)			
5	The length of the document is appropriate to the case and the reader. The information is mostly summarised effectively and presented clearly. For example, the medical and family histories are summarised well with no time wasted for the reader. The unremarkable subjective and objective examination details of the most recent visit have also been helpfully left out. The inclusion of the initial symptoms that led to the diagnosis in 2016 and the mention of no other allergies are noted but they do not take away from the clarity of the summary.		
Genre/ Style (0 – 7)			
6	There is strong awareness of genre demonstrated in the choice of professionally appropriate phrasing. Two minor inconsistencies noted are <i>“The Patient”</i> and <i>“when presented in August 2016”</i> which is a lapse in a standard healthcare phrase. As well, <i>“moreover”</i> is better suited to academic writing than a letter of this type. No lapses into less formal language are seen except for the use of <i>“your thoughts on”</i> following a dash which seems more informal. A clinical and factual tone is used, without personal judgements encroaching and the language is polite. The use of abbreviations is also appropriate, as it can be assumed that a respiratory physician would be familiar with all that were used.		
Organisation & Layout (0 – 7)			
5	The organisation of information is clear, and the logic of the paragraphing is generally appropriate. Better highlighting of key information on the intra-paragraph level such as the worrying observations in the fourth paragraph would have elevated this response. Another example of this is the third paragraph where the medication information momentarily interrupts the flow between the diagnosis and the medical history. The layout is standard.		
Language (0 – 7)			
5	The minor slips such as missing words or incorrect tense usage do not cause strain or distract the reader more than momentarily, e.g. <i>“When presented...”</i> , <i>“Who has been diagnosed with... since 2016”</i> and <i>“He suffered from...”</i> Otherwise good control of tenses to convey the history is noted as well as effective use of linkers. Complex structures are mostly accurate e.g. <i>“he had been a heavy...before he quit five years ago”</i> . Spelling and punctuation are generally well used, for example, after introductory time words but there are a couple of slips with <i>“objectively”</i> and capitalisation of 'p' in <i>“Patient”</i> .		

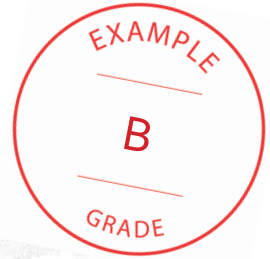
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MEDICINE

Candidate sample response 6:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Nandy Sutton

Pulmonologist

Department of Respiratory Medicine

Central Hospital

Bay City

06/10/2018

Dear Dr Sutton,

Re: Mr William McGuire, DOB: 23/05/1953

Thank you for seeing Mr McGuire, who is struggling with a worsening of his chronic obstructive pulmonary disease symptoms and is needing assessment and advice on management of his medication.

Mr McGuire was diagnosed with COPD in 2016 and since then he had required two hospitalisations due to infective exacerbations. During the second one *Pseudomonas aeruginosa* were found in his sputum. He was discharged with FEV₁% of 66%, therefore he must complete pulmonary rehabilitation.

Mr McGuire presented in my surgery today with worsening of his dyspnoea, however no paroxysmal nocturnal dyspnoea, orthopnoea nor haemoptysis were stated.

On examination, hyperinflation with increased resonance and lower chest expansion and breath sounds were noticed, nevertheless no wheeze nor crepitations were present.

The ECG, full blood count and chest x-ray did not show any abnormality. Mr McGuire peak flow was 320 and his FEV₁% has fallen to 47%.

In addition, Mr McGuire was used to smoke 40 cigarettes per day for 40 years, although he gave up smoking



MEDICINE

Candidate sample response 6:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

five years ago. He has a strong family history for COPD and his
Fluvax vaccination is updated.

Mr Mc Guire current COPD medication is Seretide 500mcg/50mcg 1 puff
and Spiriva 18 mcg 1 puff, twice a day, and Ventolin as he needs.

Please note that Mr McGuire claimed as well symptoms possibly related
to depression and he is likely going to be referred to a psychologist.

I feel like a more complete management plan is required.

I would appreciate if you could give Mr Mc Guire some advice
about how his condition could be best managed as well as
whether he needs intensification of his treatment or even home
oxygen therapy.

Yours sincerely,

Doctor



MEDICINE

Candidate sample response 6

Assessor scores / comments:

Script:	WMED 1_Sample6	Profession:	MED - William McGuire
Purpose (0 – 3)			
1	The initial purpose of the letter is apparent from the outset (i.e. <i>“Thank you for seeing...with a worsening of his chronic obstructive pulmonary disease...”</i>). There is mention of the need for <i>“assessment and advice on management”</i> ; however, this should be related to the patient’s ‘condition’ and not ‘medication’. This serves to make the initial purpose unclear, and although the candidate does amend this detail at the end of the letter, it is done after addition of unnecessary content (<i>“I feel like... required”</i>) . Another slight misinterpretation is asking the reader to <i>“give Mr McGuire some advice”</i> , as the request should be for the referring doctor to be advised.		
Content (0 – 7)			
4	The content of the letter is mostly appropriate to the intended reader and mostly addresses what is needed to continue care. As noted above, there is confusion as to whether the respiratory specialist should be advising on ‘medication’ or the patient’s ‘condition’, although presumably adjusting the medication would form part of the management. There are no dates provided for the previous hospitalisations, which would have been useful to gauge the duration of the significant decline in the patient’s FEV1%. That the condition has severely curtailed the patient’s ADLs could also have been included to highlight the impact of his worsening dyspnoea. The content is generally accurate but there is the slight inaccuracy in stating that <i>“he must complete pulmonary rehabilitation”</i> - which appears to be a Language inaccuracy rather than a misunderstanding.		
Conciseness & Clarity (0 – 7)			
6	Overall, the writer has mostly summarised the case effectively. Given that the patient is not currently suffering from an infection, the inclusion of the specifics of the past infection is unnecessary. The letter includes less crucial detail on the parameters of the patient’s dyspnoea (i.e., paroxysmal nocturnal dyspnoea, orthopnoea) and the intention to refer the patient to a psychologist. These details do not distract too much from the clarity of the document but have contributed to the document being slightly overlength.		
Genre/ Style (0 – 7)			
6	The writer shows a strong awareness of genre and a polite, professional and appropriate tone is used throughout. The style is clinical and factual and there is no judgemental language used. Minor inconsistencies include: <i>“...or even home oxygen therapy”</i> (informal); and <i>“I feel like”</i> (informal and subjective). Another instance is <i>“as he needs”</i> for medication, which is easily understood, but more usually expressed in this genre as either ‘p.r.n.’, ‘as required’ or ‘as needed’. Abbreviations are used well, as the respiratory physician would be expected to be familiar with FEV1 etc.		
Organisation & Layout (0 – 7)			
5	Overall, the document flows logically but the majority of it is comprised of single sentence paragraphs and some of these could be combined according to common themes. For example, the paragraph on current medications could have been merged with that on the patient’s hospitalisations and subsequent treatment (i.e. pulmonary rehabilitation). So too, the paragraphs outlining objective findings could have been merged with that on test results (as these are also objective). This would have made the connections between the pieces of information clearer. Micro-level organisation in the final paragraph does not help highlight the specific request in the final paragraph. Layout is standard.		
Language (0 – 7)			
5	The language features are mostly clear and accurate. Minor slips do not generally interfere with meaning. An exception is the suggestion that the patient is yet to undertake pulmonary rehabilitation: <i>“...he must complete pulmonary rehabilitation”</i> . Other verb tense errors tend to be awkward, rather than posing a major barrier to communicating meaning (e.g. <i>“did not shown any abnormality”</i> ; <i>“Mr McGuire was used to smoke 40 cigarettes ...”</i>).Vocabulary choice is not always accurate, e.g. <i>“...were stated”</i> which should have been ‘reported’. Spelling is accurate except for <i>“struagalerina”</i> . Punctuation is accurate except with <i>“however”</i> and <i>“nevertheless”</i> .		

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Case notes of OET Nursing test:

Page 1 of 2

OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: NURSING

TIME ALLOWED: **READING TIME:** 5 MINUTES
WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

Notes:

You are a community nurse in a rural town. Ms Patricia Wood is one of your patients. Today, she brought her mother, Ms Betty Wood, to see you.

PATIENT DETAILS:

Name: Ms Betty Wood
DOB: 05/01/59 (59 years old)
Address: 15 Mayston Street, Nixville
Medical history: Lump right (R) breast last 6 months
 Post-menopausal
Medications: For 3mths taking mixture from natural medicine practitioner (on label: echinacea, garlic, turmeric, burdock, rose hip, ginseng, black cohosh)
Family history: No known family history breast cancer
Social history: Widow, lives alone; 2 daughters
Presenting complaint: Pt's daughter concerned:
 • mother (Ms Betty Wood) has breast cancer
 • mother refusing to see a doctor

Treatment Record

06 October 2018

Subjective: Pt reports lump has enlarged over last 6mths – convinced herbal medicine will fix it
 Doesn't want to see doctor – believes in naturopathic treatments. Fears being forced to have treatment she doesn't want, e.g., mammogram – frightened of machinery & distrusts technology

Objective: Post-menopausal woman, clean, dressed appropriately; physically fit and active
 Examination by nurse (after prolonged discussion): lump in R breast 5cm diameter, fixed, hard, not painful. Bloody discharge from nipple.
 Axillary lymph nodes non-palpable
 RR16, BP140/90 (moderate hypertension)

Concern: Unidentified lesion in R breast
 Pt refuses to see doctor



Case notes of OET Nursing test:

Page 2 of 2

- Management:** Long discussion with Pt:
- Pt finally agrees to 'think about' seeing doctor
 - Must be female doctor (suggest daughter's doctor)
 - Pt to discuss with doctor pharmaceutical/non-pharmaceutical management options
 - Provided Pt advice: emphasis on decision about accepting treatment is hers; doctor can't coerce
 - Worried about Pt's welfare; tried to build trust and rapport
 - Pt agreed to return for monitoring of BP in three months
- Plan:** Refer to daughter's GP; explain situation and Pt's concerns

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr Mary Brown for assessment and management of the breast lump, briefly outlining your consultation with Ms Betty Wood today, and your concerns. Address the letter to Dr Mary Brown, Nixville Medical Centre, 15 Green Street, Nixville.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately 180–200 words.



OET Nursing Sample response:

OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: NURSING

SAMPLE RESPONSE: LETTER OF REFERRAL

Dr Mary Brown
Nixville Medical Centre
15 Green Street
Nixville

06 October 2018

Dear Dr Brown

Re: Ms Betty Wood
DOB 05/01/59

Today your patient, Ms Patricia Wood, brought her mother, Ms Betty Wood, to see me because of her concern about a breast lump that her mother has had for six months.

Ms Betty Wood is a post-menopausal woman, who is physically fit. She generally refuses to see a doctor, but has agreed, after lengthy discussion, to consider seeing you to discuss management options for the breast lump. She has said that she does not want a mammogram because she does not trust technology and is generally anxious about being forced to have treatment she does not want.

Examination of Ms Betty Wood's right breast revealed a 5cm lump which was fixed, hard and not painful. She said it has enlarged over the six months. There was bloody discharge from the nipple but the axillary nodes were non-palpable. For the last three months, Ms Betty Wood has been taking a mixture provided by her naturopath. There is no known history of breast cancer in the family.

Please assess and manage Ms Betty Wood in relation to the breast lump. She would like to know about both pharmaceutical and non-pharmaceutical options.

Yours sincerely

Nurse



NURSING

Candidate sample response with comments

Key:

Notes in blue are paragraph level comments

Notes in black are word or sentence level comments

Job title not necessary/
repetitive → Dr Mary Brown
Doctor
Nixville Medical Centre
15 Green Street
Nixville

Acceptable date format → 06 October 2018

RE: Ms Betty Wood, 59 years old

Date of birth preferred in the Re. line

Correct register for salutation → Dear Dr Brown,

I am writing to refer Ms Wood for assessment and management of her right breast lump that she had for last 6 months. She has no known family history of breast cancer.

Purpose of letter is clear & given immediately, with expansion below

Missing time reference for patient visit & no mention of patient being physically fit

On nurse assessment, lump is measured to be 5cm in diameter, fixed and hard but not painful. In addition, nipple has bloody discharge and axillary lymph nodes are non-palpable. Her RR is within normal range but her BP is slightly high (140/90). Patient has agreed to return in three months to community centre to check BP. Please note that patient also had unidentified lesion in R breast.

Could be expressed more concisely

Not directly relevant to target reader

Misleading information

Unnecessary repetition.
Duration omitted

Ms Wood reported that lump has grown over 6 months but refuses to visit doctor because she fears that doctor may force treatment. In addition, she also does not trust technology. She has been treating herself with naturopathic treatment. After long discussion with Ms Wood, she has agreed to see female doctor after explaining treatment decision will be only hers.

This would be better in para 2, with the other lump details

Not quite true to the case notes

Repeated pattern of omitted articles

Unclear that this is the addressee

Ms Wood has been informed to discuss about pharmaceutical and non-pharmaceutical management options with doctor. Please note Ms Wood have preference to see her daughter's GP.

Effective highlighting but info re GP preference should be linked to final sentence of para 3

Appropriate closing lines, with polite register

Thank you for seeing Ms Wood. If you have any questions, please do not hesitate to contact me.

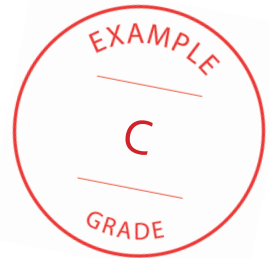
Yours sincerely
Community Nurse



NURSING

Candidate sample response 1:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

06/10/2018

Dr Mary Brown
Nixville Medical Centre
15 Green Street
Nixville

Dear Dr Brown

RE: Betty Wood
DOB: 05/01/1959

I am writing to refer this patient, a 59-years-old widow with lump in her right breast.

The patient was presented by her daughter with a concern of breast cancer. She has had enlarged lump with 5cm in diameter. It is hard and fixed, no pain unfortunately there is blood discharge from the nipple and axillary lymph nodes is non-palpable. She also has had Moderate Hypertension.

Ms Betty wood is a postmenopausal woman, physically fit and active, unfortunately, she doesn't like seeing doctor therefore she is never had any kind of testing or treatment. The patient is frightened of machinery and distrust technology.

In addition, the patient has been taking natural medicine from the naturopath and she is convinced that it will fix the problem. She finally agrees to see doctor for testing and necessary treatment that she might need. The patient agreed to monitor the hypertension. Ms Betty wood lives in 15 Mangrove Street, Nixville. She lives alone and she has 2 very supportive and caring daughters.

It would be greatly appreciated if you could provide assessment and management for Ms Betty Wood Breast lump. If you requires further information, Please don't hesitate to contact me.



NURSING

Candidate sample response 1:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Community Nurse



NURSING

Candidate sample response 1

Assessor scores / comments:

Script:	WNUR 1_Sample 1	Profession:	NUR – Betty Wood
Purpose (0 – 3)			
2	The document’s initial purpose is immediately apparent in the opening sentence (<i>“I am writing to refer...with lump in her right breast”</i>), although it is only minimally expressed and somewhat abrupt. There is sufficient expansion regarding future action at the end of the document (i.e. <i>“...assessment and management...”</i>). However, the presenting complaint is insufficiently expanded in neglecting to mention either the 6-month history of the lump or the discussion of pharmaceutical/non-pharmaceutical management options for the patient.		
Content (0 – 7)			
3	The content is mostly appropriate and provides the recipient with adequate information. However, some key information is omitted including a timeline of the presenting complaint, i.e. that the nurse saw the patient today, and critically that the lump has been present and growing for 6 months, or the need to discuss pharmaceutical and non-pharmaceutical options with the patient. No mention is made of the patient being fearful of having a mammogram or of the negative family history of breast cancer. Other useful omitted detail includes the length of time the patient has been taking natural medicine, and the existing link between the reader and the patient’s daughter. Confusion arises when the writer states that the patient <i>“...never had any kind of...treatment”</i> but then advises that natural medicine has been taken, and later misrepresents the notes as <i>“she finally agrees to see doctor for testing and necessary treatment”</i> .		
Conciseness & Clarity (0 – 7)			
4	The length of the document is within the prescribed word limit, and thus appropriate, but this is not achieved by careful selection of detail. It is not a consistently clearly presented response with evidence of effective summarisation. Some irrelevant details have been rightly left out, such as the list of naturopathic ingredients, although detailing the patient’s address and the information on the patient’s daughters at the end of paragraph 4 is slightly distracting.		
Genre/ Style (0 – 7)			
5	The writer shows an awareness of genre and a polite, formal tone is maintained throughout the response except for the blunt opening which could have included a polite request. Minor inconsistencies are noted, however, for example, there is a degree of subjective judgement for the patient’s choice to bypass conventional medicine in the expression, <i>“...unfortunately, she doesn’t like seeing doctor”</i> . Some overuse of “the patient” is noted, although there are various other reference devices used as well. There is also no closing salutation (e.g. “Yours sincerely”). Better phrasing of clear requests would have improved this aspect.		
Organisation & Layout (0 – 7)			
4	Organisation and paragraphing are not always logical at a whole text level. Though the letter has opening and closing paragraphs, within the body of the letter there are some organisational lapses, particularly at paragraphing level. These can cause minor strain for the reader, as there are few cohesive devices used to link details and to signal changes in subject. For example, the details on the patient’s reluctance to consult a doctor would be better grouped together rather than across separate paragraphs. Organisation within paragraphs is not always logical either, (for example, the third paragraph that begins with the information that she is post-menopausal and ends with her distrust of technology), resulting in a disjointed effect.		
Language (0 – 7)			
3	Inaccuracies in language can cause minor strain for the reader but do not interfere with meaning, Articles are omitted in several places and there are occasional lapses in tense control and with more complex sentence structures e.g. <i>“...with lump in her right breast”</i> ; <i>“...doesn’t like seeing doctor”</i> ; <i>“...she is never had any kind of testing ...”</i> , <i>“she has had enlarged lump”</i> . The standard closing phrase, <i>“If you requires further information...”</i> is another example. There are a few punctuation errors; notably e.g. <i>“...no pain unfortunately there is blood discharge...”</i> , with apostrophes (e.g. <i>“...Ms Betty Wood Breast lump”</i>) and with incorrect usage or omission of commas and inconsistent capitalisation. Spelling is accurate.		

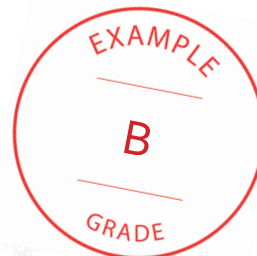
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NURSING

Candidate sample response 2:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Mary Brown
Doctor
Nixville Medical Centre
15 Green Street
Nixville

06 October 2018

RE: Ms Betty Wood, 59 years old

Dear Dr Brown,

I am writing to refer Ms Wood for assessment and management of her right breast lump that she had for last 6 months. She has no known family history of breast cancer.

On nurse assessment, lump is measured to be 5cm in diameter, fixed and hard but not painful. In addition, nipple has bloody discharge and axillary lymph nodes are non-palpable. Her RR is within normal range but her BP is slightly high (140/90). Patient has agreed to return in three months to community centre to check BP. Please note that patient also has unidentified lesion in R breast.

Ms Wood reported that lump has grown over 6 months but refuses to visit doctor because she fears that doctor may force treatment. In addition, she also does not trust technology. She has been treating herself with naturopathic treatment. After long discussion with Ms Wood, she has agreed to see female doctor after explaining treatment decision will be only hers.



NURSING

Candidate sample response 2:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Ms Wood has been informed to discuss about pharmaceutical and non-pharmaceutical management options with doctor. Please note, Ms wood have preference to see her daughter's GP.

Thank you for seeing Ms Wood. If you have any questions, please do not hesitate to contact me.

Yours Sincerely,

Community Nurse



NURSING

Candidate sample response 2

Assessor scores / comments:

Script:	WNUR 1_Sample2	Profession:	NUR – Betty Wood
Purpose (0 – 3)			
3	The initial purpose of the letter is immediately apparent with the presenting complaint and its timeframe (i.e. “right breast lump...she had for last 6 months”) and request for future action explicitly stated upfront (i.e. “assessment and management”). There is clear and sufficient expansion of purpose as well in the final paragraph, with the note to discuss the management options.		
Content (0 – 7)			
4	The content is mostly appropriate and accurate, and provides the addressee with adequate information to proceed with assessment and management. Some details are omitted, including: specific mention of the patient being fearful of having a mammogram; the length of time the patient has been taking natural medicine and that she is post-menopausal and physically fit. No mention is made of the daughter bringing her mother to the nurse out of concern, or of the relationship between the reader and the daughter, with an apparent misunderstanding with the reference to “her daughter’s GP”, i.e. the intended reader. Slight confusion in content also arises with the writer suggesting that the patient “...also had unidentified lesion in R breast”. The patient was not “informed to discuss”, this is a slight misrepresentation as is ‘she has agreed to see’.		
Conciseness & Clarity (0 – 7)			
4	The length of the document is mostly appropriate to the case and reader. There is a lack of conciseness at times, e.g. the repetition in the detail of the patient agreeing to the GP referral and the parameters surrounding that, whilst not unnecessary, could be expressed more efficiently. Other repetition is also noted, in several places e.g. “lump is measured to be”; “...has been informed to discuss about...”; “...refuses to visit doctor because she fears that doctor...”; “...treating herself with naturopathic treatment”; “...necessary treatment that she might need”. The seeming introduction of an “unidentified lesion in R breast” at the end of paragraph 2 appears to indicate that the candidate is following the order of the case notes rather than independently making connections between them. The details about her respiratory rate, blood pressure and agreeing to return in 3 months are not terribly relevant and seem slightly distracting so early in the letter.		
Genre/ Style (0 – 7)			
5	The writer shows an awareness of genre and a polite, professional and appropriate tone is used throughout. For example, the letter does not lapse into judgemental language, despite the patient having bypassed conventional medicine and embraced alternative therapies instead. The opening and closing remarks conform to standard. Minor inconsistencies revolve around awkwardness of expression, such as referral to Ms Wood as “patient” and “On nurse assessment...”. Better phrasing of clear requests would have improved this aspect.		
Organisation & Layout (0 – 7)			
5	The organisation of the letter is generally appropriate on a whole-text level and mostly flows well, with key information highlighted for the reader. Some organising lapses occur within paragraphs, which can come across as slightly disjointed. The second paragraph is a good example of this, when it details the lump examination and then the hypertension. The information on the lump growing at the beginning of paragraph 3 would be better placed amongst details on the nature of the breast lump in paragraph 2. Information relating to the patient’s reluctance and final agreement to see a doctor could have been better linked together, rather than being separated across paragraphs 3 and 4. The layout is generally good.		
Language (0 – 7)			
4	Although errors are evident, they do not generally hinder meaning. Articles are omitted in several places and there are occasional lapses in tense control and with more complex sentence structures e.g. “...that she had for last 6 months”; “...treatment decision will be only hers”; “Ms Wood has been informed to discuss about...”; Patient has agreed...”; “...Ms Wood have preference...” Aside from misspelling ‘technology’, the spelling in the document is accurate, as is the use of punctuation.		

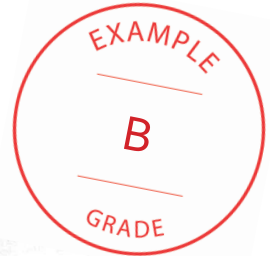
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NURSING

Candidate sample response 3:

Page 1 of 2



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr. Mary Brown
Nixville Medical Centre
15 Green Street, Nixville

Dear Dr. Brown,

Re: Mr. Betty Wood, 59 years old, post-menopausal

I am writing to refer Mr. Wood who has a lump on her right breast. She needs urgent evaluation and treatment for the lump which started to develop six months ago.

Upon examination, the lump was about 5cm in diameter, not movable, tender but not painful. Although axillary lymph nodes were non-palpable, bloody discharges from her right nipple were noted. Moreover, she verbalized fear and distrust on equipment and technology as means of treatment. As a result, she refused to be checked by a doctor and instead relied on naturopathic treatments which she has been taking for three months now.

However, after a long discussion with Mr. Wood, she finally agreed about making an appointment with a female doctor. She was made to understand that she will not be asked to undergo any medical procedure if it is against her will. It is vital that she trust and establish rapport with the attending physician.

It would be greatly appreciated if you could examine and manage Mr. Wood's condition as soon as possible. Also, she needs to know on pharmaceutical and non-pharmaceutical treatment options available for her current state.

Please do not hesitate to contact me with any queries.

Yours sincerely,



NURSING

Candidate sample response 3:

Page 2 of 2

Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Community Nurse



NURSING

Candidate sample response 3

Assessor scores / comments:

Script:	WNUR 1_Sample3	Profession:	NUR – Betty Wood
Purpose (0 – 3)			
3	The initial purpose of the document is immediately apparent. It is clear what is needed “ <i>evaluation and management</i> ” (evaluation is an appropriate paraphrase of assessment) and why “ <i>lump on her right breast</i> ”, including the time frame (“ <i>started to develop six months ago</i> ”). Note that the introduction includes the urgency of the case which, although not given explicitly in the notes, is implied in the nature of the case, i.e. the possibility of undiagnosed breast cancer. It is then sufficiently expanded as required, with a reiteration of the request for management as well as the need to discuss management options.		
Content (0 – 7)			
4	The content from the case notes is mostly appropriate to the intended reader and provides adequate information to continue assessment and management. However, some omissions are noted. There is no family history of breast cancer, no mention of the mammogram and that she is physically fit. That she was brought in today by her daughter and the existing relationship between the reader and the daughter are also missing. A few misrepresentations are also noted, e.g. the nurse had tried to establish a trusting rapport with the patient, but the candidate writes “ <i>it is vital that she trust and establishes rapport with the attending physician</i> ”. As well, the patient agrees to ‘think about’ seeing a doctor, but the candidate states that she “ <i>agreed about making an appointment</i> ”, which is a slight alteration in meaning. Finally, the lump is described as ‘tender’ instead of ‘hard’.		
Conciseness & Clarity (0 – 7)			
7	The information is summarised effectively with paraphrasing used very well to present the case clearly, and the length of the document is appropriate to the case and reader. There is some very minor irrelevance when the letter mentions that it is vital for the reader to establish rapport and that she would not be forced to undergo a medical procedure.		
Genre/ Style (0 – 7)			
6	Overall, the writer shows a strong awareness of genre. The writing is clinical and factual and does not lapse into judgemental language, despite the patient having bypassed conventional medicine thus far and used alternative therapies instead. The response remains polite, professional and appropriate to the genre and the reader throughout, with familiarity with formal vocabulary choices noted such as “ <i>she verbalized fear</i> ”. Note that “ <i>it is vital that</i> ” is somewhat over-stating the situation and “ <i>she was made to understand</i> ” is perhaps a little awkward. The use of “ <i>moreover</i> ” as a cohesive device is better suited to academic writing than letters of this type. The inclusion of “ <i>post-menopausal</i> ” in the reference line is noted as stylistically non-standard, but this is minor and the rest of the opening and closing conform to standard.		
Organisation & Layout (0 – 7)			
6	Organisation and paragraphing are appropriate, logical and clear, and the document is well laid out with key information highlighted for the reader. The macro level organisation flows well from the details of the breast lump in the second paragraph to her anxiety and reluctance in the third paragraph, logically ending with the request to discuss different options. However, there are occasional lapses of organisation in sub-sections, e.g. “ <i>refused to be checked by a doctor</i> ” and “ <i>relied on naturopathic treatments</i> ” are put in the paragraph about the examination; the candidate could have highlighted these as more general aspects of the patient’s mindset, as a specific concern to be noted in a separate paragraph. The layout is generally good.		
Language (0 – 7)			
5	Minor slips in language generally do not interfere with meaning. The preposition ‘on’ is somewhat over-used e.g. “ <i>distrust on equipment and technology</i> ”, rather than ‘of’, that the breast lump is “ <i>on the breast</i> ”. There is control over the use of tenses except in the summary of the history, the use of the past simple is a little confusing in “ <i>she refused to be checked by a doctor</i> ”, as the present perfect would have given the sense of until now. Complex structures “ <i>Although axillary...were noted</i> ” and linking words are used effectively. Spelling and punctuation are accurate.		

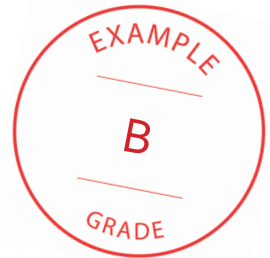
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NURSING

Candidate sample response 4:

Page 1 of 1



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Mary Brown
Nixville Medical Centre
15 Green Street, Nixville

06 October 2018

Dear Dr Brown,

Re: Ms Betty Wood, 59 years old

I am writing to refer Ms Wood to your clinic, who presented with unidentified lump on her right breast, for your further assessment and management.

During examination, it was revealed that the lump measures 5 cm in diameter and is fixed and hard. Although Betty claims it is not painful, she complains of bloody discharge coming from the nipple.

Upon consultation, Betty expressed her concerns about the unidentified lesion on her right breast but refuses to see a doctor and believes that naturopathic treatments will fix it. She has been taking a mixture from a natural medicine practitioner for the last three months.

Also, it is paramount to know that Betty has fears about being forced to have treatments involving technology and machineries. Though she agreed to think about seeing a doctor, she emphasized that the decision about accepting treatment is still hers. She wanted to discuss pharmaceutical and non-pharmaceutical management options with you. Please try to build trust and rapport with her.

If you have any concerns or further queries, please do not hesitate to contact me.

Sincerely yours,

Community Nurse



NURSING

Candidate sample response 4

Assessor scores / comments:

Script:	WNUR 1_Sample4	Profession:	NUR – Betty Wood
Purpose (0 – 3)			
2	The initial purpose of the letter is immediately apparent with the presenting complaint (i.e. <i>“unidentified lump on her right breast”</i>) and request for future action explicitly stated upfront (i.e. <i>“assessment and management”</i>). There is limited expansion in not mentioning that the lump has been present for 6 months and that it has been growing over this period. The further expansion of purpose relating to discussing the management options is somewhat hidden in the last main paragraph.		
Content (0 – 7)			
3	The content is mostly appropriate for the intended reader, although there are some key details omitted and some misinterpretation is noted. Details omitted include: that the lump has been present and growing for 6 months; that the axillary lymph nodes are non-palpable; that there is no known family history of breast cancer, that she is post-menopausal and physically fit; specific mention of the patient being fearful of having a mammogram; any mention of the patient’s daughter (the GP’s patient). The description of the lump is slightly inaccurate <i>“claims it is not painful...she complains of bloody discharge”</i> rather than the fact that there was discharge present at the time of examination. A further inaccuracy relates to the patient emphasising that she is the decision maker in future treatment which was advice given <u>to</u> the patient, according to the case notes. The seeming introduction of an <i>“unidentified lesion in R breast”</i> in paragraph 3 stands out as evidence that the candidate is following the order of the case notes rather than independently making connections between them.		
Conciseness & Clarity (0 – 7)			
4	Overall, the attempt at summary is successful in some sections but falls short of presenting an effective summary of the patient’s history and timelines and there is instead a long-winded explanation of the patient’s anxiety in paragraph four (<i>“treatments involving technology and machineries”</i> ... <i>“decision about accepting treatment is still hers...please try and build trust and rapport with her.”</i>). However, some sections are summarised well, like the sentence about the herbal mixture. The clinical description of the lump is also effective. The document is slightly under length.		
Genre/ Style (0 – 7)			
6	Overall, the writer shows a strong awareness of genre and a clinical, factual tone is used throughout. There is no lapse into subjective language when describing the patient’s hesitancy with conventional medicine and preference for alternative medicine but the use of <i>‘she claims’</i> , which could be interpreted as introducing doubt about the veracity of the information, is noted. Appropriately formal vocabulary choices are seen throughout the letter and only occasional minor inconsistencies are seen, e.g. <i>“it is paramount to know...”</i> , which is not quite stylistically appropriate. <i>“Sincerely yours”</i> is not the usual formulation but acceptable. As well, <i>“Please try to...”</i> is not the most appropriate phrasing for this request.		
Organisation & Layout (0 – 7)			
6	Organisation and paragraphing are appropriate with clear and logical sequencing at the whole-text level, from a standard introduction to the case and patient, through to paragraphs detailing the breast lump, the patient’s preferences for treatment, and advice on the patient’s fears and associated future action. Key information is highlighted for the reader, but one section which could have been arranged slightly more clearly was in the fourth paragraph, relating to the patient’s fears and concerns. This could have been added to the previous paragraph, allowing clear separation of what needed to happen next, i.e. the future plans and considerations. The layout is generally good.		
Language (0 – 7)			
5	Overall, minor slips in language generally do not interfere with meaning. There is control over complex sentences, e.g. <i>“Though she agreed...is still hers”</i> and over tenses. Minor slips in tense include <i>“she refuses to see a doctor”</i> which would be better with present perfect and <i>“she wanted to discuss... with you”</i> which would be better in present simple. Other minor slips include the omission of an article in <i>“...presented with unidentified lesion...”</i> ; pluralisation (i.e. with <i>“machineries”</i>). Describing the lesion as ‘on’ her breast could also cause confusion. Spelling, and punctuation around complex sentences, is accurate.		

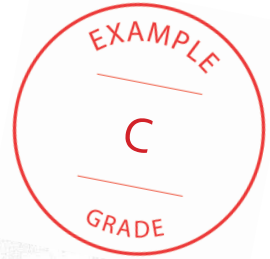
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NURSING

Candidate sample response 5:

Page 1 of 1



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Mary Brown
Nixville Medical Centre
15 Green Street, Nixville.

6 October 2018
Re: Betty Wood (aged 59 years) referral for right sided breast lump.

Dear Dr Mary Brown,
This is a referral letter for Betty Wood, presenting with an unidentified lesion in her right breast. She states it has been increasing in size in the past 6 months. Examination today showed a 5cm hard and painless lump. Bloody discharge was also noted from her nipple.

Betty was brought in by her concerned daughter Patricia Wood. Betty is physically fit and there is no family history of breast cancer. On examination her BP was 140/90, to which she agreed a follow up in three months.

It is highly important to consider Betty's wishes, as she initially refused to seek medical help, stating she believes in naturopathic treatments. She fears being forced on unwanted treatments, and shows feelings of distrust. However, after long discussions and good rapport building, she agreed to see a female doctor, who could recommend both pharmaceutical and non-pharmaceutical treatment options.

Betty's current medication regime includes a mixture from a natural medicine practitioner. She is a widow and lives alone.

Thank you for accepting the care of this patient.
If you have further questions, please do not hesitate to contact me.

Kindest Regards,
Community Nurse



NURSING

Candidate sample response 5

Assessor scores / comments:

Script:	WNUR 1_Sample5	Profession:	NUR - Betty Wood
Purpose (0 – 3)			
1	The initial purpose makes it immediately clear that it is a referral letter, and the presenting complaint is clearly articulated, i.e. <i>“unidentified lesion in her right breast...increasing in size in the past six months...”</i> . It is the expansion of purpose which is very limited, and requires band 1. The task specifies that <i>“assessment and management”</i> are needed, but the response only mentions <i>“recommending pharmaceutical and non-pharmaceutical options”</i> in the penultimate paragraph making it difficult to locate quickly and <i>“accepting the care of this patient”</i> in the closing remarks, which means the expansion of purpose is limited.		
Content (0 – 7)			
4	The content is mostly appropriate to the intended reader and provides adequate information to proceed with continued care, but with some information omitted and minor inaccuracies. The information omitted include: the assessment and management request, the axillary lymph nodes observation, the patient’s unwillingness to have a mammogram, that the patient has taken naturopathic herbs for three months and that she is post-menopausal. While the patient’s daughter is mentioned, the link between the reader and her could have been made. One minor mis-representation is the detail about the patient’s attitude towards treatment: specifically, technology. <i>“Feelings of distrust”</i> does not convey that well. Finally, the patient is said to have ‘agreed to see a doctor’ which is a slight over representation of the case notes.		
Conciseness & Clarity (0 – 7)			
4	The letter is successful at summarising some sections well, such as the details of the examination and the daughter’s involvement in the case. There are some irrelevant details present, but these do not distract too much from the overall clarity of the document. For example, the information about the blood pressure is less relevant, as is the information about the patient being a widow who lives alone. There is extra detail in the third paragraph which could have been further condensed (after long discussions and good rapport building). The letter is slightly under length.		
Genre/ Style (0 – 7)			
5	The writer shows an awareness of genre and an appropriate tone is used throughout, e.g. <i>“current medical regime”</i> . Likewise, the register used in this piece remains polite and professional but <i>“it is highly important to consider Betty’s wishes”</i> is not the most appropriate phrasing for a nurse writing to a GP. The opening <i>“This is a referral letter for...”</i> is rather blunt and has no polite request embedded in this paragraph. Note that <i>“Kindest Regards”</i> is non-standard but acceptable as a closing salutation. Better phrasing of clear requests would have improved this aspect.		
Organisation & Layout (0 – 7)			
4	The whole-text organisation is not always logical. Although it is helpful for the reader to have their attention taken to the presenting complaint immediately, it does have the effect of over-loading the initial paragraph and would have been more successful if the subsequent information regarding the examination was separated. The information on natural medicine is spread across the third and fourth paragraphs which creates some strain. Layout is generally good. The sequencing of information is not efficient with the two line paragraph of social and medical history near the end of the letter. This should have been incorporated into the second paragraph and is slightly confusing in its current placement.		
Language (0 – 7)			
5	The candidate has control of the language used, and only minor slips are noted which do not interfere with meaning, e.g. with prepositions and articles (<i>“agreed a follow up”, “she fears being forced on unwanted treatments...”</i>). There is control over tenses and complex structures (<i>“However, after...treatment options”</i> in the latter half of the letter) but the initial paragraph seems a bit choppy. Spelling and punctuation are also accurate with some minor lapses, e.g. <i>“concerend”</i> , <i>“practioner”</i> , and <i>“a 5cm hard and painless lump”</i> .		

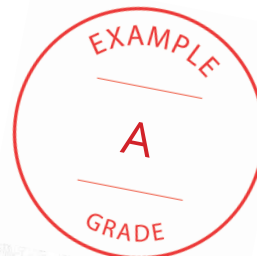
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NURSING

Candidate sample response 6:

Page 1 of 1



Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr Mary Brown

Nixville Medical Centre

15 Green Street

Nixville

06 October 2016

Dear Dr Brown,

Re: Ms Betty Wood, 59 years old

I am writing to refer Ms Wood, a patient with an unidentified lesion on her right breast, who has been hesitant to seek medical evaluation. She will need your prompt assessment and management.

Earlier today, Ms Wood visited the clinic accompanied by her daughter, Ms Patricia Wood. She reported a lump in her right breast which has been growing in size for the last 6 months. Moreover, she has been treating it with a naturopathic solution given by a natural medicine practitioner for the past 3 months, and refuses to see a medical doctor for the fear of being forced to undergo certain medical procedures. Upon examination, her breast lump was 5cm in diameter, immovable and non-tender. In addition, there was a presence of bloody discharge from her nipple.

In terms of medical history, Ms Wood is a physically fit and active post-menopausal woman. Furthermore, she does not have a family history of breast cancer and is moderately hypertensive (140/90).

After a long discussion, Ms Wood finally agrees to see a doctor provided that she is female. Also she has requested that she has the autonomy to decide whether to accept the treatment or not. In this regard, could you please discuss with her the available pharmacological and non-pharmacological management options that she could choose from?

Thank you for agreeing to assist on this matter. Should you require further information, please do not hesitate to contact me.

Yours sincerely,

Community Nurse



NURSING

Candidate sample response 6

Assessor scores / comments:

Script:	WNUR 1_Sample 6	Profession:	NUR - Betty Wood
Purpose (0 – 3)			
3	This initial purpose is immediately apparent (“ <i>she will need your prompt assessment and management</i> ”) and sufficiently expanded as required at the conclusion of the letter with the request for discussion of management options with the patient. It includes everything the intended reader would need to orient themselves to the case: that it is a referral for a patient with an unidentified lesion on her right breast, needing prompt assessment and management. Note that although the need for promptness is not directly supplied in the task, it is implicit in the case, the fact that it has been growing in size has also been highlighted early on in the letter.		
Content (0 – 7)			
6	The content is appropriate to the intended reader and addresses what is needed to understand the situation and proceed with assessment and management with the exception of the details about the axillary nodes, absence of pain and the fear of the mammogram. The existing relationship between the reader and the patient’s daughter is not made clear but everything is generally accurately represented. A slight misrepresentation exists with ‘she finally agrees to see a doctor’ but taken with everything else, it doesn’t impact the assessment and management of the case.		
Conciseness & Clarity (0 – 7)			
7	This is a clear and effective summary of the case. It is succinct, wasting no time for the intended reader. For example, the timeline of the case is efficiently presented in the second paragraph and the details of the examination of the breast lump are also summarised well. Minor irrelevance is noted, such as the information about hypertension. The inclusion of the details relating to seeing a female doctor and the autonomy to decide help give context to the patient’s anxiety. Although they do result in a response at the upper end of the prescribed word limit range, they do not distract the reader and the fact that the rest of the letter is so concise has allowed for some of these less explicitly important details.		
Genre/ Style (0 – 7)			
6	Overall, the writer shows a strong awareness of genre. In this response, there is no lapse into informality or judgemental language; it remains clinical and factual throughout. Likewise, the register and tone are consistently appropriate. The only genre lapse seen is the use of a direct question, “ <i>Could you please discuss with her....?</i> ”; in this style of writing, it would be more appropriate to phrase such a request indirectly, e.g. “ <i>It would be appreciated if you could discuss...</i> ” Cohesive devices are also used well, although noting that “ <i>furthermore</i> ” and “ <i>moreover</i> ” are better suited to academic writing than letters of this type. Opening and closing remarks conform to standard.		
Organisation & Layout (0 – 7)			
7	This response is well laid out and organised for the reader. At both whole-text and intra-paragraph levels, the response has a clear, coherent flow. The case is presented in a logical order, with signposting used well to signal new paragraph topics. The key concerns are well highlighted and, therefore, easily identified. The initial paragraph has a hint of the emotional challenges the patient presents with, by stating “ <i>hesitant to seek medical evaluation.</i> ” In the second paragraph, beginning “ <i>Earlier today</i> ”, it starts by introducing the lump and then changes direction somewhat to discuss the naturopathic treatment and her fear of medical procedures. This is followed by “ <i>upon examination</i> ”, which transitions the reader back to the details of the lump.		
Language (0 – 7)			
7	The candidate has very good control of the language used, with only minor slips noted, with no impact on intended meaning, such as “ <i>to assist on this matter</i> ”, “ <i>finally agrees</i> ”, “ <i>for the fear</i> ”, “ <i>refuses to see</i> ” etc. Some appropriate and effective use of original vocabulary is noted, e.g. “ <i>autonomy</i> ” and “ <i>provided that</i> ”. Complex structures are used well to explain the case history. There are no spelling errors and punctuation is accurate.		

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OET Speaking

General Description

FORMAT:	This sub-test contains two tasks
TIMING:	20 minutes in total Warm up: up to 4 minutes Preparation time: 3 minutes per role play Role plays: 5 minutes each
STIMULUS MATERIAL:	2 profession-specific role cards containing: - Setting information - Background information on context - Task prompts
TASK TYPE:	Role play
MARKS:	9 assessment criteria scored out of 6 or 3 Linguistic criteria (6) - Intelligibility - Fluency - Appropriateness of Language - Resources of Grammar and Expression Clinical Communication criteria (3) - Relationship Building - Understanding and Incorporating the Patient's Perspective - Providing Structure - Information Gathering - Information Giving

OET SAMPLE TEST	
CANDIDATE CARD NO. 1	MEDICINE
SETTING	Suburban General Practice
DOCTOR	This 45-year-old patient is attending the practice after suffering a mild anterior acute myocardial infarct two weeks ago. Recovery was uncomplicated and the patient was discharged from hospital four days ago. He/she is now very concerned about the long-term process of recovery.
TASK	- Find out what is worrying the patient and be reassuring. Some fatigue is to be expected; it usually takes some weeks before full energy levels return. - Advise the patient of the importance of joining the cardiac rehabilitation program at a nearby hospital in order to increase exercise tolerance under supervision. - Explain the importance of exercise (e.g., to lower cholesterol, lose weight, strengthen heart etc.). - Reassure the patient that his/her concerns are appropriate. Moderate physical activity is all right two weeks after a mild event with a good recovery, with usually four to six weeks before attempting to return to work. - Provide recommendations for prevention of future attack (diet, relaxation, stress management).

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Detailed Description:

Warm-up section:

When candidates enter the test room with the interlocutor, they are asked to confirm their identity by presenting their ID. Following this, an unassessed warm up section allows the candidate to become familiar with the interlocutor's voice and relax. The interlocutor will ask a number of simple questions around the candidate's background as a healthcare professional.



Computer based testing tip:

Candidates will take the Speaking test live via Zoom with an interlocutor. At the start of the test, security checks of their ID, person and surroundings will take place. The rest of the Speaking test will follow the same format as for paper based testing.

Input word length:

The role cards contain approximately 100 words (excluding headings and background information)

Expected output:

Candidates are expected to speak for the 5 minutes allowed for each role play.

Completing all of the tasks within the time limit is not an essential factor for assessment; however, candidates are expected to manage the direction of the conversation and move forward to the next task when one has been covered. If all of the tasks have been covered by the candidate in less than the allowed time, it is likely that they will not have fully expanded the task or sought sufficient input from the interlocutor through questioning etc.

An audio recording of the entire Speaking test from ID check through to the end of the second role play is submitted for assessment although only the two role plays are formally assessed and contribute to the candidates' final score. The interlocutor has no part in the candidates' assessment.

Computer based testing tip:

Reassure your students that only an audio recording of the video call will be provided to the assessors.



Detailed Description continued:

Task type and focus:

The task is to role play two conversations with the healthcare professional taking their role and the interlocutor taking the role of the patient or carer of the patient. In the case of Veterinary Science, the role play will be between the Vet and the owner of the animal. The two role plays will be different and these differences are achieved in a number of ways e.g. the setting of the role play, the age of the patient, the patient's condition and concerns.

The focus is on the candidate's ability to communicate in English in a way which would be typical in a patient consultation. The candidate will be expected to ask and answer questions, explain treatments, make recommendations and provide reassurance. The interlocutor is not following a script but bullet points. Some of these bullet points may include multiple details, meaning there could be unexpected turns which the candidate has to respond to, as they would in real life.

The role cards also contain a point of 'tension' in order to provide sufficient opportunities for candidates to demonstrate their range. This may, for example require the candidate to clarify a diagnosis, explore relevant background to the immediate health issue, manage a resistant or reluctant patient and confirm or correct information.

The amount of detail provided on the role card, however, is designed to be read and quickly processed by the candidate within their 3 minutes' preparation time to allow them opportunity to consider their approach and language choices before the role play starts. In the 5 minutes' allowed for each role play, candidates must guide the interlocutor through the tasks on the card, balancing the time they spend providing information with the time they spend collecting and responding to information provided by the interlocutor. The choice of scenario for the role play is one which all candidates belonging to that profession should be familiar with and will not require any use of the candidates' own medical knowledge.

Task rationale:

The tasks are designed to reflect the typical communication healthcare professionals engage in on a regular basis with their patients or carers of their patients and involves choosing how to present information and responding 'on your feet' to requests and problems. The aim is for the interlocutor (as the patient or carer) to be informed and reassured by the conversation.



Preparation, tips and strategies

When preparing for the Speaking test, your students need to familiarise themselves with the task type, assessment criteria, time constraints and expectations of them to manage the conversation.

- ▶ Make sure your students are aware that the introductory section of the Speaking sub-test is not assessed. Encourage them to make use of the introductory conversation to “warm up” and get used to speaking to the interlocutor.
- ▶ Train your students to use the preparation time available to them to read the role card carefully, so that they are clear from the start to whom they are speaking and why. They can circle or underline key words if this will help them to better understand the main points of the scenario and make notes of useful language they may want to use. They can refer to the role card at any point during the role play but should try to avoid reading from the card because this can have a negative impact on their speech.
- ▶ Reassure your students that if there are any words they are not familiar with, either in terms of definition or pronunciation, they can ask the interlocutor during the preparation time to gloss or pronounce the word for them and, provided the interlocutor knows the information, they can do this for them. It is better to ask for clarity rather than hedge around the word or guess during the role play.
- ▶ Students need role play practice using only the candidate card to replicate the test and give them the opportunity to respond to unexpected turns during the role play from the interlocutor. When using hard copies of the cards, fold the paper or separate the cards so that students are only referring to their own information.
- ▶ Stress to your students that the scenario for each role play is likely to be quite different and that this is an opportunity for them to demonstrate their range of English vocabulary and expressions. It is important that candidates adopt a professional yet friendly style and tone for the conversation. Outline how a patient-centred approach adopted by many western healthcare providers may mean there are differences in how students speak to patients, e.g. that use of first names rather than Sir/Ma’am is common, patients being included in treatment choices and decisions, avoidance of judgemental language, etc.
- ▶ Give your students opportunities to practise asking questions accurately in a variety of tenses and in open/closed as well as direct/indirect formats. Teach them to avoid compound or leading questions by explaining the consequences these can have on the responses the patient provides. Candidates need to be able to rephrase the question if it’s clear from the interlocutor’s response that they have not understood or have misunderstood the original question.

Computer based testing tip:

The role card will be displayed on the screen throughout the preparation and role play time.

Remind your students that they can have a piece of paper and a pen with them for the Speaking test. They are able to write down key words from the role card or notes of useful language they may want to use.

At the end of the second role play, they will need to show the paper to the interlocutor and rip it up on camera.



Preparation, tips and strategies continued

- ▶ Students need to be able to speak in a way that is clear for the interlocutor to understand. When providing feedback, highlight any intrusive pronunciation from their mother tongue or when their intonation has not created the meaning they want, e.g. not sounding firm when strong advice or recommendation is needed
- ▶ Talk to your students about appropriate speed of speech for different types of information and the patient's familiarity to it, e.g. when giving bad news or explaining a new process. Practise use of pauses and remind students how they can assist them to organise the information they are providing, while also giving them a few seconds to think about what they want to say next.
- ▶ Demonstrate how filler sounds and words (err, um, OK) or self-correcting mid-sentence can be intrusive or confusing for the interlocutor and highlight when this is occurring in feedback you give to students after completing a role play. Encourage students to complete the sentence they have started and provide clarification at the end if they feel what they said could have been misunderstood by a lapse of grammatical accuracy.
- ▶ Students will benefit from recognising the key function verbs provided at the start of each task and the language which is appropriate for these, e.g. explain, reassure, advise, as well as how to adapt this language depending on the emotional response of the patient, their age, their familiarity with the information, etc.
- ▶ Explore reasons for different emotional responses that patients have to their health and the situation they are in, e.g. fear, frustration, anger, sadness, reluctance, and allow students to practise a wide variety of such responses by taking the patient's role and authentically expressing your emotions. It will be helpful to equip your students with strategies to manage some of these emotional responses, e.g. how to be firm when giving advice, how to use negotiation to try to persuade a patient to change their existing stance, etc.
- ▶ Encourage students to make a checklist of their common grammar mistakes, which they can compile from your feedback, and to focus on these the next time they complete a role play. The common grammar mistakes might include prepositions and articles, correct word forms, omission of words.
- ▶ Remind your students that they are not assessed on the medical accuracy of what they say so should answer the interlocutor's questions as best they can. While the role play scenario is likely to be one they are familiar with, the questions the interlocutor can ask are unscripted. If they don't know the correct medical answer, they will not be penalised if they make one up or use a response which would be appropriate in a similar context.
- ▶ Understanding the assessment criteria and descriptors will help to inform your students of what they should be aiming at. Go through the descriptors with your students so that they are aware of what is required and, when giving feedback on their work, do so separately for each criterion so that students learn to apply the full range when speaking and can measure their progress against each assessment descriptor.



Preparation, tips and strategies continued

- ▶ Stress that, although this is a Speaking test, how students demonstrate they are listening and responding to the interlocutor forms part of the assessment. Good communication involves a balance of providing and receiving information. Students who score well in this sub-test are able to manage this balance effectively by asking the interlocutor to contribute the background history to the scenario, or checking their comfort with a suggested mode of treatment, etc.
- ▶ Train your students to follow A-B-A-B turn taking in their role plays and not to interrupt the interlocutor while they are speaking. Talk to them about the risk of cutting in when someone is speaking in terms of information they may miss, which the patient might otherwise have provided. Although they may be anxious about letting the interlocutor speak for too long, they need to remember it is the success of the communication in their role play which is assessed rather than how much of the speaking they do.
- ▶ Students need to be able to demonstrate empathy to what the patient tells them. They need to understand that empathy is not something that can be achieved by use of one single or generic empathetic phrase. Discuss what empathy means and how, when done well, it is personalised to what the patient has just said or cues they have provided.
- ▶ Familiarity with techniques for organising the information students provide and how this facilitates understanding for the patient will be useful. Discuss how the preparation time before the role play starts can be valuable for them to think through how they will present and organise information, i.e. jot down the rough steps to the process they need to explain to enable them to chunk this information effectively when speaking.
- ▶ Remind students about the value of summarising what the interlocutor has told them, and that this isn't only a strategy they can use at the end of the role play. Build in checking if the summary is accurate or what further information the interlocutor may require to any practice you provide on summarising.
- ▶ Prepare your students that they may not have completed all of the tasks on the role card by the end of the 5 minutes. When the interlocutor says 'Thank you' to indicate the role play is ended, they should stop speaking rather than try to finish anything unresolved or close off the role play neatly. Their performance across both role plays will be assessed and there are no penalties as such for not completing all of the tasks if they have made good use of the time available.

Speaking sub-test: Assessment criteria and level descriptors

Linguistic Criteria

Band	Intelligibility	Fluency	Appropriateness of Language	Resources of Grammar and Expression
6	- Pronunciation is easily understood and prosodic features (stress, intonation, rhythm) are used effectively. - L1 accent has no effect on intelligibility.	- Completely fluent speech at normal speed. - Any hesitation is appropriate and not a sign of searching for words or structures.	- Entirely appropriate register, tone and lexis for the context. - No difficulty at all in explaining technical matters in lay terms.	- Rich and flexible. - Wide range of grammar and vocabulary used accurately and flexibly. - Confident use of idiomatic speech.
5	- Easily understood. - Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent. - Minimal strain for the listener.	- 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.	- Mostly appropriate register, tone and lexis for the context. - Occasional lapses are not intrusive.	- Wide range of grammar and vocabulary generally used accurately and flexibly. - Occasional errors in grammar or vocabulary are not intrusive.
4	- Easily understood most of the time. - Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener.	- Uneven flow, with some repetition, especially in longer utterances. - Some evidence of searching for words, which does not cause serious strain. - Delivery may be staccato or too fast/slow.	- Generally appropriate register, tone and lexis for the context, but somewhat restricted and lacking in complexity. - Lapses are noticeable and at times reflect limited resources of grammar and expression.	- Sufficient resources to maintain the interaction. - Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive. - Meaning is generally clear.
3	- Produces some acceptable features of spoken English. - Difficult to understand because errors in pronunciation/stress/intonation and/or L1 accent cause serious strain for the listener.	- Very uneven. - Frequent pauses and repetitions indicate searching for words or structures. - Excessive use of fillers and difficulty sustaining longer utterances cause serious strain for the listener.	Some evidence of appropriate register, tone and lexis, but lapses are frequent and intrusive, reflecting inadequate resources of grammar and expression.	- Limited vocabulary and control of grammatical structures, except very simple sentences. - Persistent inaccuracies are intrusive.
2	- Often unintelligible. - Frequent errors in pronunciation /stress/ intonation and/or L1 accent cause severe strain for the listener.	- Extremely uneven. - Long pauses, numerous repetition and self-corrections make speech difficult to follow.	Mostly inappropriate register, tone and lexis for the context.	- Very limited resources of vocabulary and grammar, even in simple sentences. - Numerous errors in word choice.
1	Almost entirely unintelligible.	Impossible to follow, consisting of isolated words and phrases and self-corrections, separated by long pauses.	Entirely inappropriate register, tone and lexis for the context.	Limited in all respects.
0	Candidate does not provide any response.			

Clinical Communication Criteria

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

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



MEDICINE / OET Roleplay card:

OET

ROLEPLAYER CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

PATIENT

You are a 42-year-old office worker and have noticed your right eye twitching throughout the day (for several minutes at a time, several times a day) over the past month. This has never happened before and you are very concerned.

TASK

- When asked, explain that your work has been quite stressful lately as you have taken on more responsibility.
- When the doctor mentions myokymia, find out what this means.
- Express concern when the doctor describes the condition to you. Ask if it is a serious condition and if it can be treated.
- Ask if this condition might signal that you have something wrong with your neurological health.
- Demand a referral to a neurological specialist.
- Eventually accept the doctor's advice.

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OET

CANDIDATE CARD NO. 1

MEDICINE

SETTING

Suburban Clinic

DOCTOR

This 42-year-old has been experiencing his/her right eye twitching for several minutes throughout the day over the past month. This has never happened to the patient before and he/she is very concerned. You have examined the patient and diagnosed eyelid myokymia (benign, self-limiting fascicular contractions of the orbicularis oculi muscle).

TASK

- Find out if the patient has been experiencing any stress lately.
- Advise the patient that he/she most likely has eyelid myokymia.
- Explain eyelid myokymia (contractions in the eyelid) and its potential causes (e.g., stress, fatigue, nutritional imbalance, etc.).
- Reassure the patient (e.g., most sudden onset myokymia is benign, etc.).
- Explain that the spasms could be caused by a neurological disorder but this is unlikely.
- Persuade the patient that a referral to a neurologist can be made if symptoms do not improve but suggest taking other measures in the meantime (e.g., reducing stress, getting more sleep and better nutrition, etc.).

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MEDICINE

Candidate sample roleplay with assessor comments, Page 1 of 9



- CANDIDATE



- INTERLOCUTOR



"Good afternoon."



"Hi"



"My name is Dr. Sandeep and I'll be looking after you today."

Assessor comments: Candidate begins with a simple friendly introduction.



"Okay."



"May I know your name, please?"



"Yes. My name is Brooke."



"Hello, Brooke. It's really lovely to meet you."

Assessor comments: Natural warm tone to utterance – doesn't sound rehearsed.



"You too."



"From the notes. I understand that you're having problems with your twitching of your eye muscles. Is that correct?"



"That's right. Yes."



"And may I know how long you've been having having this for?"



"I think it's a few weeks now. Maybe. Maybe the last month."



"Ok. And has there any change in the last month that's happened?"

Assessor comments: After establishing the duration of the complaint in the previous question, this open question then invites the patient to contribute possible reasons for the issue.



MEDICINE

Candidate sample roleplay with assessor comments, Page 2 of 9



- CANDIDATE



- INTERLOCUTOR



"You mean with the twitching? Or...?"



"With anything in your life such as any"

Assessor comments: stops talking to allow patient to continue, rather than cutting her off.



"I guess the one thing that's changed is probably my workload."



"OK"

Assessor comments: Active listening encourages the patient to continue and demonstrates that the candidate is engaged and attentive.



"One of the people in my team recently left and we haven't rehired yet. So we've had to distribute some of the work that they used to do."



"Right."



"So my workload has increased a lot."



"OK. OK."



"So I've been very busy."



"I understand it must be very stressful for you, right?"



"Yes."



"And are you taking your workload to your home as well?"



"Sometimes, yes."



MEDICINE

Candidate sample roleplay with assessor comments, Page 3 of 9



- CANDIDATE



- INTERLOCUTOR



"Sometimes"

Assessor comments: This echoing of 'sometimes' invites the patient to elaborate/clarify the extent of the evening work.



"Yes. So sometimes I'll do a bit in the evenings after I've done things at home. Yeah"



"And have you tried anything to cope with your stress of this amount?"

Assessor comments: Open question to begin new line of questioning.



"Ummm, not really. No (laughs). I feel like I don't have time."



"OK. I can understand. Now to get into to tell you that what you are having currently, the medical term we use is eyelid myokymia."

Assessor comments: Non-judgemental in tone.

Signals change in topic, pauses in the explanation are helpful, rather than a lengthy long turn initial explanation.

This is a missed opportunity to check whether the patient has any prior knowledge of this condition.



"OK."



"OK. Now what that is, is just a contraction of the eyelid."

Assessor comments: Candidate immediately restates the medical term without prompting, so that the explanation is clear for a lay-person.



"OK."



"Now there is a muscle around the eyelid called as orbicularis oris. I'm really sorry, it's a medical term."

Assessor comments: This acknowledgement that a medical term is not likely to be helpful shows good awareness of tailoring the explanation to the patient's level.



MEDICINE

Candidate sample roleplay with assessor comments, Page 4 of 9



- CANDIDATE



- INTERLOCUTOR



"OK."



"But if it contracts, you know, high amount and that's what you are experiencing right now. OK? Now there are various causes for this. ¹So just as you mentioned, ²you're having stress lately which is highly."

Assessor comments:

¹Change in topic signal is given with the emphasis on 'causes'.

Good example of 'steering' the interaction in a logical sequence.

²Relates explanation to patient's perspective.



" OK, Yep."



"And as you also mentioned, it was about a month that you're having the the contraction and that started right after your work load of stress, right?"

Assessor comments: Summarising what the patient has said so far to allow correction.



"Yes."



"So maybe that's related. OK?"



"OK."



"By the way, do you also have enough sleep?"



"Probably not. To be fair. Yeah."



"So maybe that also adds up to your that situation. OK?"



"Yep."



MEDICINE

Candidate sample roleplay with assessor comments, Page 5 of 9



- CANDIDATE



- INTERLOCUTOR



"All right. So. But understand that this is only temporary."



"OK."



"It's not permanent."



"OK."



"OK? So it's it will go away if we just decrease the amount of stress. If we have a good sleep. OK? And a good diet as well."

Assessor comments: Here it would have been ideal to explore how the patient felt about these suggestions.



"Is it but is it a serious condition?"



"It's not very, very serious."



"OK."



"But if not, treat now. And if it does not get down, then I might have to refer you to a neurologist."

Assessor comments: This lapse in vocabulary is noted but on balance the language used is accurate and well- controlled.



"Oh, really?"



"Yeah."



"OK."



MEDICINE

Candidate sample roleplay with assessor comments, Page 6 of 9



- CANDIDATE



- INTERLOCUTOR



"And see and see how it's done. But for now, I think there is nothing wrong with you medically, it is just your stress that's causing and sometimes body sends a response."

Assessor comments: The tone of this utterance is reassuring.



"Yeah."



"OK? now."



"So you mentioned you might have to send me to a specialist, but, I don't know I'm a bit concerned that maybe it's more than the stress. Do you think it could actually be like a neurological problem that maybe I should just go see a specialist now?"



"Well, for me to say that's a neurological problem, I have to examine you further. But as you mentioned, you don't you're not feeling any laziness of your face, muscles, facial muscles."

Assessor comments: This was not mentioned previously. It would have been better framed with an open question to begin the new line of questioning. Something like "Have you noticed anything unusual, anything that didn't seem right?" This would then have formed a bridge to the closed questions that followed.



"No."



"You're not feeling any blurring of vision?"

Assessor comments: Leading question,



"No."



"Any difficulty in speech?"



"No."



MEDICINE

Candidate sample roleplay with assessor comments, Page 7 of 9



- CANDIDATE



- INTERLOCUTOR



"No. Any change in your sensation of taste? taste?"



"No."



"No. Or any other weakness around the body? No."



"No."



"No. So if there was any sensation, changes in the sensation of your body, you'd be feeling any laziness of your muscles. Most likely I would think maybe it's a neurological."



"OK."



"OK. And also, you don't have any fever?"

Assessor comments: leading question – also somewhat abrupt return to yes/no symptom questions.



"No."



"Or you don't have any head injury?"

Assessor comments: These negative questions are more assumptions than questions when phrased this way.



"No."



"No. So what I'm seeing here is most likely it's something to do with the stress and perhaps the sleep as well."



"OK."



MEDICINE

Candidate sample roleplay with assessor comments, Page 8 of 9



- CANDIDATE



- INTERLOCUTOR



“That is the reason why I was about able to say that it’s not neurological disorder.”



“OK.”



“OK. Does that answer my your questions.”

Assessor comments: Checks whether the patient needs any further information.



“Yeah. Yep.”



“OK. All right. So for now, what we’ll do is we’ll try to establish some relaxing therapies for you decrease the workload. If you want, I can write a letter for your work.”

Assessor comments: Here the candidate is transitioning to a new section of the interview and signals it quite naturally.



“OK.”



“Saying that you’ve got a lot of work and you might you might need a time out.”

Assessor comments: At this point, the candidate needed to check whether the patient was agreeable to this idea.



“Yeah.”



“For a couple of weeks, you know?”

Assessor comments: Again a missed opportunity to see how the patient felt about this suggestion.



“Yep.”



MEDICINE

Candidate sample roleplay with assessor comments, Page 9 of 9



- CANDIDATE



- INTERLOCUTOR



“ To have some relax, relaxing time and get back into yourself and and yeah, I think that that’ll help. If that doesn’t help, then perhaps we’ll be looking forward towards referral to neurologist..”

Assessor comments: Good use of emphasis here, ‘If THAT doesn’t help...’. This helps the patient digest the explanation.



“OK.”



“Does that is that OK with you?”

Assessor comments: this final check is good - but more than a final check is needed. To be more effective at this aspect of information giving, checking needs to happen throughout the interaction, not only at the conclusion.



“Yeah, I think I’ll try that. Like your advice first and then take it from there and see what happens..”



“OK, well, thank you very much Brooke.”



“OK.”



“That was really helpful.”



“Yeah.”



“All right. Thank you.”



“Thank you.”



Using the assessor commentaries with the candidate Speaking samples

Six candidate responses and assessor commentaries have been provided for the Medicine role card about a patient with eyelid myokymia and the Nursing role card about a patient recovering from pneumonia, respectively.

Together, the responses and commentaries are a valuable tool in assisting you to understand the marking criteria and their application to candidates' speaking more clearly, and as a teaching resource to use with your students.

Here are some suggestions for how you can use them in both instances:

Marking tool

To standardise your use of the marking criteria against the scores given by OET assessors using the marking criteria, complete this activity individually or, if you are part of a school, collectively.

Start by reading the role card and then 'setting the standard': listen to the candidate sample and associated assessor commentary. For Medicine, we recommend sample 5 and for Nursing, we recommend sample 1 for this purpose. Once you have listened to both the sample and read the commentary, reflect on what scores were awarded and the justification given for these scores by the assessors; notice how the language used by the assessor reflects the assessment descriptors.

Next, work to apply the standard, with teaching colleagues if possible. [If you are a private tutor, you could reach out to other teachers through the official OET Facebook group for teachers]. For Medicine, we recommend sample 6 and for Nursing, we recommend sample 5 for this purpose. For this step, listen to the candidate sample and, as a group, discuss the scores you would give and your justifications for them until you have negotiated a final score for each criterion for this sample. Then read the assessor commentary and compare your final scores with those given by the assessor. Discuss any points of difference between scores, referring to the explanation provided in the commentary.

Finally, apply the standard individually. For Medicine, we recommend sample 4 and for Nursing, we recommend sample 2 for this purpose. Like with the previous step, listen to the candidate sample but this time, score by yourself, perhaps making a few notes to justify your decision. Then read the assessor commentary and compare with your scores.

If you identify some areas where you are scoring higher or lower than the assessor, you can use the other 3 samples for each profession to further standardise your marking. You could also ask a colleague to mentor you with marking for this criterion by discussing a selection of your students' role play recordings after you have marked them.

These materials can be used as training resources with colleagues to ensure scoring consistency. Once you are matching the standard, you can incorporate ongoing standardisation using other official OET role cards so that you are regularly checking as a team that you are maintaining the standard.



Teaching resource

To familiarise your students with the assessment criteria and to assist them to recognise the scores their speaking would achieve on the assessment level descriptors, you can complete a range of activities using the candidate samples and assessor commentaries. These will all work best once students are familiar with the role card but before they have attempted the role play.

Activities 1 - 4

1 Play the opening to 3 of the samples and ask groups of students to discuss how well or badly this opening went in terms of building rapport with the patient and being appropriate for the context of the role play. Would the groups have done anything differently? Discuss how starting the role play in a suitable way for the context can not only make the communication with the patient more effective, but can also boost the student's confidence that the conversation is underway from a positive starting point.

2 Give groups of students one of the sample roleplay scripts and ask them to highlight all the questions it contains. You could ask them to focus on questions asked by only the candidate or both the candidate and the interlocutor. They should then sort the questions by type: open, closed, leading or compound. Then ask them to look at the interlocutor's responses. Did each question have the intended effect? e.g. encourage the interlocutor to elaborate on their healthcare situation. Did the interlocutor understand the question? Finally, groups could work to correct any errors in the questions such as word order, tense, etc.

3 Choose 2 samples that provide good contrast between explanations given by the healthcare professional (for Medicine, this would be task 3 and Nursing, task 4). Remind students of these tasks and then play just these parts of the 2 samples, either medicine or nursing, and ask students to think about the following while they are listening: organisation of the explanation, use of technical terms, pausing, tone of voice, involvement of the patient. After listening, students can reflect on these areas in groups and decide which of the 2 samples was more effective in giving the explanation and anything they think could improve it further.

4 Give groups of students one candidate sample and the assessment descriptors. Ask students to listen to the sample individually and then discuss in their groups what they think the strengths and weaknesses of it are, and perhaps any improvements they would make to it. Then, ask the group to work together to score the sample looking at each assessment level descriptor to find evidence for their choice. [If you feel this is too onerous, you could ask one group to score the linguistic criteria and another group to score the clinical communication criteria]. Provide the assessor commentary for the candidate sample for the group to compare with the scores they awarded. If there were differences, can they understand why the assessor gave a different score from the evidence in the commentary? Did anything surprise them about the scores? What do the scores for this sample tell them about their own speaking? How do they think their role play for this role card would score based on their usual performance? (They can then compare these predictions with the scores you give them after recording the role play).

[Note about the scores and grades provided for these candidate samples](#)

These assessor commentaries have been generated from genuine candidate samples for the purpose of this handbook as a teaching and learning tool for teachers. The intention is that the scores and grades will help teachers feel more confident about the accuracy of their own marking and the advice they are giving to their students about when they are test-ready to apply for OET.

OET never recommends that teachers provide students with a letter grade. Grades are calculated from two sets of raw scores produced by OET assessors who have received specialist training to be a Speaking assessor. These scores are then combined and processed through quality checks to produce the final grade received by the candidate.

While students are keen to know a letter grade, it is more beneficial to focus on the strengths and weaknesses of their speaking and to advise them on the test-readiness or lack of test-readiness of their practice role plays. Using the candidate samples provided as some kind of template for students will not be of assistance to them in achieving the score they want on test day.



MEDICINE

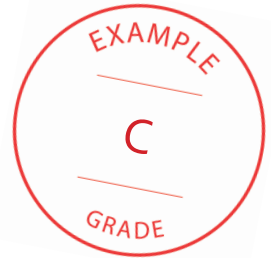
Candidate sample roleplay script 1, Page 1 of 5



– CANDIDATE



– INTERLOCUTOR



[00:00:00.57]

Yeah. Good morning.

[00:00:01.59]

Good morning. How are you?

[00:00:03.57]

Yeah. Whats brings you here? I'm Dr. Imram.

[00:00:05.85]

Hello Doctor Imran. Erm, well, recently I have just noticed um my right eye has started to to twitch.

[00:00:13.92]

Yeah.

[00:00:15.11]

Um, and it happens often throughout the day.

[00:00:17.07]

Yeah.

[00:00:18.03]

Quite, quite a number of times and um lasts for quite a long time each time.

[00:00:23.85]

Is it first time or do you had experience before this one?

[00:00:26.44]

I've never, this has never happened to me before, that's why I'm quite concerned. Um, so, I wondered if you could maybe help me.



MEDICINE

Candidate sample roleplay script 1, Page 2 of 5



– CANDIDATE



– INTERLOCUTOR

[00:00:33.24]

Yeah, let me examine and then er er yeah. Oh, this looks to be er like er a self-limiting condition. Means that can happen means er with a within short period of time. So, I feel like that that can be associated with your stress condition. Maybe means you are having stress regarding your family or your work.

[00:00:56.46]

I've taken on more responsibility with my work recently.

[00:01:00.09]

OK

[00:01:00.14]

You know, I've been, so I have a very busy, stressful day. Um, so, yes, I I can see that. Yes.

[00:01:07.23]

Yeah, I can understand your concern. So, I feel like that this look like the condition that is called eyelid myokymia.

[00:01:16.74]

What does that mean, doctor, I'm sorry?

[00:01:18.06]

It actually er means self-limiting contractions of the eyelid. That is one of the muscle that is er spontaneously that contracts. So and the potential causes could be like stress as I told you before or could be fatigueness loss of lack of sleep or er diet means nutritional imbalances.

[00:01:38.97]

Is it a serious condition? I mean, I'm very concerned you know or can it be treated?



MEDICINE

Candidate sample roleplay script 1, Page 3 of 5



– CANDIDATE



– INTERLOCUTOR

[00:01:44.22]

No, no, no. It's not very serious condition. So it can be controlled like if you control your stress and er you take er means good sleep um and er also you you change your diet like means if you er means acquire a better nutrition. And I can refer you to the new neurologist, but er I think before that, I think better you er er overcome your stress and take a good sleep.

[00:02:12.57]

Do you think, I mean, you mentioned neurologist, I've thought of that myself. Do you think there could be something wrong with my neurol neurological health?

[00:02:22.59]

Yeah, it can be associated with that one, but er I don't think so like means your condition doesn't look like means associated with any neurological condition. But I think better you try first these er measures, which I told you.

[00:02:36.69]

I would really prefer to see the neurologist, doctor, if you can please, I would like you to make a referral for me.

[00:02:43.23]

Er, yeah, I can I can make a referral for you but doesn't look so er means urgent for the neurological referral. So, first I would advise you means to reduce your stress and er to take a good sleep and er also to take better nutrition.

[00:03:01.18]

What kind of like, I mean, reducing stress can be a problem, but I could try what about nutrition? You mentioned nutrition. What would be a good thing do you think, for this?

[00:03:13.00]

Nutrition, like er you take like plenty of juices and er include the fibre diet and reduce your fat or er sugar-containing er diet that can reduce your



MEDICINE

Candidate sample roleplay script 1, Page 4 of 5



– CANDIDATE



– INTERLOCUTOR

[00:03:24.39]

And I mean, is this I mean, you say it could go without any further need for medical intervention, but I mean is it going to I mean, it's very distracting, it disturbs me there's nothing that you can prescribe for me now at all?

[00:03:42.85]

No, no, no, no you you doesn't need any medication at present.

[00:03:46.72]

Right. And if I see the neurologist, I mean, you say you you can refer me. What is he likely to do? I mean, what would the neurologist do?

[00:03:55.51]

He will just examine you and he can coordinate his findings with any neurological er disorder that can be but doesn't look like er means that serious about your neurological er issue.

[00:04:08.76]

Does this happen to someone of my age or is it just can happen to anyone?

[00:04:13.68]

Yeah, it can happen to anyone, yeah. It doesn't related to the age. It can happen to anybody.

[00:04:18.78]

Okay, doctor. So, I mean, you say I should do these follow these these. How long should I do it for? You saying try to get more sleep, less stress.

[00:04:28.75]

Yeah, yeah. This means you need to change your lifestyle and that actually it will it will help with the changing your lifestyle to overcome your stress. So is that clear or?



MEDICINE

Candidate sample roleplay script 1, Page 5 of 5

“ ”



– CANDIDATE

“ ”



– INTERLOCUTOR

[00:04:42.74]

Er, um. OK. I mean, you know, I'm not happy, but I have to wait and I'll go with your advice. And then um, you know we can hopefully it will clear itself up.

[00:04:54.97]

Yeah.

[00:04:55.18]

Ok. Doctor, thank you very much



MEDICINE

Candidate sample roleplay script 1, Assessor scores / comments:

Sample:	SMED1-Sample1	Profession:	Medicine
Role-play:	1		
Intelligibility (0 – 6)			
5	The candidate is easily understood. Communication is occasionally impeded by a few pronunciation errors. For instance, his L1 accent adds in extra syllables on words beginning with ‘s’ i.e. “associated with your estress condition”. Some word-level stress inconsistencies are noted as well, e.g. “concern”, “examine”. Occasional words are not clearly enunciated, e.g. “measure”. The combined impact of these errors is not significant, no real strain is caused. Intonation and pitch are generally used quite well, with sentence level stress to add emphasis to key words in utterances sometimes used to good effect, e.g. “Yeah, it <u>can</u> be associated with <u>that</u> one, but er I <u>don’t</u> think so...”, but, in other instances, can tend towards somewhat flat delivery.		
Fluency (0 – 6)			
5	Fluent speech is delivered at normal speed, with occasional repetition or self-correction. Hesitation may occasionally indicate searching for words or structures but is generally appropriate. Fillers such as “er” and “like” are used when pausing, but these pauses are not intrusive for the listener.		
Appropriateness of language (0 – 6)			
4	A generally appropriate register, tone and lexis is used for the context. However, there are instances where medical terms are used without paraphrasing, e.g. eyelid myokymia. The patient needs to ask what that means, whereas the candidate should have automatically followed it with an explanation. Another very profession-specific term used more than once is “self-limiting” – this would have been better phrased as or followed with “a condition which will get better by itself”. The candidate attempts to explain it the first time as “means that can happen means within short period of time” which is very unclear. The candidate also verges on being quite informal, e.g. “I feel like that this look like the condition that is called...”		
Resources of grammar and expression (0 – 6)			
4	The candidate has sufficient resources to maintain the interaction. However, there are numerous inaccuracies in grammar, both in simple and in more complex sentences, (“Is it first time or do you had experience before?”), and these can become intrusive. There is over-reliance on the word “means” to link ideas very crudely, e.g. “I can make referral for you but doesn’t look so means urgent for the neurological referral. So first I would advise you means to reduce your stress...” A lack of precision in vocabulary choice can lead to a lack of clarity e.g. “He will just examine you and he can coordinate his findings with any neurological er disorder that can be but doesn’t look like er means that serious about your neurological er issue. ...”.		
A Relationship building (0 – 3)			
1	The candidate greets the patient and initiates the interaction inappropriately, in that he asks, “What brings you here?” when these introductions would have occurred prior to the eye examination mentioned on the role card. However, he is attentive and respectful, e.g. when dealing with the suggestion about the neurologist, he doesn’t dismiss the patient’s concern. Empathy could have been expressed more appropriately i.e. “I understand your concern” after the patient explains that he is stressed and busy at work does not really match the utterance.		
B Understanding & incorporating the patient’s perspective (0 – 3)			
1	There is little eliciting and exploring of the patient’s ideas/concerns/expectations, e.g. rather than explicitly asking the patient if he’s experiencing stress, he surmises “maybe means you are having stress...”; so, he misses an opportunity here. As it is, most of the patient’s perspective in this interaction is provided by the patient, and it is never explored further once stated. When the patient brings up concerns (e.g. whether something is wrong with his neurological health) the candidate could have used this point as a springboard, by first noting and acknowledging the concerns, but then relating the next advice to the already elicited stress, (e.g. “You mentioned that you have been under more stress at work recently, so this is probably what is causing the twitching.”)		
C Providing structure (0 – 3)			
1	The candidate does not direct the interaction or sequence the interview purposefully enough; it is more often noted that he is following the lead of the interlocutor and responding to their questions: a more reactive than proactive interaction. Some organising techniques in explanations are noted, (“before that”, “better you try first these measures”). However, there is little evidence of signposting changes in topic, apart from “Let me examine and then...”. Changes in topic are mostly initiated by the patient.		

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample roleplay script 1, Assessor scores / comments:

D Information gathering (0 – 3)	
1	There is insufficient information-gathering overall: not much is asked of the patient. The candidate does demonstrate some active listening initially, (“ <i>Yeah</i> ” twice and “ <i>OK</i> ”), allowing the patient to elaborate on his presenting complaint. The information-gathering that is done is only partially effective: moving from an open (“ <i>Whats brings you here?</i> ”) to a closed compound question (“ <i>Is it first time or do you had experience before?</i> ”). Other than that, no clarification on the information supplied by the patient is attempted. For instance, when the patient mentions stress, no more is asked about that, it is a dead-end. It might have been of use to enquire about diet and lifestyle before making suggestions on improving these aspects.
E Information giving (0 – 3)	
0	Information giving is not done effectively. The candidate does not establish initially what the patient already knows about this condition; he does not pause periodically when giving information and misses all opportunities to seek the patient’s response to his suggestions. The suggestions are made without much detail, (“ <i>...reduce your stress... take a good sleep and er also to take better nutrition.</i> ”) leaving it to the patient to ask for more detail. The candidate only checks whether the patient has understood the information given in one of the final utterances and it is not effectively done, i.e. “ <i>So, is that clear, or?</i> ”. There is no asking how the patient felt about the proffered advice, and also no attempt to discover what further information the patient needs.

* These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

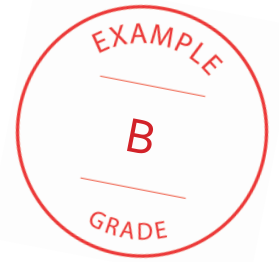
Candidate sample roleplay script 2, Page 1 of 4



– CANDIDATE



– INTERLOCUTOR



[00:00:00.90]

Good afternoon. This is Dr. Nancy Khalil. I'm the treating doctor for today. How may I address you?

[00:00:08.98]

Actually, I'm a 42-year-old lady and er recently I have several twitching on my right eye.

[00:00:21.17]

Yes.

[00:00:21.27]

Now, I have it several times per day.

[00:00:23.58]

I see. Oh dear.

[00:00:25.62]

This happened for the last month. It seems I've been stressful.

00:00:32.10]

Oh dear. I'm really sorry to hear about that. So, have you been experi have you been experiencing any stress er lately?

[00:00:41.34]

Yes. During work.

[00:00:46.68]

Ah, yes. I see. So, I believe that er it's a condition known as Myokymia. So how much do you know about that?

[00:00:53.79]

Nothing.



MEDICINE

Candidate sample roleplay script 2, Page 2 of 4



– CANDIDATE



– INTERLOCUTOR

[00:00:55.29]

Well, I have an explanation for you. Myokymia is er contractions of er your eyelid er and the frequent possible causes er include the stress er as as you are saying that your that you've experienced stress at work, er fatigue er maybe a lack of sleep and maybe erm eating imbalanced diet. All these lead to the these contractions you're suffering from. So, er are you now aware about this condition?

[00:01:27.63]

Yes, I am aware but I'm worried about my eye.

[00:01:30.81]

No, I don't want you to worry. Let me reassure you, er it's not a serious condition, as you might think. So stay reassured er and it's very benign, self-limited er condition. Usually er goes on its own and if you follow the instructions, everything will be OK.

[00:01:48.69]

You mean it's not serious?

[00:01:50.61]

Yes. Usually, it's not serious condition. And the possibility of er being serious due to er something neurological or something that like that er seems unlikely. So, er is that clear?

[00:02:05.70]

It is clear but you are not recommending any treatment? No eye drops? No tablets?

[00:02:13.29]

Er, well there are several ways for managing this condition and I would like to discuss them with you. First of all, er I want you to reduce being stressed at work. Er, second, I want you to er increase your er bedrest, er eat balanced diet er. And er for a speedy recovery, I prefer to refer you to er a neurologist if the symptoms persist or if you develop something that's you can that you felt it's abnormal or something like that. So, do you think you can do that?



MEDICINE

Candidate sample roleplay script 2, Page 3 of 4



– CANDIDATE



– INTERLOCUTOR

[00:02:51.78]

Well, you know er during work, to lower the to be not stressful it's a little bit difficult. To sleep, yes and to I mean, have a level of diet or er I mean, to control my eating. This is okay. But you know about

[00:03:15.74]

Yes.

[00:03:16.41]

being stressed in work, it's responsibility and um...

[00:03:22.14]

Yes. I totally understand your concern and how you might feel er but er let's try taking the situations er much more with calm. Just be calm. Deal with the situations with a less stressful er condition. So, does this make sense?

[00:03:42.36]

Yeah. Will you recommend er a referral to the neurologist?

[00:03:47.34]

If the symptoms persist and if you couldn't erm apply the measures we set, er then I can refer you to a neurologist. So, er is that clear?

[00:03:59.40]

Yes. Honestly but I'm worried about my eye.



MEDICINE

Candidate sample roleplay script 2, Page 4 of 4

“ ”



– CANDIDATE

“ ”



– INTERLOCUTOR

[00:04:02.22]

No, I don't want you to worry. Stay reassured and stay calm. I told you. It's a very self-limited and benign condition. So I don't want you to worry. And now, let's summarize what we've been speaking, er what we've spoken about. Er, first of all, I told you you have a condition called myokymia. Er, it's muscle contractions that occur most probably due to stress. Er and I advised you on reducing stress and um getting more sleep, eat balanced diet, er lead the healthy life. Er I would like to see you again. I wish you speedy recovery. Er do you have any questions?

[00:04:43.32]

Thank you very much. Actually, I'll take your advice

[00:04:46.27]

Okay. This is er I I I wish you to, er I I would like to see you again er and I wish you a speedy recovery.

[00:04:55.67]

Thank you. Thank you



MEDICINE

Candidate sample roleplay script 2, Assessor scores / comments:

Sample:	SMED1_Sample2	Profession:	Medicine
Role-play	1		
Intelligibility (0 – 6)			
5	The candidate is easily understood throughout; communication is not impeded by a few pronunciation or prosodic errors. There are several non-standard pronunciation examples noted, with L1-typical vowel sounds (“causes”, “prefer”) and consonant sounds (“usually” in which /ʒ/ is pronounced as /dʒ/), as well as a silent letter issue in “calm”. However, overall, the candidate enunciates and projects very clearly and no strain is caused. Word stress is used well, and sentence level stress is mostly accurate but occasionally emphasis is placed on the wrong word, e.g. “I’m really sorry to hear about <u>that</u> ...”. Intonation and pitch are generally used well, although some inconsistency is noted, e.g. the use of a rising pitch at the end of an utterance such as “I wish you a speedy recovery...” which does affect the listener.		
Fluency (0 – 6)			
5	The candidate speaks fluently and at normal speed, perhaps tending towards a little fast. Some hesitation when searching for words or structures is noted, and there is some jerkiness at times, e.g. “Er...second, I want you to...er...increase your...er...bedrest...er...eat...er...balanced diet...and...er...for speedy recovery...”. However, overall, the candidate can produce relatively fluent longer turns and chunks of language without undue restarting or self-correction.		
Appropriateness of language (0 – 6)			
5	There is almost always appropriate lexis used, although some phrases tend towards being slightly too formal, not adapted for speaking to a patient. “Are you now aware of this condition?” is not a very natural sounding spoken phrase; “Does that make sense?” would have been more appropriate. As well, “So, stay assured” is somewhat awkward; perhaps “I can assure you” was intended. An instance of using medical terminology rather than adapting it for the patient, is “It’s very benign self-limited condition...” The candidate explains “self-limited” as “usually it goes on its own” but the patient is still unsure whether it is serious, “benign” should have been explained better. The tone of voice is mostly appropriate to the language functions used but is at times lacking in warmth, e.g. in “I totally understand your concern, and how you might feel” and “No, I don’t want you to worry. Stay reassured and stay calm. I told you.” It can sound rather abrupt which indicates less flexibility in this aspect.		
Resources of grammar and expression (0 – 6)			
5	A wide range of vocabulary and grammatical structures are generally used accurately and flexibly. Occasional errors (“It’s not a serious condition, as you might think” – which has one of two possible meanings) are not intrusive. There is some imprecision noted in vocabulary choice at times, in one example the repetition seems to indicate some limitation, e.g. “Let’s try taking the situations much more with calm. Just be calm. Deal with the situations with a less stressful condition...”.		
A Relationship building (0 – 3)			
2	While the candidate’s initiation of the interaction could have been done more appropriately to the role card, she is attentive and respectful, and shows appropriate empathy for the patient’s issue, e.g. “Oh dear, I’m really sorry to hear about that ...” and “I totally understand your concern and how you might feel...”. This initial expression of empathy builds a friendly rapport with the patient and sets up the interaction well. The repetition of “I don’t want you to worry” in the last extended turn from the candidate is reassuring for the concerned patient, although the repetitive urging of the patient to remain calm could produce the opposite effect, as they were expressing a concern, but not in an agitated way.		
B Understanding & incorporating the patient's perspective (0 – 3)			
1	The candidate sometimes elicits the patient’s thoughts, but not often enough. She misses cues which would have been ideal to further probe the patient’s emotional concerns, e.g. “I’m worried about my eye” could have been followed by “What exactly are you worried about?” Although her response is to immediately reassure (“So, I don’t want you to worry”), it is a missed opportunity. Her explanations are mostly related to the patient’s situation, but overall, the patient’s perspective is not really sought; the interview is not patient-centred enough.		

* These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample roleplay script 2, Assessor scores / comments:

C Providing structure (0 – 3)	
3	The candidate sequences the interview purposefully and logically, e.g. with a conditional clause to explain potential eventualities (<i>"if the symptoms persist"</i>) being followed by advice on how to deal with them. She uses signposting (<i>"I have an explanation for you"</i> ; <i>"There are several ways of managing this condition and I would like to discuss them with you"</i>) and there is evidence of organisational techniques (<i>"First of all, I want you to reduce being stressed at work"</i>) and summarisation (<i>"And now let's summarise what...we've spoken about"</i>) although these do perhaps sound a little like rote inclusions for the candidate rather than naturally occurring thoughts.
D Information gathering (0 – 3)	
1	The candidate uses active listening techniques but interrupts when the patient is responding to her question <i>"Is that clear?"</i> and then again, sounding slightly impatient, just before the end. She does not use open questions initially, partially because the patient offers some details of the presenting complaint unprompted. Nonetheless, it would still be appropriate to allow the patient to do this, and then pursue it with an open question, e.g. <i>"I see. Can you tell me anything else about the twitching?"</i> There is generally a lack of eliciting followed by clarification to check what she has been told; the approach seems to be to go through the roleplay notes rather than to elicit the history. For instance, where the task is to find out about stress, there is no further elicitation, and instead in the next turn, some assumptions are made regarding fatigue, lack of sleep, eating an imbalanced diet. It is always possible to clarify information which has been offered; this is a patient-centred behaviour.
E Information giving (0 – 3)	
2	The candidate establishes what the patient already knows (<i>"How much do you know about that?"</i>). She checks whether the patient has understood effectively (<i>"Is that clear?"</i> , <i>"Does this makes sense?"</i>). However, she doesn't 'chunk and check'. She frequently encourages the patient to provide her reactions to the given suggestions, (<i>"Do you think that you can do it?"</i>) or express her feelings. There is an attempt at the end to find out any further needs, (<i>"Do you have any questions?"</i>) but it is very late in the interview.

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MEDICINE

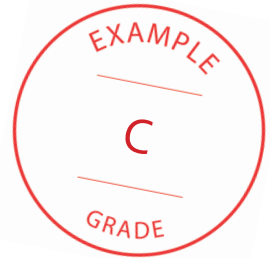
Candidate sample roleplay script 3, Page 1 of 5



– CANDIDATE



– INTERLOCUTOR



[00:00:00.14]

Ok. Hello, sir.

[00:00:01.62]

Hello.

[00:00:03.31]

I'm your doctor. My name is Alkhazendar, umm, I... I'm... I heard about your eye twitching, um, for but I need to to know more informations from you. Please.

[00:00:19.95]

Okay. Good morning, doctor. Actually, I have been experiencing some sort of twitching in my right eye throughout the day and it has been like this for, um, the last month. Um, and I'm really worried that it is repeated over the day. I mean, it does not happen only once a day, but it is repeated. So, umm, what what do you think is the cause of this?

[00:00:46.20]

How many times it will be repeated by the day?

[00:00:51.21]

Several times? Yes, several times a day. Several times.

[00:00:55.79]

Okay, um, I think this condition related to stress. Do you have stress the last month?

[00:01:03.63]

Ummm, I have to be honest. My work is a synonym of stress. I mean, it is the same as stress. Since my last promotion, for example, my work has been doubled and it became really stressful to complete a single day of work. So if you are talking about stress, yes. There is lots of stress.



MEDICINE

Candidate sample roleplay script 3, Page 2 of 5



– CANDIDATE



– INTERLOCUTOR

[00:01:19.69]

Yes, your case now as may be known as myokymia. Myokymia is defined as a contractions in the eyelid.

[00:01:31.68]

Uh-huh.

[00:01:32.07]

Um, it may be has risk factors like stress, umm, fatigue... Fatigue of ocular muscles.

[00:01:44.63]

So...

[00:01:45.23]

nutritional imbalance.

[00:01:46.98]

Yes. If I may ask you before before you continue sorry for interruption. What is myokymia? I mean, could you please put this in simpler language for me?

[00:01:58.05]

Yeah. Myokmia is a latin word.

[00:02:01.11]

Uh-huh.

[00:02:01.73]

Myo means muscles..

[00:02:02.85]

OK.



MEDICINE

Candidate sample roleplay script 3, Page 3 of 5



– CANDIDATE



– INTERLOCUTOR

[00:02:03.74]

Kymia - twitching of the muscles..

[00:02:37.49]

Yes, I I honestly speaking, I have to express my concern here because it sounds like, um, sinister condition, a very dangerous condition. How serious is it?

[00:02:47.55]

Umm, don't worry. It's, ummm, it's mild condition.

[00:02:51.81] OK.

[00:02:52.80]

It will not affect your vision or your life. It may be relief if you really decrease the stress and good nutrition.

[00:03:06.00]

Uh-huh. So you mentioned something related to the neurons and potassium and sodium and something like this in the myokymia. Does this imply that my neurological health is at-risk?

[00:03:18.18]

It has a minimal risk, um, to be neurological cause.

[00:03:25.35]

Uh-huh.

[00:03:25.80]

So I will, I will after one week of treatment, I will send you to neurologist physician to be, to examine you. Umm, if you have, umm, if you have other symptoms or anything, don't hesitate to call me and I will send you directly to the neurologist. But I advise you to reducing your stress again. And good diet and have a good quality life and decrease alcohol intake if you are alcoholic.



MEDICINE

Candidate sample roleplay script 3, Page 4 of 5



– CANDIDATE



– INTERLOCUTOR

[00:04:02.19]

Umm, yes, I think you mentioned something related to my diet. I think that I have a healthy diet. I mean, I eat lots of vegetables a day, um, fruits. So I don't think that this might be the cause.

[00:04:15.61]

Umm, you you need some meats for the balance of a diet.

[00:04:22.05]

Uh-huh.

[00:04:22.44]

As you know, vegetables don't have all vitamins or all proteins that the body consumed all the day.

Interlocutor: [00:04:33.93] Yes.

[00:04:34.68]

And in case of a stress, you need more, umm, proteins more, umm, fish umm...

[00:04:41.40]

OK. That is a very good advice. But frankly speaking, I'm still worried about my health. And since it is, I have been there for the boss full month. I believe that referring me to the, to the neurological specialist can be sooner. I mean, the sooner is the better, right?

[00:05:05.38]

It's okay. I will refer, umm, write a referral letter to the neurologist. And he will (1 sec pause) he will schedule a time for a visit.

[00:05:17.42]

OK. Yes OK. Thank you, doctor for your advice.



MEDICINE

Candidate sample roleplay script 3, Page 5 of 5

“ ”



– CANDIDATE

“ ”



– INTERLOCUTOR

[00:05:20.91]

Thank you.

[00:05:22.67]

Nice to meet you. Thank you.



MEDICINE

Candidate sample roleplay script 3, Assessor scores / comments:

Sample:	SMED1_Sample3	Profession:	Medicine
Role-play	1		
Intelligibility (0 – 6)			
4	The candidate is generally easily understood throughout most of the interaction, although pronunciation inconsistencies cause some strain for the listener at times. There is some L1-typical rushing through words, leading to slurring and missed syllables (e.g. “hesitate” and “neurologist” and “neurological” as key words for the task are noted). Some sounds are influenced by L1, e.g. the /p/ and /b/ interference, e.g. “repeated” but the word is readily comprehensible. Word level stress is mostly accurate, but sentence level stress is variable; not enough emphasis is given to key words within a sentence to add meaning, partially because of the stop start nature of the delivery. The use of pitch and intonation is also not always very well executed, the utterances can be quite flat and monotonous.		
Fluency (0 – 6)			
4	The candidate is not able to comfortably sustain a longer utterance of several phrases without pausing. The flow is generally uneven. There are a number of inappropriate hesitations and pauses occurring continually throughout the role-play which indicate searching for both content and language. For instance, “I...I’m...I ... heard about...er...your eye twitching...er...for but I need to...to know... more informations from you...please.”		
Appropriateness of language (0 – 6)			
4	The candidate uses generally appropriate lexis, providing two definitions of myokymia; the second time prompted by the patient. After it was quite well explained simply the first time, the second example delved into the chemical reasons for the twitching, which was less helpful. His tone is subdued at times, but generally suitable for the situation, matching most utterances. An instance of inappropriate word choice is “decrease alcohol intake if you are alcoholic...”. An instance of not adapting the language for the patient is “fatigue of ocular muscles” which needed to be restated as “when your eye muscles get tired”.		
Resources of grammar and expression (0 – 6)			
4	The candidate has sufficient resources to maintain the interaction but there are times where imprecision leads to a loss of clarity, e.g. “The muscles have, umm, bases balance like potassium to contraction the muscle... with the potassium high levels... ..the muscle repeated contractions.” A sometimes limited range of vocabulary and grammatical structures are used, with varying levels of accuracy. “How many times it will be repeated by the day?”. Errors (“I advised you to reducing the stress”, “more informations”) and awkward turns of phrase (“further balance of the diet”) do introduce some strain, but the meaning is generally clear.		
A Relationship building (0 – 3)			
2	The candidate introduces himself, which was unnecessary, but is generally attentive to the patient’s situation. There is no rebuttal of the patient’s wish to see a neurologist, but rather continual acknowledgement of the patient’s perspective. A supportive tone of voice is used to provide reassurance that the condition is mild, but little overt empathy is expressed e.g. the patient’s explanation that work has become very stressful is completely ignored, with the candidate proceeding straight to his diagnosis.		
B Understanding & incorporating the patient's perspective (0 – 3)			
1	This aspect is only partially effectively demonstrated. The patient’s stated concerns and questions are mostly responded to fairly superficially e.g. to the patient worrying that his neurological health is at risk, “It has a minimal risk, um, to be neurological cause.” This is not picking up on a cue and exploring it. As well, the patient’s perspective is not explored at several useful junctures. One notable example is e.g. “[Interlocutor] I think that I have a healthy diet. I mean, I eat lots of vegetables a day, um, fruits. [Candidate] So, I don't think that this might be the cause...” Instead of taking this opportunity to find out what the patient eats or considers a healthy diet, advice is given that meat and fish is needed, and that vegetables do not contain sufficient daily vitamins or proteins.		
C Providing structure (0 – 3)			
1	The candidate does not have the fluency to confidently lead the dialogue and give it shape. As a result, after a question has been answered, the patient tends to ask a new one, rather than the doctor controlling the flow and structure of the interview. However, what the candidate says sounds generally purposeful and logical (“After one week of treatment, I will...”). There is also some labelling (“You need some meats ...”).		

* These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample roleplay script 3, Assessor scores / comments:

D Information gathering (0 – 3)	
1	The candidate clearly listens to the patient, with appropriate silences and pauses. He makes a statement initially, which serves as an implied query (“ <i>I need more informations</i> ”), then asks how many times the problem occurs. When the candidate states the potential causes of myokymia (i.e. stress, fatigue, nutritional imbalance), there is no checking to see whether these apply. Overall information gathering is very basic and does not incorporate appropriate question techniques, (open questions, then semi-closed, then closed), thereby narrowing the field of enquiry and failing to seek the patient’s perspective, as noted above. There is no evidence of clarification or summarisation.
E Information giving (0 – 3)	
0	There is no evidence of appropriate and effective checking, either of prior knowledge or of possible further concerns. The candidate does not encourage the patient to contribute reactions or feelings at any point, or discover what further information is needed, making this a very doctor-centred interaction.

** These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.*



MEDICINE

Candidate sample roleplay script 4, Page 1 of 11



– CANDIDATE



– INTERLOCUTOR



[00:00:00.90]

Umm, good afternoon.

[00:00:02.31]

Hi.

[00:00:02.55]

My name is Dr. Sandeep and I'll be looking after you today.

[00:00:04.92]

Okay.

[00:00:05.72]

Umm, may I know your name, please?

[00:00:07.02]

Yes. My name is Brooke.

[00:00:08.67]

Hello, Brooke. It's really lovely to meet you.

[00:00:10.35]

You too.

[00:00:12.06]

Umm, from the notes. I understand that you're having problems with your twitching of your eye muscles. Is that correct?

[00:00:16.56]

That's right. Yes.

[00:00:18.27]

Okay. And may I know how long you've been having having this for?



MEDICINE

Candidate sample roleplay script 4, Page 2 of 11



– CANDIDATE



– INTERLOCUTOR

[00:00:21.15]

Ummm, I think it's a few weeks now. Maybe, maybe the last month.

[00:00:25.15]

Ok. And has there any change in the last month that's happened?

[00:00:30.51]

Umm, you mean with the twitching? or...

[00:00:33.09]

With anything in your life such as is there any...

[00:00:36.63]

Umm, I guess the one thing that's changed is probably my workload.

[00:00:40.56]

OK.

[00:00:41.49]

One of the people in my team recently left and we haven't rehired yet.

[00:00:45.87]

Ahhh.

[00:00:46.32]

So we've had to distribute some of the work that they used to do.

[00:00:49.20]

Right.

[00:00:49.62]

So my workload has increased a lot.



MEDICINE

Candidate sample roleplay script 4, Page 3 of 11



– CANDIDATE



– INTERLOCUTOR

[00:00:52.93]

OK. OK.

[00:00:53.08]

So I've been very busy.

[00:00:54.57]

I understand it must be very stressful for you, right?

[00:00:56.96]

Yes.

[00:00:57.29]

And are you taking your workload to your home as well or?

[00:01:00.42]

Sometimes, yes.

[00:01:01.94]

Sometimes, okay.

[00:01:02.16]

Yes. So sometimes um I'll do a bit in the evenings after I've done things at home. Yeah.

[00:01:07.82]

And have you tried anything to cope with your stress of this amount?

[00:01:12.39]

Ummm, not really. No (laughs).

[00:01:14.12]

Not really. Okay. Okay. Have you tried any as relaxed therapy, any yoga? Anything?



MEDICINE

Candidate sample roleplay script 4, Page 4 of 11



– CANDIDATE



– INTERLOCUTOR

[00:01:19.33]

No, I guess, to be honest. I've been so focused on getting the work done. I feel like I don't have time.

[00:01:25.09]

OK. I can understand. Now, umm, to get into to tell you, umm, that what you are having currently, um, the medical term we use is eyelid myokymia.

[00:01:38.21]

OK.

[00:01:38.73]

OK. Now what that is, is just a contraction of the eyelid.

[00:01:42.68]

OK.

[00:01:43.25]

Now there is a muscle around the eyelid called as orbicularis oris. I'm really sorry, it's a medical term.

[00:01:47.85]

OK.

[00:01:48.54]

But if it contracts in high amount and that's what you are experiencing right now. OK. Now there are various causes for this, such as you mentioned, you're having stress lately which is highly.

[00:01:58.64]

OK. Yep.



MEDICINE

Candidate sample roleplay script 4, Page 5 of 11



– CANDIDATE



– INTERLOCUTOR

[00:02:00.27]

And as you also mentioned, it was about a month that you're having the the eyelid contraction and that started right after your work load of stress, right?

[00:02:07.61]

Yup.

[00:02:08.07]

So maybe that's related. OK.

[00:02:10.43]

OK.

[00:02:10.89]

By the way, do you also have enough sleep?

[00:02:14.31]

Ummm, probably not (laughs). To be fair. Yeah.

[00:02:16.92]

So maybe that also adds up to your, um, that situation. OK.

[00:02:20.25]

Yep.

[00:02:20.88]

All right. So. Umm, but understand that this is only temporary.

[00:02:24.36]

OK.

[00:02:25.62]

It's not permanent.



MEDICINE

Candidate sample roleplay script 4, Page 6 of 11



– CANDIDATE



– INTERLOCUTOR

[00:02:26.43]

OK.

[00:02:26.85]

OK. So it's it will go away if we just, umm, decrease the amount of stress. If we have a good sleep. OK. And a good diet as well.

[00:02:35.55]

Is it but is it a serious condition?

[00:02:39.63]

Umm, it's not very, very serious.

[00:02:41.50]

OK.

[00:02:42.15]

But if not, treat now. And if it does not get down, then I might have to refer you to a neurologist.

[00:02:47.62]

Oh, oh, really?

[00:02:48.76]

Yeah.

[00:02:48.96]

OK.

[00:02:49.50]

And and see and see how it's done. But for now, I think there is nothing wrong with you medically, it is just your stress that's causing and sometimes body sends a response.



MEDICINE

Candidate sample roleplay script 4, Page 7 of 11



– CANDIDATE



– INTERLOCUTOR

[00:03:00.06]

Yeah.

[00:03:00.79]

OK. now...umm.

[00:03:03.71]

So you mentioned you might have to send me to a specialist.

[00:03:06.39]

Yeah.

[00:03:06.63]

But, I don't know I'm a bit concerned that maybe it's more than the stress. Do you think it could actually be like a neurological problem that maybe I should just go see a specialist now?

[00:03:17.82]

Umm, well, for me to say that's a neurological problem, I have to examine you further. But as you mentioned, you don't you're not feeling any laziness of your face, muscles, facial muscles.

[00:03:29.56]

No, no.

[00:03:30.63]

You're not feeling any blurring of vision?

[00:03:32.58]

No.

[00:03:33.00]

Any difficulty in speech?



MEDICINE

Candidate sample roleplay script 4, Page 8 of 11



– CANDIDATE



– INTERLOCUTOR

[00:03:35.00]

No.

[00:03:35.21]

No. Any change in your sensation of taste? taste?

[00:03:37.77]

No.

[00:03:38.25]

No. Or any other weakness around the body? No.

[00:03:41.76]

No.

[00:03:42.21]

No. So, if there was any sensation, changes in the sensation of your body, you'd be feeling any laziness of your muscles, most likely I would've think maybe it's a neurological.

[00:03:52.87]

OK.

[00:03:53.43]

OK. And also, you don't have any fever?

[00:03:54.39]

No.

[00:03:56.18]

Or you don't have any head injury?



MEDICINE

Candidate sample roleplay script 4, Page 9 of 11



– CANDIDATE



– INTERLOCUTOR

[00:03:58.14]

No.

[00:03:58.14]

No. So, what I'm seeing here is most likely it's something to do with the stress and perhaps the sleep as well.

[00:04:06.15]

OK.

[00:04:06.86]

That is the reason why I was about able to say that it's not neurological disorder.

[00:04:10.92]

OK.

[00:04:11.37]

OK. Does that answer my your questions?

[00:04:13.12]

Yeah. Yep.

[00:04:14.31]

OK. All right. So for now, what we'll do is we'll try to establish some relaxing therapies for you decrease the workload. If you want, I can write a letter for your, umm, work.

[00:04:25.95]

OK.

[00:04:26.61]

Saying that you've got a lot of work and you might you might need a time out.



MEDICINE

Candidate sample roleplay script 4, Page 10 of 11



– CANDIDATE



– INTERLOCUTOR

[00:04:29.69]

Yeah.

[00:04:30.09]

For a couple of weeks, you know.

[00:04:31.28]

Yep.

[00:04:31.99]

To have some relax, relaxing time and get back into yourself. And, and yeah, I think that that'll help. If that doesn't help, then perhaps we'll be looking forward towards a referral to a neurologist.

[00:04:45.52]

OK.

[00:04:45.99]

Does that, is that OK with you?

[00:04:47.33]

Yeah, I think I'll try that, like your advice first and then take it from there and see what happens.

[00:04:51.82]

OK, well, thank you very much Brooke.

[00:04:53.70]

OK.

[00:04:53.79]

That was really helpful.



MEDICINE

Candidate sample roleplay script 4, Page 11 of 11



– CANDIDATE



– INTERLOCUTOR

[00:04:54.63]

All right. Thank you.

[00:04:56.17]

Thank you.



MEDICINE

Candidate sample roleplay script 4, Assessor scores / comments:

Sample:	SMED1_Sample4	Profession:	Medicine
Role-play	1		
Intelligibility (0 – 6)			
6	This candidate produces easily comprehensible speech throughout. There is no strain, as pronunciation is always clear, rhythm is natural, stress is appropriate and accurate. Pitch and intonation match the language functions used and adds meaning to utterances, with key content words emphasised well.		
Fluency (0 – 6)			
6	The candidate is almost totally fluent, and speech is at a normal speed. Pausing is situationally appropriate and used as a technique to aid the listener and stagger the delivery of information. There is a natural flow to his turns. He is readily able to progress the interaction without any noticeable effort. The use of fillers such as “you know” is totally appropriate.		
Appropriateness of language (0 – 6)			
6	The lexis used is easily understandable for the patient, as it is non-technical. The flexibility in tone of voice matches and enhances the various language functions (reassuring, advising, etc.) The candidate is very aware of the need for readily comprehensible language (“I’m very sorry it’s a medical term”), and immediately paraphrases all the medical terms referred to (“there is a muscle around the eyelid called as orbicularis oris”).		
Resources of grammar and expression (0 – 6)			
6	The candidate uses a wide range of lexis and structures both accurately and flexibly. E.g. “To have some relax, relaxing time and get back into yourself. And, and yeah, I think that that’ll help. If that doesn’t help, then perhaps we’ll be looking forward towards a referral to a neurologist...” Very minor examples of awkwardness have no effect on meaning (“your twitching of the eye muscles”; “...and has there any change... happened?”; “I would have think”, “if it does not get down”).		
A Relationship building (0 – 3)			
3	Although the candidate initiates the interaction with inappropriate greetings and introductions, the nature of the interview is made immediately clear, with the candidate purposefully asking for confirmation. He is attentive and respectful, acknowledging the patient’s comments, concerns and questions. Empathy is shown both tonally and verbally (“I understand. It must be very stressful for you”).		
B Understanding & incorporating the patient's perspective (0 – 3)			
3	As mentioned in Relationship Building, the candidate responds to concerns well with empathy and then provides related explanations (“It will go away if...”). For example, when the patient expresses concern about a neurological problem, the candidate explores potential symptoms thoroughly and provides a logical conclusion. The candidate also elicits and explores the recent stress well, then relates later explanations and suggestions back to this. There is also reference back to statements made by the patient, incorporating them into explanations, e.g. “Now there are various causes for this, such as you mentioned, you’re having stress lately...”. The patient would certainly feel that their contributions were listened to here.		
C Providing structure (0 – 3)			
3	What the candidate says is purposeful, logical, and consequently easy to follow. Organisational techniques are used such as listing, e.g. “if..., if..., and if...”, signposting a change of topic, e.g. “Now, to get into, to tell you what you are having currently, ...” and framing phrases are also used e.g. “There are various causes for this”, before moving into details.		
D Information gathering (0 – 3)			
2	The candidate clearly listens actively and attentively to the patient’s questions, allowing space for the patient to elaborate early on (“Ah, OK, right...”) and then focussing the questions more as the consultation proceeds, e.g. ‘And are you taking your workload to your home as well, or?’ He does not begin with an open question, but rather with a semi-closed one (“From the notes, I understand that you're having problems with your twitching of your eye muscles. Is that correct? ...May I know how long you’ve been having this for?”). This could have been opened up for the patient to begin here. There is ample evidence of checking and clarifying the patient’s responses; he echoes the information gathered to check and clarify, e.g. “As you also mentioned, it was about a month ago that you’re having the contraction and that started right after your workload of stress, right?” It could have perhaps been made easier and broader by the use of more open questions; however, the effect on the exchange is minimal.		

* These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample roleplay script 4, Assessor scores / comments:

E Information giving (0 – 3)	
1	The candidate does not check for prior knowledge or for further concerns. After chunking, he often does not pause enough to allow the patient to speak. However, as for responses and reactions, he does ask whether it is “OK” on three occasions (one of which is not followed by a pause, however) and checks understanding twice by asking if what he says makes sense (“Would that answer my your questions?”).

** These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.*



MEDICINE

Candidate sample roleplay script 5, Page 1 of 5



– CANDIDATE



– INTERLOCUTOR



[00:00:01.53]

OK. Hello, how are you?

[00:00:04.29]

Oh I'm okay, doc, thanks.

[00:00:05.68]

Okay, thanks. My name is ah Dr. Maged. I'm your physician. Now can I help you?

[00:00:13.11]

Um yes, doc. Um, I've noticed that my right eye is twitching throughout the day. Um, this hasn't happened before to me,

[00:00:24.04]

Mmm

[00:00:24.92]

So I'm feeling quite, um, strange about it. Um, it's been about a month now and my eye just twitches and twitches throughout the day.

[00:00:35.08]

Yeah

[00:00:36.12]

And sometimes it lasts several minutes.

[00:00:37.90.08]

Minutes

[00:00:38.03]

So, umm... I don't know what's going on.



MEDICINE

Candidate sample roleplay script 5, Page 2 of 5



– CANDIDATE



– INTERLOCUTOR

[00:00:41.87]

Oh OK. But regarding this one, ehm, ah, eye movement or contraction disturbing you, it maked you a distress or ah like this one?

[00:00:51.75]

It is disturbing me because it's something that I haven't had before.

[00:00:54.48]

Before

[00:00:56.07]

So, you know, when something pops up and then it's not natural. Yes. I find that it's, umm... you know, it's something not normal, not natural that your eye twitches so many times during the day.

[00:01:08.94]

Okay. How's your daily life? What is you... Are you working stress or

[00:01:14.25]

Oh yeh, I'm under a lot of stress at the moment.

[00:01:17.43]

Yeah.

[00:01:17.61]

Um, my job is stressful anyway. And, um, in my job, I just took on some more responsibility. So it's double extra stressful now.

[00:01:28.14]

For how long does happen the stress?

[00:01:30.69]

Around about a month ago.



MEDICINE

Candidate sample roleplay script 5, Page 3 of 5



– CANDIDATE



– INTERLOCUTOR

[00:01:33.09]

Ago.

[00:01:33:80]

I found this.

[00:01:33.99]

OK.

[00:01:34.80]

Or yeh, maybe a little bit longer, actually.

[00:01:38.38]

Ah, OK. I think it most likely you have we should call it myokymia. So, do you know what's the meaning of myokymia or you heard about it?

[00:01:48.69]

Oh, I don't really know what myokymia is. Ehm, is that something neurological or?

[00:01:55.56]

No, is call something benign. It is very self-limited, is ah, eh, resolve spontaneous, it is coming with contraction of the muscles of the eye. So that mean because of, ahh a lot, last month for you, you have stress and you had a lot of job and responsibility and at same time, did you sleeping very well over that time?

[00:02:17.78]

Well, because of all the stress, no. I haven't been sleeping

[00:02:22.11]

sleeping

[00:02:22.11]

very well yeah.



MEDICINE

Candidate sample roleplay script 5, Page 4 of 5



– CANDIDATE



– INTERLOCUTOR

[00:02:22.11]

So that's make your eyelid are contraction. So we call it most likely ma myokymia. Let me have to reassure you first one, it is not a serious disease because you have to change your lifestyle to a life from the stress, good as in sleeping or be aware the sleeping and sometimes you nutritional deficient. That may lead to the contraction of the eyes.

[00:02:46.91]

Yeah, I haven't been eating well yeah too. Um, it's just all the stress but umm... this myokymia,

[00:02:56.81]

Yeh

[00:02:57.01]

It might have something to do with, um, my neurological health. Like, do I need to see a specialist? I think I'd like to.

[00:03:05.25]

No because very rare it was affected by neurological because they may ensue after stress and you're not sleeping very well. But if you solve this issue, you have to solve ah you, ah solve the sleeping and, ah, ah av-avoid the stress and your responsibility. All this one, by the time you will resolve because it is benign self-limited. You don't need any treatment at that time because very rare to be affect the, sh, ah, the neurological.

[00:03:35.88]

So, so, I don't need to see a neurological specialist. Are you sure about that?

[00:03:39.21]

At that moment no need to see him. If you follow up our, ah, ah, recommendation to you to be relaxed, to, ah, sleeping very well. So it is resolve within time. But if is persist more than time more than one month or extra, you have to see the ah neurological that time.



MEDICINE

Candidate sample roleplay script 5, Page 5 of 5



– CANDIDATE



– INTERLOCUTOR

[00:03:58.62]

Oh, OK.

[00:03:58.88]

But the main issue as because you are not, eh, you are stress or anxiety or unless sleeping very well. You have a lot of the responsibility that keeping your, ah, eye movement quick because myokymia.

[00:04:12.10]

Oh, I see. Okay. Um, but it can be treated. It's a treatable situation.

[00:04:18.33]

Yeah, self-limited spontaneous. If you treat your eh (unintelligible) and your life so is resi-resolve immediately.

[00:04:26.26]

Okay, great. Thank you very much, doctor.

[00:04:28.56]

Welcome thanks



MEDICINE

Candidate sample roleplay script 5, Assessor scores / comments:

Sample	SMED1_Sample5	Profession:	Medicine
Role-play	1		
Intelligibility (0 – 6)			
4	The candidate is easily understood most of the time, despite a noticeable L1 accent, with some mumbling and slurring, distorted vowel sounds (“heard”) and muffled consonant clusters (‘th’). The first response to the patient’s explanation of their health issue is difficult to comprehend. The frequency of indistinct words towards the end of the roleplay increases – longer multi-syllabic words tend to be slurred and harder to decipher, e.g. “neurological” and “spontaneous”; there is strain for the listener at times but not sufficient to be labelled serious. Rhythm is rather jerky, but sentence stress is mostly appropriate, with some exceptions, e.g. “You are not sleeping <u>very</u> well...”. Intonation and pitch are also generally appropriately used (although not “Now can I help you?”).		
Fluency (0 – 6)			
4	The candidate speaks fairly quickly and is able to sustain longer turns, but the flow is disjointed and not smoothly delivered, e.g. “I think it most likely you have we should call it myokymia”. Pauses are mostly appropriate, but hesitations are noted, e.g. “If you follow up our, ah, ah, recommendation to you to be relaxed, to, ah, sleeping very well. So, it is resolve within time.”, with some restarting and reformulating utterances, e.g. “But if you solve this issue, you have to solve ah you, ah solve the sleeping and, ah, ah avoid the stress and your responsibility...”.		
Appropriateness of language (0 – 6)			
4	The candidate utilises generally appropriate lexis, accompanied by a suitable tone of voice. When ‘myokymia’ is mentioned, he asks the patient whether she knows what it means, in order to avoid any misunderstanding due to the technical nature of the term. However, the description of the condition as “benign...self-limited...resolve spontaneous” is not pitched at the patient’s level, and it appears that the patient is not totally reassured. These terms are repeated several times, if it had been paraphrased as “It’s nothing serious, and will get better without treatment”, it would have been better received.		
Resources of grammar and expression (0 – 6)			
4	The range of vocabulary and grammar, although wide, is not used accurately enough. There are numerous errors which are sometimes intrusive, especially in verb forms (“Did you sleeping?”). Also, the incorrect use of the demonstrative adjective (“At that moment” - instead of “At this moment”) causes confusion, as it indicates a different time (contextually, the past instead of the present). Meaning can generally be followed but it requires concentration, e.g. “Let me have to reassure you first one, it’s not a serious disease because you have to change your lifestyle to a life from the stress...”.		
A Relationship building (0 – 3)			
1	The candidate initiates the interaction inappropriately for the situation given on the role card. He is mostly attentive, though this is only partially effective when the patient mentions their stress levels: his response is “Yeah” the first time and then “Oh, yeah” the second. Empathy is only partially effectively used, with an appropriate voice tone and with brief acknowledgments (“Yes”, “O.K.”); other possible opportunities to indicate empathy are not taken.		
B Understanding & incorporating the patient's perspective (0 – 3)			
1	There is not much eliciting or exploration of concerns (the mention of the need for the neurologist is simply dismissed “No because very rare...”). Cues are not picked up often enough (e.g. about so much twitching during the day, and also about the increased responsibility at work), although he does ask how long she has had stress, and these missed opportunities to elicit more about the patient’s concerns limit this score.		
C Providing structure (0 – 3)			
1	There is generally a sense of logical progression to the dialogue. Although there is no evidence of signposting to aid the patient understanding changes in direction, the candidate uses labelling (“The main issue”– twice; “you need to”). Some utterances are disorganised, such as the one quoted in Resources of Grammar and Expression and “So that mean because of last month for you you have stress... and at the same time, did you sleeping well over that time?”.		

* These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample roleplay script 5, Assessor scores / comments:

D Information gathering (0 – 3)	
1	The candidate uses active listening techniques to elicit the patient's input, ("Yes", "Hmm"); but echoing is not effective ("before" and "sleeping" is not sufficient in the context to express any meaning, it is randomly repeating the last word uttered by the interlocutor). He asks one open question ("Now can I help you?") to begin, and then relies on closed questions thereafter. Overall, there is no clarification or summarisation and there is little gathering of information, the candidate's time is mostly devoted to explanations; this is not a patient-centred interaction.
E Information giving (0 – 3)	
0	This aspect is not demonstrated effectively in this sample. It is not patient-centred, with the giving of information as a one-way interaction. The candidate asks whether the patient understands what myokymia is. However, there is no 'chunking and checking', no checking of whether the patient has understood what has been said, or how they feel about the suggestions. There is also no attempt to discover any further needs or concerns.

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

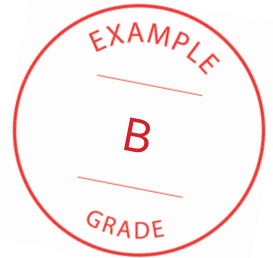
Candidate sample roleplay script 6, Page 1 of 5



– CANDIDATE



– INTERLOCUTOR



[00:00:00.81]

Ah, hello, come on in. Take a seat. Ah, how can I help you today?

[00:00:04.80]

Hi there doctor, thanks very much. Well, em, I've just got a problem with my eye it's been twitching throughout the day. Ah, so for several minutes at a time, several times a day. And this has been going on for the past month. I think nothing like this has happened before and I'm getting quite worried about it.

[00:00:21.21]

Oh. First of all, sorry to hear that. Eh, could you tell me if you have been experiencing any stress lately?

[00:00:29.15]

Well, yes, I have actually. I've been eh quite stressed with ehm my job because I've taken on a lot more responsibility. They moved me up a, gave me a promotion, but that has that has led to longer hours, yeah.

[00:00:39.92]

Oh right. Okay. I see. Umm, you know, I would like, ah, to tell you, it is most likely that you have eyelid myokymia.

[00:00:49.46]

What's that? Sounds quite serious.

[00:00:52.37]

Oh right. Okay. Um, let me explain to you what is myokymia. Myokymia is contraction in the eyelid and it is potentially causes the stress, fatigue or nutritional imbalance.

[00:01:06.95]

Sorry, what does it do?



MEDICINE

Candidate sample roleplay script 6, Page 2 of 5



– CANDIDATE



– INTERLOCUTOR

[00:01:09.81]

Um, I say to you, the myokymia, it is caused the it it means myokymia the contraction in the eyelid.

[00:01:18.03]

Yeah

[00:01:18.51]

And it may cause the causes of that could be related to stress. You know, if you lately experience stress, which you already mentioned to me. And it could be related to the fatigue or nutritional imbalance.

[00:01:33.60]

Right, oh, yeah, I mean, well it sounds quite serious. Ehm, how can I treat it?

[00:01:39.96]

Umm, I would like to reassure you that, you know, the, the sudden onset of myokymia according to your symptoms. It may be benign. And um, you know, we we can, we can treat it so easily.

[00:01:56.22]

OK, but is it something wrong maybe with my brain then?

[00:02:00.96]

Oh no, no I don't think so. At the moment it is unlikely it is suggesting that you have got neurological disorder.

[00:02:08.63]

OK. Sorry.



MEDICINE

Candidate sample roleplay script 6, Page 3 of 5



– CANDIDATE



– INTERLOCUTOR

[00:02:10.35]

But it is, yeah. The only thing which I can see at the moment is that, you know, it could be spasm. It could be causing for your symptoms. But it's not it is unlikely to be related to a neurological disorder.

[00:02:22.59]

OK, what what can I do to make this go away then?

[00:02:26.50]

Okay. Ah, what do you can do is try to reduce stress. You know, for example, you can I can give you leaflet how you can manage the, the stress and other thing try to get more sleep and better nutrition.

[00:02:42.78]

You mean like change my diet.

[00:02:44.15]

Yeah, yeah.

[00:02:44.88]

OK. Is it possible, I'm still quite worried about it. Could I could you refer me, please, to a neurological specialist?

[00:02:51.55]

Okay. Oh, right. Um, to refer you to neurologist, it can, you know, we can do that. But if your symptoms didn't improve it, then, you know, definitely does it's gonna be the our first attempt to do it. Ah, but I would like you, you know, to suggest it to take other measurement [1 sec pause] for treating your condition.

[00:03:15.09]

You mean changing the diet and getting more sleep?



MEDICINE

Candidate sample roleplay script 6, Page 4 of 5



– CANDIDATE



– INTERLOCUTOR

[00:03:41.37]

Yes. Like I say to you, because your symptoms, you know, it could be causing this. Is this can be just a spasm.

[00:03:48.84]

Yeah.

[00:03:49.64]

For to contraction you get from your eyelid and it's not related for neurological disorder.

[00:03:54.51]

Okay. So it it's nothing to worry about.

[00:03:56.85]

Yeah. Yeah, yeah. At the meantime. So what you can do is just to reduce of stress, get more sleep and better nutrition. And if it didn't get improved, then come back to me and then I'm going to refer you to neurologist.

[00:04:09.30]

Okay. Yeah, that that makes sense. And and and in the long term, just as you say, don't worry, just get get the change in my diet and sleep and it should and it should go away.

[00:04:18.69]

It should go away. If it didn't go away, then come back to me and then we're gonna take from there.

[00:04:25.20]

Okay. Well, thanks very much for your time, doctor. I really appreciate the help and the advice.

[00:04:28.89]

You more than welcome. Is there any other thing I can help you with today?



MEDICINE

Candidate sample roleplay script 6, Page 5 of 5

“ ”



– CANDIDATE

“ ”



– INTERLOCUTOR

[00:04:32.28]

No no, nothing else at the moment. That's everything and yeah like I say thank you very much again.

[00:04:36.18]

Oh, you more than welcome.



MEDICINE

Candidate sample roleplay script 6, Assessor scores / comments:

Sample:	SMED1_Sample6	Profession:	Medicine
Role-play	1		
Intelligibility (0 – 6)			
5	The candidate is easily understood overall; communication is not impeded by a few pronunciation and prosodic features. Some pronunciation errors are evident (“myokymia”; “spasm”; redundant final syllable after “measurement”; /u/ in “sudden” and /a/ in “can”), causing only minimal strain for the listener. Connected speech features, such as sentence stress, intonation and pitch to add meaning are generally well-controlled, with mostly appropriate stress and rhythm.		
Fluency (0 – 6)			
5	Mostly fluent speech is produced at a normal pace, tending towards slightly fast and with some jerkiness at times. Occasional repetition with some pauses and false starts are noticeable but are generally appropriate, with minimal impact on the transfer of information (“The myokymia...it causes...it, it means”; “it might cause... yeah, the causes of that”).		
Appropriateness of language (0 – 6)			
5	The candidate uses a professional and engaged tone of voice as well as mostly appropriate lexis. When the condition is first introduced as a term, it was not immediately paraphrased, leading the patient to need to ask what it means. While she relates the basics of the condition, the causes of myokymia are initially confused with what myokymia itself causes; however, this is later corrected; as well “it may be benign” is not accurate, and also not accessible language for the patient, as he is still concerned after being told that. “I say to you” does sound slightly jarring.		
Resources of grammar and expression (0 – 6)			
5	A wide range of grammar and vocabulary is mostly used accurately and flexibly. With the exception of the previously mentioned confusion over ‘causes’ and ‘caused by’, errors are non-intrusive and occasional, e.g. with articles (“refer you to neurologist”; “I can give you leaflet”), and in sentence structure and verb tenses (“then we take from there”; “it could be spasm could be causing for your symptoms”; “If your symptoms didn’t improve it”; “I would like you to suggested to take other measurement”).		
A Relationship building (0 – 3)			
2	This is generally done competently. The candidate’s greeting of the patient is unnecessary as per the role card, but there is some evidence of rapport-building and empathy, e.g. in the initial response to the patient’s description of the issue, the tone of voice is suitable to the phrase i.e. “First of all, sorry to hear that...”. The candidate adopts a non-judgemental attitude to the patient’s concerns, not dismissing them, and demonstrates attentive listening (“OK”; “alright”). Some further empathy could have been included, for instance, at the initial mention of the patient’s job responsibility increasing, the candidate could have acknowledged the issue better.		
B Understanding & incorporating the patient's perspective (0 – 3)			
1	There is minimal exploration of the patient’s perspective - the candidate asks very few questions. This leads to assumptions about the patient’s nutrition and sleep. As well, when the patient expresses worry about their situation and requests a referral to a specialist, the request is granted but the chance to explore the reason for the worry is missed. Some explanations are rather brief, e.g. when giving advice on the ease of treatment.		
C Providing structure (0 – 3)			
2	The interaction proceeds not only logically but also flexibly, in that it is directed in part by the candidate, but also sequenced in response to the patient’s questions which are enabled through chunking and pausing techniques. There are a number of signposting verbalisations (“I would like to tell you”; “let me explain to you”; “for example”) and repetition is utilised to reiterate important points (e.g. to return if there are no improvements).		
D Information gathering (0 – 3)			
1	There is some evidence of the use of active listening techniques (“OK”, “Yeah”) but the use of them as a string of words causes them to sound an abrupt response (“Oh right, OK, I see.”). The candidate begins with an open question (“How can I help you today?”), but then proceeds with a closed question regarding the patient’s stress. Minimal information is explicitly gathered, and yet recommendations from the card are given with little exploration of the patient’s situation, e.g. sleep and nutrition. There is no evidence of clarification or summarisation to encourage correction.		

* These scores were provided as a training example for this candidate’s response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



MEDICINE

Candidate sample roleplay script 6, Assessor scores / comments:

E Information giving (0 – 3)	
1	The candidate does not establish the patient's prior knowledge. She does use chunking with pauses to allow the patient to contribute to ensure that his concerns are addressed but does little to explicitly encourage patient reactions. Likewise, there is little evidence of checking understanding and discovering further patient needs - apart from asking at the close of the role-play if there is anything else with which the patient needs help - too little too late.

** These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.*



NURSING / OET Roleplay card:

OET

ROLEPLAYER CARD NO. 1

NURSING

SETTING

Community Health Centre

PATIENT

You are elderly and live alone. You currently spend most of your time at home while recovering from pneumonia, for which you spent time in hospital. You've come to see the nurse at the health centre for a scheduled review. You're taking all your medication as prescribed.

TASK

- Answer the nurse's questions honestly. You are taking your medication correctly (antibiotics 3x/day with meals, aspirin 1x/day).
- Explain that you are a very independent person and resist any suggestion that you might need help. You walk to the local shops with your shopping trolley every day as exercise.
- When asked, explain that housework is a bit of a burden: cooking is manageable but it takes you a long time to wash your clothes and clean the house. The dirty state of the house distresses you.
- Be persuaded to accept the suggestion of 'home help'.

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OET

CANDIDATE CARD NO. 1

NURSING

SETTING

Community Health Centre

NURSE

Your elderly patient lives alone and is spending most of his/her time at home while recovering from time in hospital with pneumonia. He/she has come in for a scheduled review. You need to assess how the patient is managing currently.

TASK

- Find out if the patient is taking his/her medication correctly (antibiotics 3x/day with meals, aspirin 1x/day).
- Find out if he/she has been doing regular exercise – suggest physiotherapy if necessary.
- Find out how he/she is coping at home. Check on the various activities of daily living (e.g., cooking, washing, cleaning, etc.).
- Convince him/her to accept 'home help' (regular in-home support and care service subsidised by the local council).

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NURSING

Candidate sample roleplay with assessor comments, Page 1 of 4



- CANDIDATE



- INTERLOCUTOR



"Good afternoon."



"Good afternoon."



"I'm Ashley. I'm one of the community health nurses here on duty today. For my further clarification, how can I address you?"

Assessor comments: Candidate introduces herself to set the scene, also checking how to address her patient.



"Oh, hi, nurse. I'm Arti and I just recover I'm recovering from pneumonia. And for this I spend a good time in hospital. Now I'm staying in home only and I've come for my scheduled review. I take my antibiotics, three times with meal and aspirin once in a day. I'm regular on my medications."



"Okay. So, Arti, how are you feeling now?"

Assessor comments: Begins history taking with an open question to allow the patient to explain her concerns first.



"I'm feeling good."



"OK. So if you don't mind, could you please tell me, are you taking the medication correctly?"

Assessor comments:

The candidate shows a respectful attitude.

At this point, signposting the topic change would be helpful, e.g. "I'd like to just check a few things about how you are going at home..."

As the patient had already mentioned that she took the medications regularly, this is redundant. It could have been an ideal moment to clarify this statement, as it was a little vague, instead. e.g. "So, you said you were taking the medications regularly, did you finish the whole course of antibiotics?"



"Yes. As per the prescription, I'm taking it."



"OK. So. And do you do any exercise regularly?"



NURSING

Candidate sample roleplay with assessor comments, Page 2 of 4



- CANDIDATE



- INTERLOCUTOR



"I don't do any exercises. But yeah, I walk to the local shop with my shopping trolley everyday as an exercise."

Assessor comments: The line of questioning is very superficial, no further detail is asked for with this idea, e.g. how far the patient walked each day.



"OK. So if you're interested, I suggest you physiotherapy and he or she will give some professional instructions in order to mobilize your mobilize and do some activities."



"No, I don't think I require that."

Assessor comments: This point is dropped but the candidate should have explored more here, e.g. why the patient was not enthusiastic.



"OK. And could you please tell me how you have been coping at your home?"

Assessor comments: New line of questioning begins with an open question.



"I actually stay alone and I do everything on my own, like cooking and all. Housework is a little bit of burden on me, but I manage cooking and washing clothes is actually a big task for me."



"OK."



"I cannot leave my house dirty also. So. So I have to do everything on my own."



"OK, so well Arti, I'm sorry to hear that you are living alone in your home.¹ So, you don't worry about that. ²I will arrange a home support or home care nurse and they will support you for cooking, washing and cleaning also. So I think it will be benefit for you. Are you getting me?"³

Assessor comments:

¹This response to the patient's expressed difficulty with housework misses the patient's point – there was no dissatisfaction with living alone mentioned. Careful, attentive listening for what the patient is concerned about is required

²This phrase and the tone in which it is delivered sounds dismissive and not supportive. A more suitable acknowledgement of the concern would be, "Yes, it's a lot to do, isn't it?" Being told not to worry about something rarely comes across as reassuring...

³The range of vocabulary used here shows some limitation. More natural phrasing when checking a patient's response to a suggestion would be "Having this help will make a big difference. How do you feel about that idea?"



NURSING

Candidate sample roleplay with assessor comments, Page 3 of 4



- CANDIDATE



- INTERLOCUTOR



"Mmm."



"OK. And then I also give some instructions for you. Suggest that if you are living alone, then you can find out any friends or you can find out any neighbors so that time you will get some relaxation and you are not feeling to live alone. Are you clear?"

Assessor comments:

The instructions given here relate to nothing the patient was concerned about; as mentioned above, she had not expressed any loneliness.



"Yeah, but I don't think I need any help in that because I like to stay alone."



"OK."



"I'm an independent person, so I don't like taking help for anything."



"Okay, well. Anyway, you don't worry about that.¹ So if you are living alone, then it's your decision and it's not a problem. You can live alone there. And if you're interested I will recommend you that a home care nurse that people will help you a lot. So because as you are recovering from pneumonia, isn't it? OK. So I think that to be more benefit for you if you if I am recommending any homecare support and that this service subsided² by the local council also. OK? Are you getting my points?"³

Assessor comments:

¹This phrase is unsuitable for reassurance, as mentioned above.

²This was supposed to be "subsidised".

³This phrase does not quite fit here – a more suitable phrase might be "How would you feel about that? Are you comfortable with the idea of home help?"



"Yeah but tell me how how they're gonna manage and help me in everything."



NURSING

Candidate sample roleplay with assessor comments, Page 4 of 4



- CANDIDATE



- INTERLOCUTOR



“Well, they will help for you everything. And also I recommend you that as you told that you are doing some exercises, aren’t you? Okay. So it is a benefit for you if you are doing exercise suggest morning walk. It could also benefit for you.”

Assessor comments:

This does not answer the patient’s request for information at all. This candidate is not listening well to or incorporating the patient’s perspective here.



“Yeah, I do walk to my to the local shop..”



“I very congratulate that you are walking nearby the walk nearby the shop. And do you have any more concerns?”

Assessor comments:

The candidate is listening to the patient and being encouraging.

A final check to see whether anything else needs to be discussed.



“No.”



“OK, so, well, I hope you have got an idea regarding whatever I explained to you, isn’t it? Okay. So once again, I assure you that if you follow my instructions¹ regarding your medication, exercises and all your problems will be resolved immediately.”²

Assessor comments:

General notes:

¹The patient wasn’t given any instructions regarding medication or exercises, only two suggestions (seeing a physio and getting home help). This sounds like a pre-rehearsed closing phrase that does not fit the situation. It indicates inflexibility of language.

²This is an overstated claim and should have been phrased as e.g. “I think that if you can manage to do a bit more exercise to give you a bit more confidence with your mobility, that will make a big difference. And once we have the home help in place, you will feel much better about that too.”



“Thank you.”



NURSING

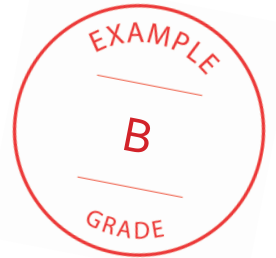
Candidate sample roleplay script 1, Page 1 of 5



– CANDIDATE



– INTERLOCUTOR



[00:00:00.60]

Good afternoon. My name is Wilbur. Whats bring you here today?

[00:00:05.47]

I've just come in for my um checkup um from I've been in hospital before um er with penumonia.

[00:00:16.14]

All right. All right. I can see here from the notes I have in front of me that er you have come for them to schedule the review. And um we want to access how how how you are doing since you've been um discharged from the hospital. And, um, how are you do for medications at home?

[00:00:39.96]

I'm doing fine.

[00:00:42.09]

Yeah.

[00:00:42.23]

Yes.

[00:00:42.52]

Are you taking the medication correctly as um as directed to you?

[00:00:47.43]

Yes, yes, I am. Honestly, I take the medications correctly antibiotics three times a day with meals and aspirin once a day.

[00:00:59.19]

That's good. That's good to hear. And it's um it's very important to make sure you take this antibiotic three times a day and er you take it with meal. And don't forget to you take your er your aspirin. And this aspirin is only once a day.



NURSING

Candidate sample roleplay script 1, Page 2 of 5



– CANDIDATE



– INTERLOCUTOR

[00:01:16.25]

OK yeah.

[00:01:17.10]

That alright?

[00:01:17.23]

Yeah.

[00:01:18.90]

And um how are you doing with your exercise? 'Cos the last time we we the last time we advise you to to attend for regular exercise. How do you find that?

[00:01:30.45]

Oh, I am. I'm an independent person. I walk to the shops with my trolley every day as an exercise and I come back. Yeah, I'm doing fine.

[00:01:40.65]

Oh, that's good to hear. That's good to hear. And um the the exercise you are doing is very good. It will it will improve your condition. But er I will strong advise if you can see a physio physio physiotherapist, the physiotherapist will help you to give you um proper exercise regime, to give you an exercise according to your condition.

[00:02:08.88]

Mmhmm

[00:02:09.22]

And um as you as you've said, you are you are walking or going for shopping with a trolley. But once you see the physiotherapist, he will um explain to you and give you the proper exercise regime. The exercise which is perfect for your condition, which will improve your condition quickly. That sound okay with you?

[00:02:33.55]

Um. Yeah. I'll I'll see, I'll look into it.



NURSING

Candidate sample roleplay script 1, Page 3 of 5



– CANDIDATE



– INTERLOCUTOR

[00:02:37.62]

OK. And um how about the other er daily activities at home? How are you doing with those?

[00:02:43.49]

Mmm

[00:02:43.90]

Like um things like cooking, things like washing, laundry some things like cleaning your house? How how are you coping with those things?

[00:02:55.38]

Um, well, the house household work is a bit of a burden, to be really frank. Um, I can manage the cooking, um but it just takes a long time to wash the clothes and clean the house. And actually, um the state of my house is very distressing.

[00:03:15.69]

OK. So what do you think is makes you um feel like overwhelming with those er things? Is it the energy or it is are you feeling so tired after you're doing those kind of stuff?

[00:03:30.24]

I think it's the tiredness.

[00:03:30.46]

Oh, it's the tiredness.

[00:03:31.66]

Yeah.

[00:03:32.13]

Oh, that's not good. Um well um, if you think um getting someone to help you, home support worker. Um have you think about it?



NURSING

Candidate sample roleplay script 1, Page 4 of 5



– CANDIDATE



– INTERLOCUTOR

[00:03:47.97]

Um. Um.

[00:03:48.05]

You're not sure?

[00:03:48.55]

What will they do?

[00:03:50.52]

Er there this home support worker is a a person to assist you. So, will come to your house whenever you need them, and then you they will assist you with um those things like er for example, will assist you with your cooking. And if you want to cook by yourself, then can just cook yourself but cleaning the house. Those who will assist you with the cleaning and also they will assist you with your washing or if you have to move furniture around the house, they will assist you with those activities in the house to keep you at to take er some few loads out of you, so you don't get too tired.

[00:04:29.65]

Um er yeah.

[00:04:30.85]

Will you think about it?

[00:04:30.85]

Will they be very expensive?

[00:04:33.63]

I It's not that very expensive and um I think the government pay um little bit. It's not that expensive.

[00:04:42.03]

Ah, OK.



NURSING

Candidate sample roleplay script 1, Page 5 of 5



– CANDIDATE



– INTERLOCUTOR

[00:04:43.77]

I can assure you it's not that expensive. And er I will really, really strong recommend you you go for the support, the home support one it will help you.

[00:04:54.12]

Okay. Um OK. Er I'll try that. I think it might help. It would be good to actually have a good clean house again.

[00:05:02.85]

That's a good things. Is anything you want to to know from me?

[00:05:07.29]

No, this is really help. I think the home support is um something I look forward to.

[00:05:12.62]

Thank you very much and nice to meet you.



NURSING

Candidate sample roleplay script 1, Assessor scores / comments:

Sample:	SNUR1_Sample1	Profession:	Nursing
Role play	2		
Intelligibility (0 – 6)			
5	The candidate is easily understood and there is only minimal strain for the listener. Good utilisation of intonation, pitch and sentence rhythm serves to enhance comprehension. A noticeable L1 accent, occasional slurring of speech ('My <u>name</u> is Wilbur'; 'What's bring <u>you here</u> today?'), and inaccurate pronunciation (e.g. 'assess', 'regime', 'energy') cause minor confusion but do not significantly impede communication.		
Fluency (0 – 6)			
5	The candidate produces speech at a mostly normal speed with an even flow. Occasional hesitation, repetition and self-correction are generally appropriate and do not indicate searching for words or structures (e.g. 'We want to access how, how...how you are doingsince you have been...um... discharged from the hospital...and um...how are you doing with your medications at home').		
Appropriateness of language (0 – 6)			
6	The candidate proficiently utilises appropriate lexis, tone and register for the context. While the language required in this particular sample is not overly technical in the roleplay itself, the candidate has no difficulty in explaining and offering information that is at an appropriate level for his patient, (e.g. when explaining the benefits of consulting a physiotherapist). A suitable tone is used to convey his utterances with good flexibility in this aspect noted.		
Resources of grammar and expression (0 – 6)			
4	The candidate has sufficient resources to maintain the interaction. A range of grammatical structures are used, with inaccuracies which can be intrusive at times, although the meaning is generally clear. Some systematic errors are noted, such as 'What's bring you here today?', 'That's a good things' and 'Have you think about it?'. There is also at times a lack of precision in the vocabulary used e.g. 'Is it the energy or are you feeling so tired after you're doing those kind of stuff?'.		
A Relationship building (0 – 3)			
2	The candidate greets the patient and introduces himself as if this is a first meeting, and then frames the reason for the interaction 'I can see from the notes...'. A non-judgemental, respectful and encouraging approach ('That's good to hear') is adopted throughout the role play and challenges made to the patient perspective are subtle and respectful (e.g. in acknowledging the patient's efforts at exercise and suggesting how this could be improved). There is also some empathy shown in the tone of voice used, (when the patient mentions tiredness – 'that's not good') although more explicit empathic statements could have been utilised, e.g. when the patient expresses her distress over the 'state' of her house.		
B Understanding & incorporating the patient's perspective (0 – 3)			
2	The candidate "tunes in" to the patient's concerns in some instances, although not all. When the patient relates her concerns regarding domestic chores, the candidate elicits and explores this, e.g. 'So, what do you think is make you feel like overwhelming with those things?' Greater demonstration of picking up patient cues and exploration of her thoughts/feelings is warranted in places (e.g. when the patient mentions her distress and when the patient is non-committal to the suggestion of consulting a physiotherapist). There is some evidence of relating explanations to elicited patient responses ('As you as you have said, you are walking or going for shopping with a trolleys...').		
C Providing structure (0 – 3)			
2	For the most part, the role play is well sequenced and proceeds logically through questioning and explanation. Signposting questions are used to show changes of topics, e.g. 'And how about the other daily activities at home? How are you doing with those?' One change of topic flows from the response the patient gives, i.e. 'That's not good [related to tiredness]. Well, if you think getting someone to help you, the home support worker...have you think about it?' Labelling for emphasis is evident ('I will really, really, strongly recommend you'; 'It's very important to make sure you takethis antibiotic...and don't forget to...'). The candidate does well in chunking information and pausing; however, more summarising would aid patient understanding.		
D Information gathering (0 – 3)			
2	Active listening techniques, such as repetition and verbal encouragement ('Yeah', 'That's good to hear'), are employed to facilitate the patient's narrative. The candidate initiates information-gathering on topics with an open question before moving to closed questioning ('How are you doing with your medications at home? Are you taking the medication correctly as directed to you?'). However, some compound questions are also evident (e.g. when asking about how the patient copes with dailyactivities at home and when asking about what overwhelms the patient with house chores).		

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 1, Assessor scores / comments:

E Information giving (0 – 3)	
2	The candidate does not establish the patient's prior knowledge, but he does incorporate chunking and checking to guide the next steps. The patient is encouraged to contribute reactions/feelings ('Is that alright?'; 'Does that sound OK with you?'; 'Have you think getting someone to help you?'). At the end of the role play, the candidate invites further questioning to discover the patient's informational needs ('Is there anything you want to know from me?').

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 2, Page 1 of 12



– CANDIDATE



– INTERLOCUTOR



[00:00:00.66]

Hi, Sam, my name is Avinder.

[00:00:02.79]

Mmhmm

[00:00:03.39]

And, I'm the community health nurse.

[00:00:05.37]

Okay.

[00:00:06.31]

Yep. Can you tell me like er as I can see from your case notes that you recovered from pneumonia and you're back from hospital.

[00:00:15.15]

Mmm. That's correct. Yep.

[00:00:16.33]

Yep. And... Can you tell me, like, how you managing your condition at the moment?

[00:00:24.51]

Mmm

[00:00:25.05]

Managing your condition means like, are you taking your medication on time?

[00:00:29.85]

Mmm. I'm trying to. Um... Yeah I'm taking do you want me to tell you how often I'm taking them?



NURSING

Candidate sample roleplay script 2, Page 2 of 12



– CANDIDATE



– INTERLOCUTOR

[00:00:37.20]

Yeah. Yeah. If you can. Yep.

[00:00:38.64]

So, I've got antibiotics.

[00:00:40.92]

Yep.

[00:00:41.07]

And they are three times a day.

[00:00:43.86]

Mhmm.

[00:00:43.98]

And I take them with food.

[00:00:45.36]

Yep. That's good.

[00:00:46.32]

And then there's another little one.

[00:00:48.72]

Mhmm.

[00:00:48.81]

I think it's aspirin.

[00:00:50.20]

Yep.

[00:00:50.52]

And I just take that once a day.



NURSING

Candidate sample roleplay script 2, Page 3 of 12



– CANDIDATE



– INTERLOCUTOR

[00:00:52.30]

Yep. Aspirin is a blood thinner.

[00:00:54.79]

Oh.

[00:00:55.20]

So antibiotics is probably for your pneumonia you taking.

[00:00:58.68]

Okay.

[00:00:59.43]

So, have you finished the course for the ant, how long is the course for the antibiotics?

[00:01:04.32]

I think it's like two weeks and I'm about halfway.

[00:01:08.13]

Yep.

[00:01:08.89]

From memory I'm about halfway. Yeah

[00:01:10.44]

Yep. That's good.

[00:01:12.09]

Mmm.

[00:01:12.54]

So have you got the education, the nurses from the hospital have they given any education about the antibiotics like you're taking?



NURSING

Candidate sample roleplay script 2, Page 4 of 12



– CANDIDATE



– INTERLOCUTOR

[00:01:19.56]

Um yeah, I think they told me most stuff about them. Um.

[00:01:23.72]

Yeah. So you're happy with the information you have?

[00:01:26.26]

Ah, yeah, I think so. Yep. So far. Mmm.

[00:01:29.30]

Okay. And how about your exercise are, are you doing deep breathing and exercise every day?

[00:01:34.85]

Um, yeah, I did that. I've been doing that most days. Er that's for the lungs, right?

[00:01:39.75]

Yeah. That's for the lungs.

[00:01:41.28]

Yeah. Yeah. Yeah I'm trying to keep doing that. Yep.

[00:01:43.87]

Yeah. Because with the pneumonia the your lungs are compensated and air's not going in.

[00:01:49.20]

Oh.

[00:01:49.38]

So if you do the deep breathing and coughing it will help with the respiration and with the lungs.

[00:01:55.17]

Ah.



NURSING

Candidate sample roleplay script 2, Page 5 of 12



– CANDIDATE



– INTERLOCUTOR

[00:01:55.45]

Yeah it help the lungs to recover.

[00:01:56.80]

OK, no I've been doing that and I've been walking to my shop round the corner from my house every day.

[00:02:02.82]

Oh, that's good! That's good.

[00:02:04.52]

Yeah, so getting some fresh air as well.

[00:02:06.64]

Yep. Yep.

[00:02:08.28]

Mmm mmm.

[00:02:08.85]

So... Are you happy doing your housework or you getting any council help?

[00:02:15.54]

Um... Yeah. To be honest, I always have I've always been really independent and I always tried to do everything myself.

[00:02:22.83]

Mmhmm.

[00:02:23.10]

But lately, since this time that I spent in hospital,

[00:02:27.30]

Mmhmm.



NURSING

Candidate sample roleplay script 2, Page 6 of 12



– CANDIDATE



– INTERLOCUTOR

[00:02:27.40]

I've found that, yeah, housework's a bit of a burden for me.

[00:02:30.80]

Yeah. So what the option for you at the moment, Sam is, what I can do is I can refer you for the house help. The person will come like once a week. They'll do the assessment first, like how often you need the help.

[00:02:44.67]

Mmm mmm.

[00:02:45.06]

And then probably you will get once a week or twice a week for the housecleaning.

[00:02:48.98]

Ah.

[00:02:49.44]

And the person will help you with the shopping. If you're happy, I can put down assessment, refer you for the assessment for that.

[00:02:56.10]

That would be amazing because yeah, like I said, it's a bit of a burden.

[00:03:00.42]

Yeah.

[00:03:00.99]

Like cooking's okay.

[00:03:01.53]

Mmhmm.



NURSING

Candidate sample roleplay script 2, Page 7 of 12



– CANDIDATE



– INTERLOCUTOR

[00:03:02.13]

But like washing my clothes and cleaning the house.

[00:03:05.70]

Mmhmm.

[00:03:05.85]

I'm pretty ashamed at how dirty my house is right now. So,

[00:03:09.34]

Yeah.

[00:03:09.87]

That would be helpful. Mmm.

[00:03:11.74]

Yep, what I can do is, I can put down a reference form for you.

[00:03:16.09]

Mmm.

[00:03:16.38]

And someone from the community will come and assess you and ask you like sort of questions what you need help with.

[00:03:22.41]

Mmm.

[00:03:22.41]

And how often do you need a help with.

[00:03:24.42]

Mmm.



NURSING

Candidate sample roleplay script 2, Page 8 of 12



– CANDIDATE



– INTERLOCUTOR

[00:03:24.51]

I think there's a small amount of money you have to pay for that. Are you happy with that?

[00:03:28.41]

Yeah. Do you know around about how much or not sure?

[00:03:31.87]

Roughly? I'm not sure? They'll give you the exact amount,

[00:03:35.76]

Mmm.

[00:03:36.06]

But roughly if I say around 20 bucks a week?

[00:03:39.93]

Oh, that's alright.

[00:03:40.91]

Yeah.

[00:03:41.49]

Yeah. Yeah, that should be fine. That would be really helpful.

[00:03:43.15]

But that might be like, that's not the exact amount.

[00:03:46.42]

Yeah, no that's okay. Approximately [laughs].

[00:03:49.04]

Approximately, yeah.



NURSING

Candidate sample roleplay script 2, Page 9 of 12



– CANDIDATE



– INTERLOCUTOR

[00:03:50.46]

Um no, no, no that's all right. Um yeah. That would be helpful if you could do that.

[00:03:54.12]

Yeah, because it's it's good for you as well because you'll get a company if the someone comes to your house and you can

[00:03:59.94]

Mmm.

[00:04:01.02]

Have a chat to the person.

[00:04:01.49]

Mmm.

[00:04:01.65]

And you can go out with that person, it's more like safety thing for you.

[00:04:05.37]

Mmm.

[00:04:05.52]

If you go out with someone.

[00:04:06.66]

Yep, definitely.

[00:04:08.43]

Yeah.

[00:04:08.61]

Yeah, that would be helpful. And, um, just just to make sure, you talked a little bit about the breathing exercises.



NURSING

Candidate sample roleplay script 2, Page 10 of 12



– CANDIDATE



– INTERLOCUTOR

[00:04:17.19]

Mmhmm.

[00:04:17.40]

So all I'm doing is just breathing in deeply.

[00:04:20.88]

Yep.

[00:04:21.21]

That's it?

[00:04:21.99]

Yep. How often do you doing it?

[00:04:24.00]

Um, every morning and every night.

[00:04:26.01]

Yep. That's good thing. But, yeah, that's enough I would say like if you're doing it like fi..
two times a day, that's enough.

[00:04:33.48]

Yep.

[00:04:34.15]

Yeah.

[00:04:34.86]

OK.

[00:04:35.52]

And, do you think you need any further like any more exercise apart from the deep
breathing and coughing, you feel any weakness in your body? I can do a physio referral
for you if you want?



NURSING

Candidate sample roleplay script 2, Page 11 of 12



– CANDIDATE



– INTERLOCUTOR

[00:04:46.20]

Yeah, maybe physio would be good as well. If we could do the home help and physio referral that would be good.

[00:04:52.17]

Yeah. Okay. What I will do is I'll put a physio referral and the community home help referral for you.

[00:04:58.20]

Okay. All right.

[00:04:59.34]

So. That's good. So you're taking your medication on time and yep do doing bit of exercise.

[00:05:05.79]

Mmm.

[00:05:06.09]

That's good thing.

[00:05:07.29]

Mmm. Alright.

[00:05:07.47]

But on top of that, I'll put another physio referral for a...

[00:05:10.24]

Mmm.

[00:05:10.77]

Like, if you need more exercise.



NURSING

Candidate sample roleplay script 2, Page 12 of 12

“ ”



– CANDIDATE

“ ”



– INTERLOCUTOR

[00:05:12.72]

Yep.

[00:05:13.20]

Yep.

[00:05:14.08]

OK.

[00:05:14.24]

And a home help for you.

[00:05:15.24]

That sounds good. Thank you very much, nurse.

[00:05:17.85]

Have you got any more questions for me?

[00:05:19.59]

No, I think that was everything. Yep, so, all good.

[00:05:22.68]

Okay. Thank you, Sam.

[00:05:23.89]

All right. Thank you very much.



NURSING

Candidate sample roleplay script 2, Assessor scores / comments:

Sample:	SNUR1_Sample2	Profession:	Nursing
Role play	2		
Intelligibility (0 – 6)			
6	The candidate delivers easily comprehensible speech throughout the sample. She projects her voice effectively with no mumbling or slurring. At sentence level, the use of pitch, intonation and stress supports meaning and adds further emphasis to her longer utterances, e.g. <i>'...and then probably you will get <u>once</u> a week...'</i> Communication is not impeded at any time by occasional, slightly non-standard pronunciation (<i>'community'</i> , <i>'antibiotics'</i> <i>'refer'</i>).		
Fluency (0 – 6)			
6	The candidate produces completely fluent speech at a normal speed. Infrequent and minor hesitations/repetitions indicate reflection or rephrasing to enhance meaning rather than searching for words or structures (<i>'So... are you happy doing your housework...?'</i> ; <i>'...I can put down assessment...refer you for assessment for that'</i>).		
Appropriateness of language (0 – 6)			
6	The candidate maintains an appropriate register and an empathetic, professional tone. Lexis is appropriate for the context, and the candidate demonstrates the ability to simplify technical items (e.g. when explaining the purpose behind taking aspirin/antibiotics and undertaking deep breathing and coughing exercises). Her tone of voice is pitched well throughout for the situation. There is a lapse into informality with the slang <i>'20 bucks a week'</i> , but otherwise the candidate adopts a suitably conversational and yet professional manner.		
Resources of grammar and expression (0 – 6)			
5	Throughout the role play, the candidate demonstrates a wide range of vocabulary and grammatical structures, which are mostly accurate and flexible. Although lapses are evident, (<i>'lungs are compensated'</i>) they do not present a barrier to meaning and communication (<i>'...and ask you like sort of questions what you need help with and how often you need help with'</i> ; <i>'It's more like safety thing for you...'</i> <i>'How often do you doing it?'</i>).		
A Relationship building (0 – 3)			
2	The candidate opens the role play by greeting the patient by name and introduces herself and her role in the patient's care. She maintains a respectful, engaged and warm tone throughout the role play and provides encouragement with statements such as, <i>'Oh that's good'</i> . More explicit empathic statements could have been incorporated to further build rapport (e.g. when the patient expresses the burden of housework (e.g. <i>'Yes, it's a lot to do for one person, isn't it?'</i>)).		
B Understanding & incorporating the patient's perspective (0 – 3)			
2	The candidate does well to offer pertinent explanations/suggestions relating to the patient's responses (<i>'So, you are taking your medication on time and doing bit of exercise... but on top of that, I'll put another physio referral...'</i>), and she also acknowledges the patient's perspective (e.g. by uttering <i>'Yeah'</i>). However, more could have been made of incorporating the patient's feelings/thoughts into the explanations, particularly when the candidate mentions her shame associated with her <i>'dirty house'</i> .		
C Providing structure (0 – 3)			
2	The role play is sequenced logically and purposefully, with no abrupt changes of topic. The candidate chunks information well and utilises signposting to aid with structuring the exchange. Topic changes are mostly introduced with a question, (e.g. <i>'So... Are you happy doing your housework or you getting any council help?'</i>), and some more explicit framing (e.g. <i>'So, what the option for you at the moment, Sam is, what I can do is I can refer you for the house help....'</i>).		
D Information gathering (0 – 3)			
2	The candidate opens the exchange by restating the patient's situation which leads into checking on her status, i.e. <i>'How are you managing your condition at the moment?'</i> She consistently facilitates the patient's narrative with active listening techniques (<i>'mmhmm'</i> ; <i>'yep'</i> ; <i>'that's good'</i>). The majority of candidate questions begin by being open in nature; these are sometimes qualified by adding further parameters (<i>'...managing your condition means like are you taking your medication on time?'</i>). However, compound questions are quite frequently used (<i>'How about your exercise, are you doing deep breathing and coughing exercise every day?'</i> ; <i>'...are you happy doing your housework, or are you getting any council help?'</i> <i>'Have you finished the course for the end? How long is the course?'</i>).		

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 2, Assessor scores / comments:

E Information giving (0 – 3)	
3	The candidate seeks the patient's prior knowledge ('...the nurses from the hospital, have given any education about antibiotics...?'; 'So, you are happy with the information you have?'). She further invites the patient's thoughts on each suggestion that she makes ('If you are happy, I can...?'; 'Are you happy with that?'), giving the sense of a shared negotiation rather than an instruction. She invites further questioning to discover the patient's informational needs (e.g. 'Have you got any more questions for me?').

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 3, Page 1 of 4



– CANDIDATE



– INTERLOCUTOR



[00:00:00.96]

Good afternoon, Sarah.

[00:00:02.52]

Good afternoon.

[00:00:03.72]

How are you... feeling today, Sarah?

[00:00:07.20]

Um, I'm I'm actually feeling almost recovered nurse, to be honest.

[00:00:11.16]

OK. Nice to hear that, Sarah... Sarah, ehh, let me ask you one question. Umm...Are you taking your medications, eh, antibiotics three times daily?

[00:00:24.06]

Eh, yes, um, I have been. I've been taking my antibiotics three times a day with meals and I've also been taking my aspirin once a day.

[00:00:33.52]

That's good. Sarah. [1 sec pause] Sarah. Are you doing regular exercise after you got pneumonia? Are you able to do you exercise regularly?

[00:00:44.63]

Um, well, actually, I've, um, I walk down to the local shops with my shopping trolley. So, um, you know, I do that every day. So that is more or less my exercise.



NURSING

Candidate sample roleplay script 3, Page 2 of 4



– CANDIDATE



– INTERLOCUTOR

[00:00:57.42]

Ehhh, ok, Sarah.[1 sec pause] But...ehh...you can't right, Sarah, eh, one thing I can suggest you that you can try a for some other exercises as much as possible...ehh.[4 sec pause] Sarah, can you tell me you are able to cope with your homeworks like cooking, washing, everything. Are you able to do properly now or you need, eh, you will get tired while doing like that work?

[00:01:32.24]

Well, um, to be honest nurse, um, I am managing to do my housework, but it is becoming a bit of a burden. Like, um, the the cooking is very manageable, but it takes me a long time to wash my clothes. And then you have to clean the house. And, um, if I don't clean the house, then um, you know... the dirty house it, um, distresses me. So, umm, yeah, it's it is a burden. But I'm trying to cope.

[00:02:00.88]

Eh, I understand you Sarah. Ehhh...[1 sec pause] I will tell you one thing, ehhh, I understand you are feeling some difficulties in, umm, washing and cleaning your home, umm, but I can suggest you that you can accept for the some home help which will be, eh... [2 sec pause] arranged by your local council. Is that okay for you?

[00:02:30.38]

Umm... Sure. Yeah. Why not? Like if if they are able to arrange for someone to come and help me, that would be nice.

[00:02:38.20]

That's good, Sarah. So let me know your...[1 sec pause] Umm, I [2 sec pause] let me know your, um, ideas about what kind of help what kind of people you need to, ummm, get in at your home for your help?

[00:02:57.06]

Okay, so, um, I would prefer if it's a lady.

[00:03:01.70]

OK.



NURSING

Candidate sample roleplay script 3, Page 3 of 4



– CANDIDATE



– INTERLOCUTOR

[00:03:02.36]

And if they could come like maybe sometime in the afternoon and just help me with the cleanup, um, you know, with the dishes and little bit of activity around the house.

[00:03:14.81]

OK.

[00:03:16.43]

That would definitely be of great help to me.

[00:03:19.61]

Okay, Sarah, do you have any other concern?

[00:03:25.00]

Um, no, nurse. It's it's fine. It's just that, do you think I need more exercise than, um, you know, the walk...

[00:03:34.01]

Yeah.

[00:03:34.19]

...that I take to the shop?

[00:03:35.68]

Yeah. [3 sec pause] OK, umm, OK Sarah, I can arrange a... a home help support from your local council. They will help you in your household work and you can continue, ummm, your walking exercise along that you can do some other exercises which will help your better health.

[00:04:00.88]

What other...

[00:04:01.35]

... is that..



NURSING

Candidate sample roleplay script 3, Page 4 of 4



– CANDIDATE



– INTERLOCUTOR

[00:04:01.74]

...kind of exercises, umm, do you think I can do? Can you suggest some?

[00:04:05.91]

Umm, you are recovering from pneumonia, um, so that you can take some deep breathing exercises, some relaxation techniques, yoga, meditation, etc... Is that for you? OK. Ummm, do you have any other concerns, Sarah?

[00:04:25.82]

Umm, no nurse, but, um, besides the meditation are there any, umm, you know any activities that may be that may be termed as exercise? Something that I can do?

[00:04:38.61]

Ehh, you can do jogging, swimming if you are, umm, completely alright you can do afterwards, you can do the jogging and swimming. If you have any problem with your breathing difficulties right now, umm, please do not do that one right now. Afterwards, once you will be okay, you are breathing, but in everything okay, you...you can go for like that exercises...

[00:05:03.78]

Alright...

[00:05:04.71]

later...

[00:05:04.71]

Ok fine thank you nurse. Thank you.



NURSING

Candidate sample roleplay script 3, Assessor scores / comments:

Sample:	SNUR1_Sample3	Profession:	Nursing
Role play:	2		
Intelligibility (0 – 6)			
4	The candidate is easily understood most of the time with generally appropriate word level stress and pitching of voice. However, sentence rhythm is affected by long pauses. There is a noticeable L1 accent, including non-standard pronunciation of several vowel sounds in certain words such as ‘work’ and ‘washing’; some slurring with longer words such as ‘regularly’; and some unstressed syllables mispronounced, e.g. ‘council’, causing some strain for the listener.		
Fluency (0 – 6)			
4	The rate of speech is uneven: at times it is normal, but it is predominantly too slow, producing a staccato delivery. Several pauses indicate groping for words/structures, particularly in longer utterances (e.g. <i>‘but...ahh... I can suggest you...ahh... that you can accept for the some home help which will be...ahh...arranged by your local council’</i>). This results in some strain for the listener, as the ideas can lack continuity.		
Appropriateness of language (0 – 6)			
4	The candidate uses an appropriate register and a professional and formal tone for the situation, with generally appropriate language, although somewhat lacking in complexity. There are no medical terms to paraphrase in this roleplay situation; most of the information is already at an appropriate level for the layperson. However, there is a tendency to overuse the patient’s name, which is mentioned in almost every utterance, overdoing the intended politeness and becoming a distraction for the listener. There is also intrusive repetition of the phrases <i>‘Do you have any other concerns?’</i> and <i>‘Is that OK for you?’</i> , an indication that the candidate does not have a wide enough lexical resource to draw upon.		
Resources of grammar and expression (0 – 6)			
3	The candidate does not quite have sufficient resources to maintain the interaction. There are frequent instances of inaccuracies in grammar and vocabulary, particularly in more complex sentences, which are intrusive, causing meaning to be lost, and indicating limitations. (e.g. <i>‘You can do jogging, swimming if you are completely all right you cando afterwards, you can do the jogging, swimming. If you have any problem with your breathing difficulties right now, please do not do that one right now. Afterwards, once you will be okay, you are breathing pattern everything, okay, you can go for like that exercises...’</i>).		
A Relationship building (0 – 3)			
1	Although the candidate greets the patient and uses her name, there is no other initial setting up of the reason for the interaction. For the most part, the candidate is attentive, remains respectful throughout the interaction, and responds with encouraging phrases, e.g. <i>‘Nice to hear that’</i> and <i>‘That’s good, Sarah...’</i> . However, at times the patient’s message is missed, e.g. when asking about the need for additional exercise. The candidate’s very basic attempts at empathy <i>‘I understand’</i> are not convincingly delivered with an appropriately supportive voice tone, rendering them less effective.		
B Understanding & incorporating the patient’s perspective (0 – 3)			
1	Some exploration of the patient’s perspective is elicited through questioning, however, this is limited. There is some attempt to incorporate the patient’s perspective (e.g. <i>‘I understand you are feeling some difficulties in washing and cleaning your home’</i>). However, the candidate fails to address the patient asking about the need to undertake additional exercise. In this instance, the patient asks the question for a second and third time before receiving an appropriate response.		
C Providing structure (0 – 3)			
1	Though the role play tends to proceed in a purposeful manner, a sense of the candidate’s control of the interaction is lacking and is largely driven by the patient. Sequencing is not always logical (e.g. when the candidate abruptly switches topics between the provision of home help and the patient’s query regarding additional exercise). Some signposting is demonstrated (<i>‘Let me ask you one question’</i> ; <i>‘One thing I can suggest you that, you can try...’</i> ; <i>‘afterwards you can do the jogging and swimming’</i>), however, more is needed. Little attempt is made to use organising techniques in the explanations.		

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 3, Assessor scores / comments:

D Information gathering (0 – 3)	
0	There is little evidence of techniques associated with active listening, clarification and summarising to encourage correction or further information. The candidate's predominantly closed questioning style restricts the amount of patient-centred information gathering. Although the candidate begins the consultation with an open question, she then moves to closed questions, followed by a rather jumbled set of compound questions. (e.g. <i>'Can you tell me are you able to cope with your homeworks like cooking, washing, everything? How you are able to do properly now or you need you will get tired while doing like that work?'</i>)
E Information giving (0 – 3)	
1	The candidate does not establish the patient's prior knowledge. Whilst the candidate does check if the patient has understood information and encourages her to contribute reactions (<i>'Is that OK for you?', 'Let me know your ideas...'</i>), she does not allow adequate time for the patient to respond. Attempts to discover the patient's further informational needs (i.e. <i>'Do you have any other concern?'</i>) are very repetitive and can seem somewhat forced, as this phrase is uttered before the concern being discussed has been resolved.

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 4, Page 1 of 9



– CANDIDATE



– INTERLOCUTOR



[00:00:00.09]

Hi, my name is Charlotte. I'm the nurse at this Community Health Center.

[00:00:03.63]

Hello Charlotte. Yeah, um, my name is Iris and I've just come here just to check that everything's going OK with me.

[00:00:13.12]

OK. So I understand that you've been in hospital with pneumonia. Is that right?

[00:00:17.64]

Yeah, that was terrible. Oh, my goodness. Pneumonia, I don't want to ever get that again.

[00:00:23.04]

Yeah, I can understand that was distressing. So... Did you get any medication from your doctor or from the doctor at the hospital?

[00:00:31.12]

Yes.

[00:00:31.97]

Is that right?

[00:00:32.52]

Yes. Yes.

[00:00:33.15]

Can you tell me a bit more about about that?

[00:00:34.87]

Sure. OK. Let's see I got antibiotics, so I take those three times a day with my meals and then I have an aspirin once a day.



NURSING

Candidate sample roleplay script 4, Page 2 of 9



– CANDIDATE



– INTERLOCUTOR

[00:00:46.89]

Okay. Yeah, so that's good that you're taking it.

[00:00:49.26]

Yes.

[00:00:50.55]

I suppose you're taking it with meals and three times a day?

[00:00:52.64]

Yes.

[00:00:52.93]

That's good, and then and then the one aspirin.

[00:00:55.17]

Yes.

[00:00:55.98]

So...um, you live alone, is that right?

[00:01:00.57]

That's right. Yeah. I'm very independent and I found it very hard to be in hospital, but I'm very happy to be home now.

[00:01:08.42]

Yeah.

[00:01:08.63]

That's taking me, I have to say a bit longer to get over this pneumonia than I thought.

[00:01:13.42]

Yeah.



NURSING

Candidate sample roleplay script 4, Page 3 of 9



– CANDIDATE



– INTERLOCUTOR

[00:01:13.73]

It's really, yeah it's really had a big impact on me.

[00:01:16.82]

Okay. So... Umm, how are you doing at home? Do you do the cooking yourself?

[00:01:23.40]

I do.

[00:01:23.40]

like the washing and cleaning?

[00:01:25.64]

Ummm, yeah. Yeah. Umm, I walk down to the shops every day with my shopping trolley and I get what I need for for the day, so that's good exercise for me; I make.

[00:01:35.13]

Mmm.

[00:01:35.52]

myself do that. Umm, so, cooking's not a problem. Um, look, I have to say that..um.. the cleaning has got a bit of a low priority for me, I find that a little bit much. And, um, washing as well. And I hate looking around my house it's, you know, getting dusty and dirty. And that's a bit... upsets me really, to be honest but

[00:01:56.94]

Yeah.

[00:01:57.15]

I I just don't have the energy to do that.

[00:02:00.71]

Yeah... So you saying you don't have much energy. Um, so do you do any regular exercise at all or?



NURSING

Candidate sample roleplay script 4, Page 4 of 9



– CANDIDATE



– INTERLOCUTOR

[00:02:07.47]

Um, well, I walk down to the local shops every day.

[00:02:11.28]

Yeah.

[00:02:11.52]

Um, with my shopping trolley and just get.

[00:02:13.17]

Mmmm.

[00:02:13.23]

a few bits and pieces that I need for the day. Umm, sometimes, you know, I stop and chat to my neighbors and stuff as well.

[00:02:22.80]

Okay... Umm, so have you heard about physiotherapy...

[00:02:27.05]

Umm

[00:02:27.33]

...before?

[00:02:27.33]

Yeah. Yeah. I have, I have, yeah, I know about physio. Yeah.

[00:02:30.42]

Yeah.

[00:02:31.02]

Do you think that might be something I need?



NURSING

Candidate sample roleplay script 4, Page 5 of 9



– CANDIDATE



– INTERLOCUTOR

[00:02:32.43]

Yeah, I was thinking that maybe...umm... It's good that you go down to the shops.

[00:02:37.31]

Yeah.

[00:02:37.42]

and get that exercise.

[00:02:38.64]

Right.

[00:02:38.85]

But also... a physiotherapist might also help you with some other exercises.

[00:02:43.56]

Okay.

[00:02:43.92]

that can be helpful for you to build some strength after time you've had in hospital.

[00:02:47.94]

Yeah, that was quite a long time, yeah.

[00:02:52.23]

Yeah...so we could definitely arrange that for you if you feel like that's.

[00:02:55.99]

Yeah.

[00:02:56.37]

something you could do.

[00:02:56.64]

Yeah, I'm happy to take that up.



NURSING

Candidate sample roleplay script 4, Page 6 of 9



– CANDIDATE



– INTERLOCUTOR

[00:02:59.01]

Yeah. So have you ever considered as well, um, getting some help at home with some of the chores?

[00:03:05.16]

Oh.. yeah, look, not really.

[00:03:06.84]

Yeah.

[00:03:06.96]

I like doing things myself.

[00:03:08.61]

Yeah. I can understand (laughs with patient).

[00:03:10.80]

I'm used to looking after myself.

[00:03:12.39]

Yeah.

[00:03:13.05]

Yeah.

[00:03:13.41]

You've done that for so many years. Yeah.

[00:03:15.52]

I have. Yeah. Yeah, I I mean I have to say... I look around the house and I get a bit upset when I see how dirty it is.

[00:03:22.65]

Yeah.



NURSING

Candidate sample roleplay script 4, Page 7 of 9



– CANDIDATE



– INTERLOCUTOR

[00:03:22.65]

And hanging out the washing is getting is a bit much for me at the moment.

[00:03:27.06]

Mmm. What kind of feelings do you have, though, um, about getting some help at home? Do you do you feel like you want to do it yourself? Is that why?

[00:03:34.33]

I do.

[00:03:35.10]

Yeah.

[00:03:35.22]

I feel like I want to do it myself and I've always done it myself. But [1 sec pause] yeah, if I'm honest with myself, I guess the cleaning and the washing is getting a bit much for me.

[00:03:45.51]

Yeah.

[00:03:46.47]

Just now anyway.

[00:03:47.55]

Yeah. So, umm, getting some help at home with the washing and the cleaning doesn't have to be permanent so...

[00:03:54.03]

Ohh, ok.

[00:03:54.48]

just now, as you know, you're recovering from the pneumonia and being in hospital.



NURSING

Candidate sample roleplay script 4, Page 8 of 9



– CANDIDATE



– INTERLOCUTOR

[00:04:00.52]

Right.

[00:04:00.61]

It might have been good for you to maybe get some some help with the cleaning.

[00:04:04.20]

Oh, so doesn't have to be a permanent thing? It could just be while I'm feeling a bit.

[00:04:08.25]

Yeah.

[00:04:08.25]

a bit tired?

[00:04:08.58]

Yeah. So if you find that, you know, you've gotten your strength back and... you feel like you can handle that yourself, you know, it doesn't need to be permanent and you can.
Yeah.

[00:04:18.84]

So how do we go about doing that and what's that called?

[00:04:22.17]

So...

[00:04:22.17]

Is it going to cost me money?

[00:04:23.70]

So it's a in-home support and care services.

[00:04:27.36]

Right.



NURSING

Candidate sample roleplay script 4, Page 9 of 9



– CANDIDATE



– INTERLOCUTOR

[00:04:27.54]

and it's subsidised by the local council.

[00:04:31.47]

Mmm.

[00:04:32.13]

So you'll get some...some discounts, I believe in...

[00:04:37.43]

Well, I'd like to talk to somebody further about it.

[00:04:39.93]

Yeah.

[00:04:40.64]

Alright... If you could arrange that, that would be great.

[00:04:43.41]

Yeah, we can do that.

[00:04:45.03]

Alright...

[00:04:45.15]

Do you have any questions?

[00:04:45.15]

Well thank you.

[00:04:46.59]

No, that's all fine. Yeah, thank you for that.



NURSING

Candidate sample roleplay script 4, Assessor scores / comments:

Sample:	SNUR1_Sample4	Profession:	Nursing
Role play:	2		
Intelligibility (0 – 6)			
6	The candidate is easily understood at all times. She projects her voice effectively with no mumbling or slurring. At sentence level, she uses intonation and stress well to support meaning and add further emphasis to her utterances, e.g. <i>‘So, getting some help doesn’t have to be permanent...’</i> . Likewise, phrase and sentence rhythm are almost always very natural. Pronunciation is highly accurate throughout.		
Fluency (0 – 6)			
6	The candidate produces completely fluent and smooth speech at a natural rate without any difficulty. Infrequent and minor hesitations are appropriate and indicate reflection and searching for content, rather than searching for words/structures (<i>‘What kind of feelings do you have though...um...about getting some help at home? Do... do you feel like you want to do it yourself, is that why...?’</i>).		
Appropriateness of language (0 – 6)			
6	The candidate maintains an entirely appropriate register and an empathetic, approachable, professional tone. Lexis is appropriate for the context; although there is little medical content to rephrase as it is mostly everyday familiar content, the candidate demonstrates the ability to simplify a more technical term, e.g. when explaining <i>‘subsidised’</i> by the local council, and also explains why physiotherapy would be of use. Her choice of less formal conversational phrasing is also noted, e.g. <i>‘you feel like you can handle that yourself...’</i> . Her tone of voice is entirely appropriate to the situation throughout.		
Resources of grammar and expression (0 – 6)			
6	Throughout the role play, the candidate confidently produces complex sentences which are accurate and flexible. (e.g. <i>‘So if you find that, you know, you’ve gotten your strength back and... you feel like you can handle that yourself, you know, it doesn’t need to be permanent...’</i>) Occasional minor errors do not present a barrier to communication e.g. <i>‘It might have been good for you to maybe get some some help with the cleaning...’</i> and <i>‘So, it’s a in-homesupport and care services, and it’s subsidised by the local council’</i> .		
A Relationship building (0 – 3)			
2	The candidate effectively introduces herself and establishes her role. She consistently maintains a respectful, non-judgemental attitude throughout the interaction (e.g. when responding to the resistance expressed towards getting home help, <i>‘You’ve done that for so many years, yeah.’</i>). As well, rather than dismiss the patient’s current exercise, the idea is commended before a further suggestion is made, e.g. <i>‘It’s good that you go down to the shops, you can get that exercise, but also a physiotherapist might also help you with some other exercise’</i> . The candidate adopts a friendly, warm tone and demonstrates consistent attentiveness through verbal signifiers, such as <i>‘OK’</i> and <i>‘Yeah’</i> . She expresses empathy not only tonally but also verbally (<i>‘Yeah, I can understand that was distressing’; ‘That’s good’</i>).		
B Understanding & incorporating the patient’s perspective (0 – 3)			
3	The candidate elicits a thorough account of the patient’s concerns, to which she consistently refers back during the role play (<i>‘So you are saying that you don’t have much energy’</i>). At length, she elicits, addresses and explores further the patient’s concern regarding home help and initial reluctance to agree to the same (<i>‘You’ve done that for so many years’; ‘What kind of feelings do you have, though, about getting some help at home? Do you feel like you want to do it yourself?’</i>). She goes on to reassure the patient that home help does not have to be permanent and provides further information of what this help involves. Although this was mostly very well done, the patient mentioned twice that she was upset by her dirty house and this opportunity to acknowledge the issue empathetically was missed.		
C Providing structure (0 – 3)			
2	The exchange is organised purposefully, confidently, logically and with a clear sequence, from eliciting details of the problem to offering advice. Important information is signalled (e.g. <i>‘I was thinking that maybe...’; ‘It’s good..., but also...’; ‘Have you ever considered’</i>). The candidate chunks information nicely with pauses in between before proceeding to the next section. However, more signposting and summarisation is needed, with a missed opportunity to transition topics with the quite abrupt introduction of physiotherapy.		

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 4, Assessor scores / comments:

D Information gathering (0 – 3)	
2	The candidate begins by checking the purpose of the patient's visit. Active listening techniques are utilised through verbal encouragement ('Yeah'; 'OK'). Although questioning begins with a closed question ('Did you get any medication...'), this is followed by an open question to elicit more information ('Can you tell me a bit more about that?'). Further checking of the history elicited is demonstrated e.g. 'You live alone, is that right?'. One example of a leading question is 'I suppose you're taking it with meals and three times a day...?' which would have been better phrased as an open question, i.e. 'How often are you taking it?'
E Information giving (0 – 3)	
3	The candidate establishes the patient's prior knowledge (re physiotherapy) and skilfully encourages the patient to give her reactions to the advice offered (e.g. 'We could arrange that for you if you feel that's something you could do?'; 'What kind of feelings do you have, though, about getting some help at home?'). There is a rather simple attempt at the conclusion of the role play to discover further patient needs by asking if the patient has any questions, 'Do you have any questions?', but it is adequate. This situation didn't require a great deal of information giving.

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 5, Page 1 of 4



– CANDIDATE



– INTERLOCUTOR



[00:00:00.66]

Good afternoon.

[00:00:01.47]

Good afternoon.

[00:00:02.13]

I'm Ashley. I'm one of the community health nurses here on duty today. For my further clarification, how can I address you?

[00:00:09.21]

Oh, hi, nurse. I'm Arti and I just recover I'm recovering from pneumonia. And for this I spend a good time in hospital. Now I'm staying in home only and I've come for my scheduled review. I take my antibiotics, three times with meal and aspirin, ah, once in a day. I'm regular on my medications.

[00:00:35.45]

OK. So, eh, Arti, how are you feeling now?

[00:00:39.30]

I'm feeling good.

[00:00:40.65]

OK. So, ah, if you don't mind, could you please tell me, are you taking the medication correctly?

[00:00:47.04]

Yes. As per the prescription, I'm taking it.

[00:00:50.60]

OK. So, well. And do you do any exercise regularly?



NURSING

Candidate sample roleplay script 5, Page 2 of 4



– CANDIDATE



– INTERLOCUTOR

[00:00:55.86]

Ah, I don't do any exercises. But yeah, I walk to the local shop with, ah, my shopping trolley everyday as an exercise.

[00:01:04.95]

OK. So if you're interested, I suggest you a physiotherapy and he or she will give some professional instructions in order to mobilise your mobilise and, ah, do some activities.

[00:01:18.22]

No, no, I don't think I require that.

[00:01:20.16]

OK. And, eh, could you please tell me, eh, how you have been coping at your home?

[00:01:27.39]

I actually stay alone and I do everything on my own, like cooking and all. Um, housework is a little bit of burden on me,

[00:01:36.60]

OK.

[00:01:36.81]

But I manage cooking and washing clothes is actually a a big task for me.

[00:01:42.69]

OK.

[00:01:44.85]

And I cannot leave my house dirty also. So I have to do everything on my own.

[00:01:50.16]

OK, so well Arti, I'm sorry to hear that you are, um, living alone in your home. So, you don't worry about that. I will arrange a home support or home care nurse and they will support you for cooking, washing and cleaning also. So I think um, ah, it will be benefit for you. Are you getting me?



NURSING

Candidate sample roleplay script 5, Page 3 of 4



– CANDIDATE



– INTERLOCUTOR

[00:02:12.69]

Mm.

[00:02:12.93]

OK. And then, ah, I also, ah, give some instructions for you, such as that, um, ah, if you are, um, living alone, then, ah, you can find out any friends, ah, or, ah, you can find out any neighbours so that time, ah, you will get some relaxation and, ah, you are not feeling to live alone. Eh, are you clear?

[00:02:38.25]

Oh, yeah, but I don't think I need any help in that because I like to stay alone.

[00:02:44.24]

OK.

[00:02:44.76]

I'm an independent person, so I don't like taking help for anything.

[00:02:48.59]

OK, well. Ah, anyway, you don't worry about that. So if you are, ah, living alone, then it's your, ah, decision and it's not a problem. You can live alone there. And, ah, if you're interested, ah, I will, ah, recommend you that a home care nurse, ah, that people will help you a lot. So, ah, because as you are recovering from, ah, pneumonia, isn't it? OK. So I think that to be more benefit for you if you if I am recommending any homecare support and that this service subsided by the local council also. OK? Are you getting my points?

[00:03:27.05]

Yeah but tell me how how they're gonna manage and help me in everything.



NURSING

Candidate sample roleplay script 5, Page 4 of 4



– CANDIDATE



– INTERLOCUTOR

[00:03:35.25]

Ah, well, ah, they will help, ah, for you everything. And, um, also I recommend you that as you told that you are doing some exercises, aren't you? OK. So it is a benefit for you if you are, um, doing exercise suggest morning walk. It would also benefit for you.

[00:03:53.55]

Yeah, I do walk to my to the local shop.

[00:03:56.75] I very congratulate that you are walking, ah, nearby the walk, ah, nearby the shop. And, um, do you have any more concerns?

[00:04:06.15]

Ah, no.

[00:04:06.46]

OK, so, well, I hope, ah, you have got an idea regarding whatever I explained too you, isn't it? OK. Ah, so once again, I assure you that if you follow my instructions regarding your medication, exercises and all, your problems will be resolved immediately.

[00:04:22.32]

Thank you.



NURSING

Candidate sample roleplay script 5, Assessor scores / comments:

Sample:	SNUR1_Sample5	Profession:	Nursing
Role play:	2		
Intelligibility (0 – 6)			
5	The candidate is easily understood, and communication is not impeded. Although there is a noticeable L1 accent, only minor mispronunciation is noted e.g. <i>'regularly'</i> ; <i>'there'</i> , and no strain is introduced. Some word stress is non-standard, e.g. <i>'aren't'</i> contains an extra syllable; in <i>'alone'</i> both syllables are stressed, instead of the second only. Appropriate pitch and intonation are used to support meaning. There is minimal mumbling/slurring and rhythm is occasionally affected by pauses, causing only very minimal strain.		
Fluency (0 – 6)			
5	The candidate produces fluent speech at a normal speed with some occasional 'choppiness' in delivery. There is only occasional hesitation and pausing which is generally appropriate and does not indicate searching for words/structures (e.g. <i>'OK...so...well...anddo you do any exercise regularly?'</i>).		
Appropriateness of language (0 – 6)			
4	The tone, register and lexis are generally appropriate for the situation. The candidate adopts a mostly formal and professional register to interact with the patient, although there is some unexpected variation in this, with some lapses into informality noted, e.g. <i>'Are you getting my points?'</i> as well as very formal phrasing, e.g. <i>'For my further clarification, how may I address you?'</i> Another example of this mixed formality is in the last utterance, <i>'OK, so well, I hope you have got an idea regarding whatever I explained to you, isn't it? OK, so once again, I assure you that if you follow my instructions regarding ...'</i> . There is a disconnect in the dismissive tone of voice used with <i>'Anyway, you don't worry about that...'</i> ; it sounds impolite rather than reassuring.		
Resources of grammar and expression (0 – 6)			
4	The candidate has sufficient resources to maintain the interaction. However, several grammatical errors are noticeable and are at times awkward and intrusive, particularly with more complex structures, (e.g. <i>'If you are living alone, then you can find out any friends or you can find out any neighbours'</i> ; <i>'So that time you will get some relaxation and you are not feeling to live alone'</i> ; <i>'As you are recovering from pneumonia, isn't it?'</i>). Vocabulary is used somewhat imprecisely (e.g. in response to a question about <u>how</u> homecare support will help the patient, <i>'they will help, ah, for you everything ...'</i>) and repetitively used, (e.g. <i>living alone</i>), indicating some limitations in this area. Meaning remains generally clear, despite these issues.		
A Relationship building (0 – 3)			
1	The candidate effectively introduces herself, establishes her role in the exchange and clarifies the patient's name. She mostly demonstrates a respectful demeanour (e.g. <i>'If you don't mind, could you please tell me...'</i>). An attempt at an encouraging statement is not effective (e.g. <i>'Anyway, I congratulate that you are walking...'</i>) and there are times when the candidate could be more empathically responsive (e.g. after the patient advises she is feeling good). As well, the candidate sounds judgemental about the patient's living arrangements and assumes the patient is lonely (i.e. <i>'I'm sorry to hear that you are living alone at your home'</i> ; <i>'...so that time you can get some relaxation and you are not feeling to live alone'</i>) while later acknowledging the patient's right to live alone.		
B Understanding & incorporating the patient's perspective (0 – 3)			
1	The candidate misses the patient's initial statement about taking her medicine regularly, and later asks the patient regarding this. There is some attempt to relate to the patient's difficulties with managing at home, but when the patient responds very negatively to the idea of physiotherapy, the candidate allows the idea to drop ('OK'), whereas it would have been an ideal opportunity to explore why she felt that way.		
C Providing structure (0 – 3)			
1	The candidate utilises some signposting to structure the interaction and highlight important information (e.g. <i>'Could you please tell me...?'</i> ; <i>'I also give some instructions for you, such as...'</i> ; <i>'I think that will be more benefit to you...'</i>). Logical sequencing is disrupted from time to time (e.g. by the candidate's focus on the patient's living arrangements). The candidate makes a brief summary (i.e. <i>'So once again, I assure you that if you follow my instructions regarding your medication, exercises and all, your problems will be resolved immediately'</i>) but this is not entirely logical because the candidate does not offer advice on medication and very little on exercises (apart from suggesting a physiotherapist, which the patient rejects).		

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 5, Assessor scores / comments:

D Information gathering (0 – 3)	
1	This is done partially effectively; although there are attempts to demonstrate some of the indicators, they are not always done well. The interlocutor launches into details of the problem before the candidate has an opportunity to ask. Despite this, the candidate begins her questioning in open format (i.e., <i>'How are you feeling now?'</i>) but proceeds quickly to closed questioning (i.e. <i>'Are you taking your medication regularly?'</i> ; <i>'Do you do any exercise regularly?'</i>). She does, however, follow this with a further open question (i.e. <i>'How you have been coping at your home?'</i>). The candidate demonstrates active listening through verbal encouragement (e.g. <i>'Right'</i> ; <i>'OK'</i>). Further clarification of the patient's burden with household chores and her living arrangements would have helped avoid the candidate's presumptions that the patient is lonely.
E Information giving (0 – 3)	
1	The candidate does not establish the patient's prior knowledge. She does make some effort to ensure patient understanding (e.g. <i>'Are you getting me?'</i> ; <i>'Are you clear?'</i>) and to encourage patient reactions/feelings (e.g. <i>'If you are interested...'</i> and <i>'I hope you have got a clear idea regarding whatever I have explained, isn't it?'</i>), however this is not always skilfully delivered and can seem somewhat automatic, making it only partially effective.

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 6, Page 1 of 6



– CANDIDATE



– INTERLOCUTOR



[00:00:00.45]

Good afternoon.

[00:00:01.29]

Good afternoon nurse.

[00:00:02.37]

My name is Shari. I'm one of the community health nurse here. How are, eh, what brings you here today?

[00:00:09.78]

Ahh, actually, I used to spend most of my time at home. And I live alone, ah, but because I was suffering from pneumonia, that's why I have to spend some time in hospital. So today I just come to the health centre for a scheduled review.

[00:00:27.10]

Okay.

[00:00:28.52]

So I'm here for the review and all that.

[00:00:30.82]

Okay let me know, how may I call you?

[00:00:33.57]

My name is Bhubendir.

[00:00:35.07]

Okay Bhubendir. Let me...[6 sec pause] Can you tell me are you taking, eh, this, eh, all your medication currently?



NURSING

Candidate sample roleplay script 6, Page 2 of 6



– CANDIDATE



– INTERLOCUTOR

[00:00:46.86]

Huh. The doctor which the doctor has prescribed me, I'm taking it honestly. I'm taking the antibiotics three times a day with meals and aspirin one once in a day.

[00:00:58.72]

Okay. What about your exercise? Are you doing any regular exercise?

[00:01:03.22]

Ah, regular exercise... Anyway I'm going to shopping mall by myself, eh, with my shopping trolley. And I think there's an exercise that I'm doing and all that.

[00:01:12.76]

Okay. Try to take exercise, erm, in your, at least in your room, you can try to walk 15 minutes per day. Right?

[00:01:20.10]

Okay.

[00:01:21.22]

So that it will be helpful for you. Otherwise, I will arrange some physiotherapy. Eh, the one who will support you.

[00:01:29.01]

Okay.

[00:01:31.69]

Then, eh, what about your, ah, how are you do how you are doing at coping at your at home?

[00:01:37.72]

Coping is manageable. I usually cook and eat whatever I want and all that. Ah, but yes, housework is a bit of burden to me, especially when when coming down to washing the clothes and clean the house.



NURSING

Candidate sample roleplay script 6, Page 3 of 6



– CANDIDATE



– INTERLOCUTOR

[00:01:53.96]

What about your diet? Are you taking any... are you following any diet?

[00:01:58.99]

I think I'm taking the usual diet and all that.

[00:02:02.93]

Okay. The, for cleaning is your problem, right?.

[00:02:07.43]

Now I'm feeling bit bit heavy on my shoulders, while going for you can say cleaning the house and the washing the clothes.

[00:02:16.20]

Okay. If you want, I will arrange some person to, eh, cleaning your home that will be easy for you. Right?

[00:02:22.95]

But but how how often he he will help me out?

[00:02:27.57]

The person who is, eh, eh, the, who, the person who is visiting your home, he will be do the homework daily.

[00:02:35.17]

Okay. Will he will be able to cook the food as well?

[00:02:40.33]

Yes, of course. If you want, they will cook the food also.

[00:02:44.46]

Okay.

[00:02:45.40]

It will be easy for you, right?



NURSING

Candidate sample roleplay script 6, Page 4 of 6



– CANDIDATE



– INTERLOCUTOR

[00:02:47.08]

Right.

[00:02:48.64]

So I will arrange some person for cooking and all.

[00:02:52.96]

So at what time he's he's he will be coming to the home?

[00:02:57.85]

He will be come at morning.

[00:02:59.98]

In the morning.

[00:03:00.58]

Yeah. There's some person they can stay in if you want they will stay in your, eh, home also.

[00:03:07.12]

Okay.

[00:03:08.05]

So it will be regular in home support and care service subsided by the local council.

[00:03:12.73]

By the local council.

[00:03:13.57]

Yes, of course. Is there anything may I help with you?

[00:03:17.89]

I think I think this is going to solve my problem.



NURSING

Candidate sample roleplay script 6, Page 5 of 6



– CANDIDATE



– INTERLOCUTOR

[00:03:20.40]

Yes, of course.

[00:03:21.25]

To an extent.

[00:03:22.45]

Of course.

[00:03:23.46]

But do do do you think that I am recovering from my my pneumonia now?

[00:03:29.07]

Yes. You you should take this medication on proper time according as per your doctors order. It will be antibiotics, ah, th, ah, ah... three times per day with meals and aspirin one times per day. This antibiotics will, eh, give you to recover from pneumonia so it will prevent infection. Yeah.

[00:03:48.52]

So any any dietary changes you want to recommend to me?

[00:03:52.64]

Yeah. As you told me, you are taking a good diet, right? But then that try to take more pl, eh, more, eh, soft diet like fresh vegetables, fruits.

[00:04:02.41]

Okay.

[00:04:02.76]

Try to take this and, ah, drink plenty of water.

[00:04:07.19]

Is there need to see the doctor?



NURSING

Candidate sample roleplay script 6, Page 6 of 6

“ ”



– CANDIDATE

“ ”



– INTERLOCUTOR

[00:04:10.33]

Yeah. Regular check-ups should be anyway. Is there no?

[00:04:12.93]

Okay.

[00:04:13.41]

Yes, you need to. So far we discussed about these your medications and all.



NURSING

Candidate sample roleplay script 6, Assessor scores / comments:

Sample:	SNUR1_Sample6	Profession:	Nursing
Role play	2		
Intelligibility (0 – 6)			
5	The candidate is easily understood. Communication is not impeded by a few pronunciation or prosodic errors (e.g. jerkiness in rhythm: <i>'Can you tell me... Are you taking...?'</i>) or a noticeable L1 accent. There is only minimal strain for the listener and only around several sounds e.g. non-standard vowel sounds in <i>'water', 'want'</i> etc.		
Fluency (0 – 6)			
4	There is an uneven flow, with some repetition, especially in longer utterances (e.g. <i>'Then what about your how are you do how you are doing coping at home?'</i>). There is also some evidence of searching for words, but this does not cause serious strain (e.g. <i>'It will be antibiotics er er er three times per day...'</i>). Delivery is rather staccato with fast chunks and sudden unexpected pauses (<i>'Let me... [6 second pause] Can you tell me',</i>).		
Appropriateness of language (0 – 6)			
4	A generally appropriate register and lexis for the context is used, but the language is somewhat lacking in complexity, indicating limitations. Lapses are not intrusive, although at one point, through the use of the term <i>'otherwise'</i> , she seems to suggest that physiotherapy is an alternative to exercise. The tone of voice is not very empathetic and tends to sound quite dismissive of the patient e.g. <i>'For cleaning is your problem, right?'</i>		
Resources of grammar and expression (0 – 6)			
4	The candidate has sufficient resources to maintain the interaction. Inaccuracies in vocabulary and grammar have varying degrees of intrusiveness (<i>'He will be do the homeworks daily', 'He will be come morning.'</i>), with the frequency of error adding to the impact. However, the meaning is generally clear.		
A Relationship building (0 – 3)			
1	The candidate initiates the interaction appropriately (<i>'What brings you here today?'</i>) and by explaining her role in the patient's care. However, demonstration of the other indicators for this criterion are only partially effective. For instance, the use of <i>'Of course'</i> on several occasions comes across as rather dismissive, e.g. the patient states that they think home help will solve their problem, <i>'Yes, of course.'</i> - there is little empathy expressed either in tone or words.		
B Understanding & incorporating the patient's perspective (0 – 3)			
1	The candidate seems to be more task-focussed than patient-centred, and only minimally seeks to respond to the patient's question <i>'Do you think that I am recovering from my pneumonia now?'</i> with a dismissive <i>'Yes'</i> . Attempts to elicit the patient's perspective are very basic, e.g. <i>'Cleaning is your problem, right?'</i> She minimally incorporates some of what the patient says (<i>'As you told me'</i>) into her responses. Missed opportunities are noted, e.g. when the patient mentions that housework is a burden, the candidate simply fires another question to them about diet.		
C Providing structure (0 – 3)			
1	The candidate does not give sufficient definition to the stages of this interaction, jumping somewhat abruptly from point to point without signposting for the patient, e.g. a previously explored subject is returned to: from activities of daily living to the patient's diet – rather than preparing food – and back to activities of daily living. She uses some basic labelling (<i>'You should take this medication...'</i>) and some very simple sequencing (<i>'Otherwise, I'll arrange...'</i> - even though this is not semantically appropriate).		
D Information gathering (0 – 3)			
1	There is little evidence of active listening. The candidate is very focussed on asking questions but in terms of questioning techniques, there are some limitations. The roleplay requires an assessment of how the patient is currently managing. By beginning with a closed question (<i>'Are you taking your medication correctly?'</i>), the candidate misses a prime opportunity. Related to the diet, the patient replies that he is on <i>'the usual diet'</i> ; this should have been clarified further. The candidate often asks an open question immediately followed by a closed one (<i>'What about your exercise? Are you doing any regular exercise?'</i>). This pattern becomes rather repetitive.		

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.



NURSING

Candidate sample roleplay script 6, Assessor scores / comments:

E Information giving (0 – 3)	
0	This criterion is not demonstrated effectively. A few times, the candidate encourages the patient to respond to suggestions e.g. re the help cooking, <i>'It will be easy for you, right?'</i> but it is very basic, e.g. <i>'Try to take exercise, erm, in your, at least in your room, you can try to walk 15 minutes per day. Right?'</i>. There is one instance noted of discovering what further information is needed, but it is awkwardly delivered, i.e. <i>'Yes, of course. Is there anything may I help with you?'</i>. There is no final check to conclude, as time is called to end this sample; and the lack of checks here and throughout the role play therefore impact the score.

* These scores were provided as a training example for this candidate's response to a particular role-play card. Copying the language used in response to a different role-play card will not produce the same scores and is strongly discouraged.

Glossary of testing/teaching terms

Advice or information letter

a letter, typically to a lay person (e.g., the patient, the patient's relative), which provides further details about aspects of their treatment or condition

Answer sheet

there is no separate answer sheet in OET Listening and Reading; candidates write their answers directly into the question booklet. In OET Writing, candidates write their answers in an answer booklet of lined paper which is separate to the case notes booklet.

Computer based testing tip:

On Computer, candidates type their answers into the spaces provided on the screen as they listen/read.

Assessor

assessors are trained to assign a score to a candidate's performance using analytical criteria (Speaking and Writing) or an answer key (Listening and Reading)

Authentic sources

texts from a real-world healthcare scenario, e.g. informational leaflets found in hospitals, television programmes filmed in healthcare clinics, etc.

Band score

a range of values within fixed upper and lower limits

Clarification

an explanation or more details that makes something clearer or easier to understand

Clarity

the quality of being clear and easy to understand

Coherence

language which is coherent is well planned and clear, and all the parts or ideas fit well so they form a united whole.

Collocation

the combination of words formed when two or more words are often used together in a way that sounds right, e.g. a successful operation, a severe headache

Conciseness

the quality of being short and clear, and expressing what needs to be said without unnecessary words

Conversational fillers

a word or sound filling a pause in an utterance or conversation, e.g. um, right

Criterion

one standard by which something is judged, e.g. one assessment criterion used by the assessors to judge a candidate's writing or speaking [plural: criteria]

Decode

to understand the meaning of a word or phrase in a foreign language in the correct way

Discourse

written or spoken communication

Extract

a particular part of a longer piece of work that is chosen so that it can be used in a discussion, article, etc.

Expeditious reading

quick reading of a text, often by using skimming and scanning techniques to locate specific information

Gap-filling item

any type of item which requires the candidate to insert some written material – letters, numbers, single words, phrases, sentences or paragraphs – into spaces in the text.

Genre

language produced according to a particular model or style

Gist

the central theme or meaning of the text

Impeding error

an error which prevents the reader from understanding the word or phrase

Intelligibility

the quality of being possible to understand

Interlocutor

the person who takes the role of the patient or relative of the patient in the Speaking test

Item

each testing point in a test which is given a separate mark or marks

Key

the correct answer to an item

Layout (of a letter)

the standard conventions by which a letter is arranged on the page

Lexical

adjective from lexis, meaning to do with vocabulary

Lozenge

the circle around the answer option which candidates must shade in to indicate their answer to a multiple-choice question

Computer based testing tip:

On computer, candidates will click the answer they select to be correct.

Multiple-choice

a task where candidates are given a set of several possible answers of which only one is correct

Opening and closing formulae

the expressions that are usually used to open and close letters, e.g. Dear Dr Jefferson... Yours sincerely...

Glossary of testing/teaching terms

Options

the individual statements in the set of possible answers for a multiple-choice item

Paraphrase

to give the meaning of something using different words

Phrasal verb

a verb which takes on a new meaning when followed by a certain preposition or adverb (e.g. put on, give up)

Pretesting

a stage in the development of test materials at which items are tried out with representative samples from the target population in order to determine their difficulty

Purpose

the reason for doing something, e.g. writing a letter to a healthcare professional, understanding why an action has been taken from an audio recording

Referencing

the technique of using 'referents'

Referent

a word or term that refers to another person, place, etc.

Referral letter

a letter to introduce a patient to another health professional or carer

Register

the tone of a piece of writing. The register should be appropriate for the task and target reader, e.g. the Writing task is written in a formal register

Rhetorical/stylistic devices

techniques used in a text to achieve a particular effect

Scanning

to look through a text quickly in order to find a piece of information or to get a general idea of what the text contains

Skimming

to read or consider something quickly in order to understand the main points, without studying it in detail

Stimulus material

the case notes which candidates use to produce their letter in the Writing test and the role play cards which candidates use to maintain the conversation in the Speaking test

Style

a property of a text which may be neutral, formal, informal, etc.

Target reader

the intended recipient of a piece of writing. It is important to ensure that the effect of a written task on a target reader is a positive one

Transfer letter

a letter to accompany a patient who is moving from one kind of (residential) care to another kind, e.g. from hospital care to rehabilitation

Glossary of healthcare/ workplace terms

Acute

an acute pain or illness is one that quickly becomes very severe

Addiction

an inability to stop doing or using something, especially something harmful, e.g. drug use, gambling

Aggravate

to make a disease worse

Allergen

a substance that can cause an allergy (= condition of the body reacting badly to something) but is not harmful to most people

Allied health professional

allied health professionals (e.g. physiotherapists, dietitians, podiatrists) provide complementary care to patients in conjunction with recommendation from their physician

Ambulant

able to walk around

Analgesics

a type of drug that stops you from feeling pain

Anaesthesia

the condition of not feeling pain, usually through the use of special drugs

Ante/post-natal

before/after birth

Antibiotics

a medicine or chemical that can destroy or limit harmful bacteria in the body or limit their growth

Briefing

information that is given to someone just before they do something, or a meeting where this happens

Chronic

(especially of a disease or something bad) continuing for a long time

Comatose

in a coma

(Community) clinic

a (community) building or part of a hospital where people go for medical care or advice

Comorbidity

the fact that people who have a disease or condition also have one or more other diseases or conditions

Compliance

the act of obeying an instruction, prescription or request

Complications

an extra medical problem that makes it more difficult to treat an existing illness

Condition

any of different types of diseases

Conscious

awake, thinking, and knowing what is happening around you

Consent

permission or agreement to do something, e.g. physical examination

Consultation

a meeting with a doctor who is specially trained to give advice to you

Contraindication

a sign that someone should not continue with a particular medicine or treatment because it is or might be harmful

Deteriorate

to become worse, e.g. the patient's condition

Diagnose

to recognize and name the exact character of a disease or a problem, by examining it

Discomfort

a feeling of being uncomfortable physically or mentally, or something that causes this

Dosage

the amount of medicine that you should take at one time

Elective surgery

chosen but not necessary, e.g. hip replacement surgery

Exacerbate

to make something that is already bad even worse

Febrile

caused by a fever

Handover

the act of giving responsibility for a patient or patients to another person, or the period during which this happens

Incision

an opening that is made in something with a sharp tool, especially in someone's body during an operation

Infection

a disease in a part of your body that is caused by bacteria or a virus

Inflammation

a red, painful, and often swollen area in or on a part of your body

Injury

physical harm or damage to someone's body caused by an accident or an attack

Glossary of healthcare/ workplace terms

Intervention

a type of medical action which is taken to improve a situation or prevent it from getting worse, e.g. prescription of medication

Guidelines

information intended to advise people on how something should be done or what something should be

Lifestyle

someone's way of living, which in a medical context includes the choices they make in relation to diet, exercise, alcohol, smoking, etc.

Malnutrition

physical weakness and bad health caused by having too little food, or too little of the types of food necessary for good health

Management

the activity of controlling or dealing with a patient's condition in a way that is effective

Mobility

the ability to move freely or be easily moved

Neglect

to fail to give needed care or attention to someone

Nutrition

the substances that you take into your body as food and the way that they influence your health

Objective

based on real medical facts and not influenced by personal feelings or beliefs

Policy (document)

a set of ideas or a plan of what to do in particular situations that has been agreed to officially by a group of people or a workplace

Prognosis

a doctor's judgment of the likely or expected development of a disease or of the chances of getting better

Prosthesis

an artificial body part, such as an arm, foot, or tooth, that replaces a missing part

Rehabilitation

the process of returning to a healthy or good way of life after illness or injury

Relapse

to become ill again, after making an improvement

Relieve

to make an unpleasant feeling, such as pain or worry, less strong

Responsive

able to be improved or cured by a treatment

Resuscitation

the act of bringing someone back to life

Self-care

the act of caring for yourself when you are ill or to stop yourself from becoming ill, e.g. through meditation, proper nutrition, sleep and rest

Social Worker

a person who is trained to help people who are at a mental, physical, economic, or social disadvantage

Stable

a condition which is not likely to change

Subjective

influenced by or based on personal beliefs or feelings, rather than based on facts

Symptom

any feeling of illness or physical or mental change that is caused by a particular disease

Trauma

(a) severe injury, usually caused by a violent attack or an accident

Trigger

to cause something to start especially in relation to allergies

Unconscious

in the state of not being awake and not aware of things around you, especially as the result of a head injury

Vaccine

a substance containing a virus or bacterium in a form that is not harmful, given to a person to prevent them from getting the disease that the virus or bacterium causes

Viral

caused by a virus

Vital signs

signs that show the condition of someone's health, such as body temperature, rate of breathing, and heartbeat

Ward

one of the large rooms into which a hospital is divided, usually with beds for patients

Welfare

physical and mental health and happiness, especially of a person

Key hospital departments

Anaesthetics – pain services

Breast screening – mammogram examinations

Cardiology – heart and circulation

Chaplaincy – spiritual and pastoral wellbeing of patients, relatives and staff

Ear, Nose and Throat – also covers head and neck

Elderly – geriatric medicine

Emergency – ambulance or walk-in cases

Gastroenterology – bowel

General surgery – both day and more involved surgical procedures

Gynaecology – female urinary and reproductive health

Haematology - blood

Intensive care (Critical care) – severe and life-threatening illnesses and injuries

Maternity (Obstetrics) – antenatal and postnatal care

Microbiology – bacterial and viral infections

Neonatal – intensive, high-dependency and special care for newborns

Nephrology (Urology) – kidney (renal)

Neurology – nervous system

Nutrition and dietetics – specialist advice on diets

Occupational therapy – support for living with physical or mental impairments

Oncology – cancer

Ophthalmology – eyes

Orthopaedics (Rheumatology) – musculoskeletal system

Outpatient – including preventative and promotive health care, e.g. diabetic clinics, and rehabilitations services, e.g. physiotherapy

Pain management – long-term pain management

Pharmacy – drug-based services

Physiotherapy – therapy, exercise and manipulation

Radiology (Diagnostic imaging) – X-ray, ultrasound, CT, MRI and other types of imaging

Sexual health (Genitourinary medicine) – family planning care

Common medical abbreviations/acronyms

ADLs

activities of daily living

A&E/ ED

Accident & Emergency/
Emergency Department

b.i.d./ bid

twice per day

BMI

body mass index

BP

blood pressure

bpm

beats per minute

COPD

chronic obstructive
pulmonary disease

CVD

cardiovascular disease

DOB

date of birth

ECG/ EKG

electrocardiogram,
electrocardiograph

GP/PCP

a doctor who provides
general medical
treatment for people who
live in a particular area

HTN

hypertension (high
blood pressure)

ICU

intensive care unit

IM

intramuscular

IV

Intravenous

mane

morning

mcg

microgram

MI

myocardial infarction
(heart attack)

mmol

millimole

N/A

not applicable

n.b.

note well

nocte

night

N&V/ N/V

nausea and vomiting

NG

naso-gastric

OT

occupational therapy

OTC

over the counter (non-
prescription medication)

PO

oral

p.r.n.

as needed

q

every

q.h.

every hour

q.2h./3h.

every 2 hours/ 3 hours

q.i.d.

four times a day

Common medical abbreviations/acronyms

RA

rheumatoid arthritis

RBC

red blood count

ROM

range of motion

SOB

shortness of breath

stat

immediately

t.d.s.

three times a day

US

ultrasound

UTI

urinary tract infection

WBC

white blood count

y.o.

years old

?

possible/maybe/
suspected/tentative

↑

increased/raised

↓

decreased/reduced/
lowered

→

caused/ led to/ resulted
in

←

caused by/ resulted from

+ / ++

present/ increased
presence

-

absent

Four Common mistakes made by candidates

1

As a qualified (or undergraduate) healthcare professional, working (or studying) within a healthcare environment, candidates often mistakenly believe that they will be able to achieve the OET scores they require for registration without additional study and minimal preparation. While this is understandable, candidates who believe this have failed to consider the high-stakes nature of language testing and the quality checks which sit behind it from a regulator's perspective. The healthcare thread between their professional experience and the test contents will make the test feel accessible but, like any test, candidates should take time to understand the format, complete practice tests and work to improve any weaknesses in their language skills before making their test application.

2

Being a healthcare test which aims to mimic real life scenarios, candidates can forget the need to prove English language proficiency is the purpose of the test. This can lead to errors in answering Listening or Reading questions or deciding how to approach a Speaking or Writing task. Candidates who attempt to use their own knowledge to answer questions will find that they lose marks for these answers because the test has been carefully designed to avoid this being a possibility. Spoken and written answers equally need to demonstrate the assessment criteria to a high standard, which may require more thought about the selection of information to communicate and how to communicate it than if the function were solely to pass on medical details.

3

A number of candidates enter the test room without a clear understanding of how to correctly record their answers on the various test papers. This may arise due to their previous test-taking experience with other test formats or because they have not paid close enough attention to the instructions provided on the front of all official OET sample test papers and the test papers they are given in the test room. Each test requires candidates to follow the instructions given about recording their answers so it's important that candidates are familiar with how to do this before entering the test room and to make use of the time given to them in the test room to remind themselves of these instructions so they do not lose marks unnecessarily. Common mistakes include not correctly completing answers, for Reading and Listening Parts B and C which are computer-marked and require candidates to shade in pencil the lozenge containing the correct answer option.

4

Any Internet search related to OET is likely to reveal a number of search entries suggesting 'tricks' to acing the test. While learning test tips and strategies is an important part of test preparation, this alone cannot equal good language skill preparation. Candidates should not waste time on content which suggests that there are 'tricks' to being successful in OET. Test validity means that there is no factual basis to such content, e.g. there isn't a pattern to multiple-choice answers that sees each letter used a similar number of times. Candidates need encouragement to avoid wasting time on such 'silver bullets' which are not going to set them up for success.

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