

This booklet of graded samples is to assist you to feel more confident about what the assessors are looking for when scoring your speaking. The samples were all provided by real candidates, who were completing [sample test 5 from the OET website](#) for the first time.

Here are some ways you can use this booklet:

1.

Before you read any further, close the booklet and record yourself completing the role play for sample test 5 with a teacher, friend or colleague. Then, as you start listening to the different candidate recordings and assessor comments, you can try to decide where yours fits using these questions:

- Is your role play performance stronger or weaker than each audio included for your profession?
- Do the strengths and weaknesses mentioned in the assessor comments match your role play recording?
- Which criteria might you need to improve?

2.

Focus on each assessment criterion in turn. Listen to the relevant sections that cover this criterion in all the role plays for your profession and the assessor comments. Can you understand what has impacted the positive comments?

3.

Listen to the audio that is at the grade you are aiming for in your test. What has this candidate done differently to what you usually do in a role play? Use the assessor comments for this audio as a checklist of things you can try to include in your next role play OR re-attempt the role play, trying to match all of the things the assessor praised.

4.

Learn from the other OET professions. While you may be less familiar with the healthcare scenarios the other healthcare professionals were discussing, you can still learn from how they covered the assessment criteria.

5.

Compare the assessor comments for all the audios in the booklet receiving the grade you are aiming for. Notice how all the role plays have different strengths and weaknesses. There isn't one perfect way to complete a role play that receives a high grade. Instead, a candidate will receive a high grade if both role plays meet the [assessment criteria](#) at the right bands. (Test-takers securing grade B will have achieved scores of 5 out of 6 for the linguistic criteria and 2 out of 3 for the clinical communication criteria.)

Remember, the assessor comments are for this individual role play. The questions, descriptions and language the candidates chose were based on this role card. Success in OET Speaking comes from demonstrating good spoken communication for the individual situation given on the role card. You should not see these audios as templates that can be learned and repeated in your test. While they might contain good examples of language and structure, OET assessors can tell when candidates are repeating learned templates because the communication is not a good match for the role card.



Click this icon on the pages below to access the associated speaking test audio.



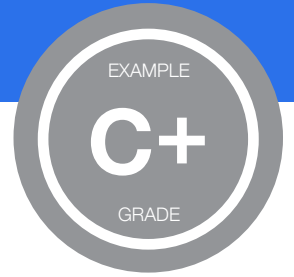
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Dentistry

Graded Speaking Sample

[Audio Transcript 1 of 4]



Interlocutor

Candidate

[00:00:01.53]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:09.66]

Yes, of course. Hi, Rebecca. Nice to meet you. Erm, I've heard that you have chipped your tooth. Could you tell me more about this?

[00:00:24.07]

Yes, that's right. So, last night I was just eating some walnuts and I heard a crack and a small part of one of my top teeth had broken off. And I've still got that bit of tooth, actually.

[00:00:38.35]

Okay. So you have the missing part of your tooth. It's er

[00:00:42.49]

Yes.

[00:00:42.91]

It's fantastic. Okay. Um did you have any pain?

[00:00:49.84]

No.

[00:00:50.26]

After this event?

[00:00:50.53]

No



Dentistry

Graded Speaking Sample

[Audio Transcript 2 of 4]

Interlocutor

Candidate

[00:00:50.53]

No pain? Er, have you got sensibility when you drank cold water, maybe?

[00:01:01.39]

No, no, nothing like that.

[00:01:04.48]

Okay, that's fine. Firstly, er I need to do an X-ray. Is that okay?

[00:01:11.68]

Yes, that's fine.

[00:01:13.75]

Okay. So the X-ray shows that this is er your upper right second molar called the 17th tooth. And it seemed that er fortunately, the fracture haven't reached the pulp chamber. So we can do er restoration. You don't need to have your tooth root canal treated, which is very important. Okay?

[00:01:51.87]

Yeah. Okay.

[00:01:53.97]

Did you heard about er restoration before?

[00:01:58.95]

Not really. To be honest, I still don't understand how I've I chipped my tooth from walnuts. I've eaten them so many times before. And this has never happened.

[00:02:10.23]

Yes, er usually it can happen when um the tooth is already weakened. It can be by an initial carious lesion. So that's why I will explain later that you er absolutely need to attend the clinic er every six month for having these regular checkups. Okay? Er so er let me tell you how the restoration works.



Dentistry

Graded Speaking Sample

[Audio Transcript 3 of 4]

Interlocutor

Candidate

[00:02:45.83]

Okay.

[00:02:47.42]

Okay. So first, er you know, it's a bonding procedure, so it's very important to isolate your tooth. Of course you will get er anaesthesia.

[00:03:01.34]

Mm hmm.

[00:03:02.00]

Firstly, I need to roughen the tooth surface. Then I will applicate an adhesive material and then um shaping your tooth and hardening with ultraviolet light. Um does it make sense to you?

[00:03:21.35]

Yes, I think so. That all sounds clear. Thanks.

[00:03:25.13]

Okay. Um then I should um advise you just to avoid chipping your teeth in the future. I invite you er to attend our clinic every six month so oral hygienist can do this regular check-ups. When was the last time when you er have been um in our clinic?

[00:04:02.20]

So, I've been seeing the hygienist probably every couple of years.

[00:04:08.14]

Okay

[00:04:08.37]

And I brush twice a day and I use mouthwash. So I kind of thought that was enough. I don't need to come every six months.



Dentistry

Graded Speaking Sample

[Audio Transcript 4 of 4]

Interlocutor

Candidate

[00:04:17.95]

And are you flossing, too?

[00:04:20.50]

No, I don't find that very easy.

[00:04:23.86]

Okay, er so er you are brushing your teeth twice a day. Er You are using er mouthwash, but you are not flossing.

[00:04:34.06]

That's right.

[00:04:34.57]

Okay. You should absolutely introduce er in your um daily routine flossing twice a day, um because in the space between er one tooth and another, the toothbrush er can't reach the plaque. So it's a very important thing that carious lesions, forms usually between the two between two teeth on the surface where the two er teeth er um located OK where they meet where they touch. Okay?

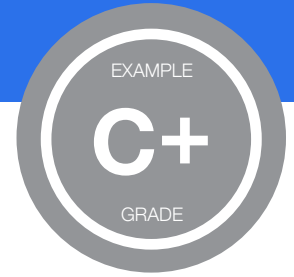
[00:05:20.29]

Yes. Thank you. That's the end of the test.



Dentistry

Graded Speaking Sample



Assessor comments:

The candidate is easily understood most of the time. Although most sounds are clear, there are some words which are mis-pronounced, e.g., 'chipped', 'chamber', 'anaesthesia', 'X-ray', 'lesion', and these cause momentary strain at times. The rate of speech is mostly appropriate, although there is a rather uneven flow, with many restarted phrases, and pausing with fillers such as 'um' and 'er' to locate the best word begins to be intrusive. The candidate converses in a friendly, formal tone and can adapt language to be appropriate for the patient, e.g., 'your upper right second molar called the 17th tooth'. Language is mostly accurate and although errors are noted, e.g., 'the fracture haven't', and 'sensitivity' not 'sensibility', they generally do not interfere with meaning. At times, vocabulary limitations become apparent, e.g., describing the gaps between teeth. The candidate doesn't introduce herself but begins with a warm greeting and the reason for presentation. She displays an attentive and empathetic attitude throughout. Where concerns are expressed by the patient, the candidate does not seem to pick up on them, e.g., the patient states that she doesn't need to come every six months, and that she does not find flossing easy, but neither of these opinions are explored. The dialogue is easy to follow and logically sequenced, with highlighting for emphasis, e.g., 'it's very important to isolate your tooth', and ample signposting to guide the patient to a new topic. The candidate begins with open-ended questions, and then moves to more targeted closed questions. Both active listening and summarisation are used well to invite confirmation of her own understanding, e.g., 'Okay, er so er you are brushing your teeth twice a day. Er you are using er mouthwash, but you are not flossing'. The candidate checks the patient's current understanding several times as well as before providing further explanation, e.g., 'Did you heard about er restoration before?'

**These comments were provided 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

Graded Speaking Sample 1

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:02.40]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:12.45]

Okay. Hello, sir. Hi, I'm Dr Corca. What's the reason that bring you here today?

[00:00:22.17]

Umm, well, I, you know, I woke up this morning and, umm, it's... I noticed there was something wrong with my back, just some some discomfort, so I'm just a little bit worried, you know? I could have damaged it or something. And that's why I've come to see you.

[00:00:41.83]

I see. I, um, can understand the (unintelligible) you can worried, but let's figure it out what happened. Where your discomfort is located exactly?

[00:00:52.86]

It's in the lower back.

[00:00:56.43]

Lower back. Do you have any pain on that, on the same side too?

[00:01:01.39]

No, it's not painful. It's just... I just feel like something's there.

[00:01:08.80]

Do you have the sensitivity in your lower leg? Your leg?

[00:01:16.81]

Do you mean... do I have some kind of pain in my leg as well?



Medicine

Graded Speaking Sample 1

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:01:21.60]

Pain or a loss of sensitivity.

[00:01:24.01]

Ah, right. No, it's all good. I don't have anything else wrong with me.

[00:01:30.46]

Did you have you, ummm, did you did any, ummm, any extra exercise or fall, anything can explain this, this pain, this discomfort?

[00:01:43.96]

Yeah. So, I went to my regular chair exercise class. So, I take these chair exercises classes - they help me with my walking because I use a frame, but nothing happened during the class really. It was all okay. I just noticed this when I woke up this morning.

[00:02:06.67]

Okay. Umm, maybe there are some overstretching of your muscle and ligaments, so an orthopaedic problem. Umm, but I think this is better to start a physical examination to confirm the diagnosis. So, ummm, I recommend some rest, so ummm, a week off, maybe one week off from exercise classes. Ummm, so no classes when you are feeling pain, not ignoring your pain. Is that okay for you?

[00:02:41.53]

Yeah, that sounds okay. But is it necessary to miss a whole week of class? I don't really have any pain.

[00:02:48.88]

So I think it's mandatory is necessary, ummm, because we can prevent some injuries and, umm, some stress over on your muscle and your ligaments. So, ummm... so it is important to take a good time for rest. Ummm, and maybe you can I can also recommend you some heat pack or some drugs like paracetamol or acetaminophen for the pain for the lower pain, the pain, to help you in this period, in this week. So, to diminish the inflammation or to nurse on your ligaments so.



Medicine

Graded Speaking Sample 1

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:33.91]

What's a heat pack?

[00:03:36.46]

Sorry?

[00:03:37.87]

What is a heat pack?

[00:03:39.55]

A heat pack? It's like a kind of, umm, (unintelligible) on your on your back pain to diminish in your...your pain your discomfort.

[00:03:53.11]

Right. And do you think that I should be going to exercises, exercise classes? Now, I'm wondering, is it...if I should just give it up because I don't want this again you know.

[00:04:06.40]

Exercise are important. So, I'm not recommending to you to not go anymore there. Ummm, but you can because it can improve your your posture or maintain your muscle strength. So, it is important to to do, umm, exercise classes. But in this particular case, ummm, you need some rest. So just you to start later on the exercise classes again. Umm, if you agree, I can start also the physical examination to confirm the diagnosis, so.

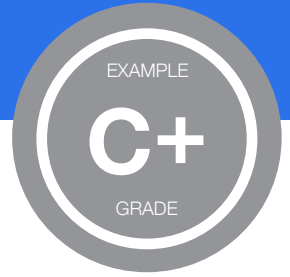
[00:04:43.54]

I think I'm okay to start the physical examination. Thank you. That's the end of the role play.



Medicine

Graded Speaking Sample 1



Assessor comments:

The candidate is easily understood; although most sounds are clear, occasional words are indistinct and mumbled, e.g., 'sensitivity', and stress and intonation are not always used well to enhance meaning, instead remaining rather flat. The rate of speech is mostly appropriate but there is an uneven flow, with many restarted phrases and some pausing with fillers such as 'um' begins to be intrusive. The candidate is mostly able to adapt language to be appropriate for the patient, e.g., 'maybe there are some overstretching of your muscle and ligaments, so an orthopaedic problem...', apart from being unable to explain what a heat pack was, indicating some limitations. Language is mostly accurate, and errors do not interfere with meaning, overall. Some lack of flexibility with vocabulary is noted, as some concepts are not expressed precisely, e.g., when establishing the nature and location of the pain/discomfort. Initial introductions are minimal, but the candidate quickly displays an attentive and empathetic attitude in her second turn, i.e., 'I see. I, um, can understand that you have been worried, but let's figure it out what happened...'. She also asks for the patient's consent to proceed with an examination. There is a simple response to the patient asking whether she should give up exercise classes but no exploration of that. The dialogue is easy to follow but there is very minimal signposting to guide the patient to a new topic. For instance, when the history-taking was complete, it would have been helpful to signal what was coming next. The candidate does not begin with expansive open-ended questions and continues with somewhat unclear follow-up questions about sensitivity. No active listening or summarisation is noted. The candidate checks the patient's reaction to her suggestion of pausing exercise class. However, other recommendations are not followed with the opportunity for the patient to check her understanding of the suspected issue or respond to the advice given regarding it.

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Medicine

Graded Speaking Sample 2

[Audio Transcript 1 of 4]



Interlocutor

Candidate

[00:00:01.55]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. And can you start the role play now, please?

[00:00:13.37]

Um, hello, I'm Dr... May I know your name?

[00:00:18.60]

Yes, it's Alex.

[00:00:21.09]

Okay, hi, Alex. So, can I know? What's the reason you're coming here today?

[00:00:26.85]

Yeah, I've just got a problem with my back. When I got out of bed this morning, I just felt this discomfort in my back, and I'm worried that I've done some damage.

[00:00:40.26]

Can you describe more about the discomfort? Is it really pain or like dull ache, something like that?

[00:00:48.12]

No, it's actually not really pain. It's just, it just feels uncomfortable. Like something's a bit off, but it's not painful.

[00:00:57.76]

And where is the discomfort exactly?

[00:01:02.21]

Down low, right down low in my back.



Medicine

Graded Speaking Sample 2

[Audio Transcript 2 of 4]

Interlocutor

Candidate

[00:01:06.92]

Okay. Does it mainly um, is it mainly located over the lower back and not spreading to other side of the places that your buttocks?

[00:01:16.11]

Yeah. Just. Just in my back. Lower back.

[00:01:19.79]

Okay. Um, so you said it was, the discomfort was after you were getting up from... you got up from your bed, right.

[00:01:29.17]

Yeah, that's right.

[00:01:31.27]

So, er... do you remember what's the posture... when you were you like trying to get up and back from some abnormal posture from your usual practice?

[00:01:44.26]

No, just the normal. Just the normal way. I mean, I don't have great mobility, but um yeah, just the normal way I get up.

[00:01:53.50]

And that was no other symptoms before you got that this morning, right?

[00:02:00.61]

No, I didn't feel any like I injured it or anything. I went I did go to my regular exercise class yesterday, but nothing happened. It was just I just felt it when I got out of bed today.



Medicine

Graded Speaking Sample 2

[Audio Transcript 3 of 4]

Interlocutor

Candidate

[00:02:14.14]

Okay. So right now, I'm suspecting you are having some mild back strain. It may be due to the overstretching of the muscles and ligaments over your back because of occasionally some posture problem or over exercising, or for example, very minor strain from your er...injury from getting up from bed this morning. So right now, I do need to do a physical examination on you to confirm my diagnosis and confirm there's no more serious conditions.

[00:02:45.29]

Okay.

[00:02:47.62]

Okay. So um, after the the physical examination right now, um, I think it's really like what I said, just likely to be a mild back strain. So right now, I recommend one week off exercise classes. They would teach you not to exercise when you're in pain, and they will teach you how to teach you not to ignore the pain with something like that.

[00:03:15.49]

Okay, but it's not really painful. So, I really don't want to miss my exercise class. I enjoy going to them, so I don't want to take time off from that.

[00:03:27.32]

And exercise actually is very good, but it's really important, you know, rest from exercise as well because it can help to prevent you from further injury strain. Right now, you're having a minor back strain. However, if you like, exercise in the wrong way, it will make it worsen like, it will become more serious conditions. So right now, taking a rest from exercise just one week should be okay. But of course, you can also use other things to help your conditions. For example, you can use some heat pads, you can use some analgesics such as Panadol, um, but right now you don't really have pain. It depends on your conditions.

[00:04:12.50]

Okay, I mean, I'm 86 now. So, you mentioned it could be due to something in the class. Maybe I should just give up those exercise classes. Perhaps it's becoming too dangerous for me to do that, that type of activity.



Medicine

Graded Speaking Sample 2

[Audio Transcript 4 of 4]

Interlocutor

Candidate

[00:04:28.92]

And I just mentioned this really important to have exercise. So of course, right now you because you have an acute injury. So, I suggest a week off. However, exercise is actually very good to your health. It will um, especially those exercise classes are held by, um... professionals, so they will teach you how to improve your posture. They will help you to maintain your muscle strength. Especially for elderly maintaining muscle strength is extremely important to help you, to help with your mobility, and it also help you to improve your mood. Actually, you get injured, you get to interact with different peoples, and of course, just doing the optimal amount of exercise is very important not to overdo exercise.

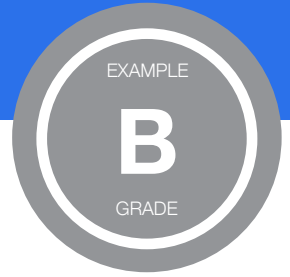
[00:05:15.72]

I'll follow that advice. Okay. Thank you. Thank you. That is the end of the role play.



Medicine

Graded Speaking Sample 2



Assessor comments:

The candidate is easily understood; sounds are generally clearly pronounced, with some minor momentary lapses, e.g., 'exercise', 'ache', and word stress and intonation are accurate. Speech is delivered at a normal speed, despite tending to be slightly staccato (short separate sounds). The candidate produces fluent chunks of language with only occasional repetition. The language used is pitched at the level of the patient, e.g., 'just doing the optimal amount', although the vocabulary used is simplistic at times, e.g., 'It depends on your conditions...'. Language is mostly accurate. Errors are not intrusive, as meaning usually remains clear. However, some imprecise use of language is noted, e.g., when initially asking about posture (*Do you remember what's the posture... when you were you like trying to get up and back from some abnormal posture from your usual practice?*). The initial reason for the visit is established early after introductions. There is some attempt to pick up on the patient's concern that exercise might be too dangerous for her now, but it is not a convincing response to the cue. No attempt is made to overtly link explanation to this voiced concern. The interaction flows logically overall. Some basic signalling of a change of topic or the next step is noted, with 'So, right now', although it is repeated throughout. There is some simple use of labelling, e.g., 'But of course, you can also use other things to help your conditions. For example...'. History-taking begins with open-ended questions and moves to more closed-style questions, which can be slightly confusing, for instance with some multi-pronged questions relating to the pain location, e.g., 'Does it mainly um, is it mainly located over the lower back and not spreading to other sites or places that your buttocks'. In addition, no active listening or summarisation is noted. The candidate does not invite the patient to respond to the suggestions or the information given or pause periodically to allow questions.

**These comments were provided 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

Graded Speaking Sample 3

[Audio Transcript 1 of 5]



Interlocutor

Candidate

[00:00:00.27]

All right. So, thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:11.07]

Yeah. Hello. What's your name?

[00:00:14.73]

Hi, I'm Alex.

[00:00:15.24]

Alex. Hi, I'm Dr. Ruet. Why did you come today?

[00:00:23.34]

Well, I just... when I got up this morning, I felt this uncomfortable feeling in my back, and I'm just worried that I've done some damage.

[00:00:34.32]

Okay. So, you feel that from today, yesterday, everything was fine?

[00:00:38.73]

Yeah, everything was fine yesterday. I just. When I got up this morning.

[00:00:43.05]

Okay, so can you locate the pain for me? Tell me exactly where it is.

[00:00:47.10]

Yeah, it's just right down the bottom here.



Medicine

Graded Speaking Sample 3

[Audio Transcript 2 of 5]

Interlocutor

Candidate

[00:00:50.91]

Okay. And it hurts more when you sit or when you walk, when you're doing activity or when you still.

[00:00:58.86]

It's actually not pain. I think it's just more a discomfort.

[00:01:04.97]

Okay. And when do you feel it more?

[00:01:08.82]

I guess it's the same feeling all the time.

[00:01:12.84]

Okay. You woke up with from the pain or with the pain?

[00:01:17.27]

I just noticed it when I got out of bed.

[00:01:20.55]

Okay. And it's getting worse since then?

[00:01:24.51]

No, not really. Just discomfort. And I'm just worried that I've damaged something.

[00:01:30.72]

Did you fall, or you got... You got any... you got any hit in this place?

[00:01:37.88]

No, no, no, no accident. I did go to my exercise class yesterday. My regular class. But nothing happened in that session. It was, it was just today, this morning.



Medicine

Graded Speaking Sample 3

[Audio Transcript 3 of 5]

Interlocutor

Candidate

[00:01:48.98]

But did you do any unregular, I don't know... postures or stretches yesterday during this class?

[00:01:58.16]

No, it's all normal activity. And I felt fine.

[00:02:02.90]

Okay. And you ever had this discomfort before?

[00:02:06.53]

No. First time.

[00:02:09.60]

It's actually it sounds like you just stretched your muscle a little. I would like to examine you for further, like... understanding. Is that okay?

[00:02:21.93]

Yeah, that will be okay.

[00:02:24.75]

But I'm going to do it afterwards because I can't do it from the computer. Um, so do you have any other diseases or any other, other medical issues?

[00:02:39.77]

No, no.

[00:02:41.90]

No. So, I advise you rest a little and you should warm the place, maybe take some longer a shower or a bath and rub the place with your hand. You can rub it the muscles around where you feel the discomfort. If the pain continue, you should take some painkillers. Um, don't overdo it, okay. You can take up to four times a day, and if it still goes on for a few days, you can take some physiotherapy classes.



Medicine

Graded Speaking Sample 3

[Audio Transcript 4 of 5]

Interlocutor

Candidate

[00:03:17.30]

Okay, so can I just keep going? Should I keep going to my regular exercise class?

[00:03:23.36]

So I think in the next few days not, okay, you should rest a little more, um, maybe...

[00:03:30.56]

But I don't really feel pain. So, I'd rather not...

[00:03:32.90]

Yeah, but the stretched muscle, you can get it worse, okay. You have to um, first of all, um wait... I forgot the word, but um, you have to rest a little and make this muscle go back to its usual um... feeling, before you stretch it even more and you can hurt the surrounding of this area. Um, so I recommend you do um, wait a few more days until you go back to your regular exercise.

[00:04:13.46]

Okay. I'm 86. I wonder, should I just give up exercise altogether? Maybe it's too dangerous for me now.

[00:04:22.13]

I think. I think you should, actually... um, oh I'm forgetting all my words, you should adjust the exercise that you're doing to your age. But it is important for you to actually exercise and walk a little and stretch your muscles. It is important. Don't sit at home. It's not good.

[00:04:45.19]

I'll follow that advice then and just take a break now, and then go back.

[00:04:48.67]

Yeah, um, but you should be aware of your abilities, okay? You're not as you used to be 60 years ago. But, yeah, you should go out. You should exercise. How's your mood?

[00:05:09.28]

Yeah. It's all, it's all fine, that all sounds manageable then. Thank you, Doctor.



Medicine

Graded Speaking Sample 3

[Audio Transcript 5 of 5]

Interlocutor

Candidate

[00:05:15.40]

Okay.

[00:05:17.11]

Thank you. That is the end of the first role play.



Medicine

Graded Speaking Sample 3



Assessor comments:

The candidate has clear and accurate pronunciation, as well as using word emphasis well to enhance meaning, e.g., 'You woke up ... from the pain or with the pain?' Speech is delivered at a natural pace, with occasional pausing to locate a word and some restarting of phrases. Language is adapted flexibly to be at the patient's level, e.g., 'It sounds like you just stretched your muscle a little...'. A wide range of accurate structures is used and errors do not impact meaning, e.g., 'You got any... you got any hit in this place?', but there are some vocabulary gaps apparent, as noted by the candidate, e.g., 'I think. I think you should, actually ... um, oh I'm forgetting all my words...'. Simple introductions establish the reason for the consultation, (*Why did you come today?*) and the candidate later asks permission to examine the patient, but otherwise there is not much more attempt to show empathy, beyond tone of voice. When the patient expresses concern (regarding being worried that she has 'damaged something', about missing exercise classes, and then querying whether they are too dangerous) they are only minimally addressed and somewhat dismissed. The interaction is well-sequenced overall, from history-taking to suggestions and advice, although there is little to overtly shape the dialogue, such as signposting to signal changes in topic or organisation techniques such as highlighting information. The history taking is not graded from more open-ended questions to more targeted yes/no type questions, and compound questions are used relating to the triggering activity, e.g., 'And it hurts more when you sit or when you walk, when you're doing activity or when you still?'. The candidate only attempts to check the patient's response to the advice and recommendations provided once, i.e., 'Yeah, um, but you should be aware of your abilities, okay?'.

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Medicine

Graded Speaking Sample 4

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:01.68]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:11.04]

Hello, Alex. I am Dr. Patel. What has brought you in today?

[00:00:16.32]

Hi, Doctor. I just have done something to my back. When I got out of bed this morning, I felt this like a discomfort in my back. And I'm worried that I've damaged it.

[00:00:30.87]

I'm so sorry that you're concerned about a possible injury to your lower back. Could you please describe this problem or this discomfort that you're experiencing in your lower back to me in more detail?

[00:00:47.52]

Yeah, it's just when I got out of bed this morning, just as usual, I felt this... it's not pain, just a slight discomfort down low, like in the bottom of my back. But, um, yeah, it was just a normal action for me, just getting out of bed.

[00:01:07.20]

Have you experienced any injuries or any, like injuries pertaining to exercise or lifting something heavy or any cause that may have caused the onset of this lower back pain?

[00:01:25.73]

No, just everything was as normal. No injury. I did go to my exercise class yesterday, my regular chair exercise class, but nothing happened in that session. It was just when I got out of bed this morning, I felt something.

[00:01:41.90]

Did you try to lift the chair in your exercise class?



Medicine

Graded Speaking Sample 4

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:01:46.22]

No.

[00:01:49.74]

Um, I think that you may have a possible mild back strain, which is usually due to over-stretching of the muscles or ligaments. But it's not really a cause to be worried about or to be concerned about. I would recommend one week of exercise classes where you're not exercising when, when you're in pain. But do not ignore the pain. I would say that you take a week off from exercise because that way it will allow you to recuperate and heal those muscles or ligaments that you overstretched.

[00:02:31.40]

I love my exercise class and really, it's not I'm not in any pain. I really don't want to miss a week of my classes. Do you think that's really necessary?

[00:02:41.75]

I'm so sorry. I know it's very important for you. It's the exercise regimen is part of your daily routine. But to prefer further injury or strain on the muscles, I recommend that you need time off to recover and then you could gradually start back into your exercise regimen. I further recommend that to relieve the pain or the discomfort you're feeling in your back to use a heat pad. And I, and I will prescribe you... and you can also take over-the-counter paracetamol or acetaminophen to relieve the pain. Do you follow what I'm saying?

[00:03:26.06]

Um, what was acete... what was that drug?

[00:03:28.82]

Acetaminophen is like Tylenol over the counter, Tylenol, or paracetamol.

[00:03:37.37]

Okay. um, you know, maybe, I'm 86. You know, perhaps it was from the exercise class. Maybe I should just stop going to the exercise class altogether. It might be too dangerous for me.



Medicine

Graded Speaking Sample 4

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:50.84]

No, please do not do that. I understand your concerns, but I... the benefits of going to your exercise class. There are more benefits of going to your exercise class. Not only does it improve your posture, but it also maintains your muscle strength and boosts your energy along with your mood, and it also improves your social interaction with other people. The only advice I give you is not to overdo exercising. Be aware of your own limits, but do you have any further questions or any concerns?

[00:04:32.10]

No. I think I'll follow your advice. That makes sense.

[00:04:36.75]

I'm really concerned about the discomfort in your lower back. I hope that you take some time off and allow it to recover. And I would also like to perform a physical examination, if that is okay with you.

[00:04:53.28]

Yeah, that's fine.

[00:04:57.53]

Do you have any more questions or concerns about your lower back pain that you're experiencing or the recommendations that... on the recommendations that I have provided?

[00:05:10.25]

No, that's all clear. Thank you. Thanks for your time, Dr. Thank you. That's the end of the role play.



Medicine

Graded Speaking Sample 4



Assessor comments:

The candidate has very clear and accurate pronunciation, with natural use of intonation and stress to emphasise key words, e.g., *'be aware of your own limits'*. Speech is fluent throughout, and the candidate can produce long turns without needing to rephrase or restart their ideas. The rate of delivery is considered and neither too fast nor slow. The candidate shows flexibility to use an appropriate blend of slightly formal language (e.g., *'that may have caused the onset'*), as well as less formal (e.g., *'Do you follow what I'm saying?'*). Flexible and accurate control of a wide range of grammatical structures and vocabulary is demonstrated. After simple introductions, the candidate establishes immediate rapport and is very attentive to her patient's issues, expressing empathy very naturally at several points, e.g., *'I'm so sorry. I know it's very important for you'*. The concerns of the patient are explicitly noted and explored, e.g., *'I'm so sorry that you're concerned about a possible injury to your lower back'*. Later, when the patient expresses concern regarding pausing exercise, this is acknowledged before further explanation is given. The candidate steers the interaction in a logical order. Some repetition of phrases gives a certain structure to discrete sections, e.g., *'I recommend... I further recommend...'* Highlighting is used, e.g., *'The only advice I give you is not to overdo exercising'*. To begin the history-taking, the candidate rephrases the patient's reason for presenting. Next, open-ended questioning allows the patient to recount detail from her perspective first, e.g., *'Could you please describe...this discomfort that you're experiencing in your lower back to me in more detail?',* before more targeted questions from the doctor. There are multiple checks to see whether the patient requires further explanation or has any concerns. The many recommendations could have had some opportunity for feedback beyond *'Do you follow what I'm saying?'*, which could have been instead, *'How does that sound to you?'*

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Nursing

Graded Speaking Sample 1

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:02.25]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:12.18]

Yes. Good morning, Alex. My name is Jane your nurse for today. How are you?

[00:00:18.33]

Hi, Jane. Yeah, not. Not too bad. Thanks.

[00:00:23.99]

Uh, do you have...er what brings you along here today? Anyway?

[00:00:28.40]

I just had a, er recently had a lesion removed from my hand, and the doctor told me to come in and get the stitches out today.

[00:00:39.14]

Okay. So, you came here for the removal of stitches, and then when we get your removal, we will clean your wounds. And after that, we're going to redress it. So, do you have any concerns before we do these things?

[00:00:52.97]

The wound is okay, but I am a bit worried. The doctor said it was squamous cell carcinoma, something like that, which I think is skin cancer. So, I'm, yeah, I'm quite worried about that diagnosis.

[00:01:07.13]

Okay. So squamous cell carcinoma. I would like to explain this to you a little bit. This is the type of skin care that was exposed too much in sun. And of course, we need to er, give importance about the monitoring of your, er the stitches and, um and the effectiveness of this one. Okay?

[00:01:34.66]

Okay. So, do think I will need more, more surgery in the future? Like, maybe more lesions will appear?



Nursing

Graded Speaking Sample 1

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:01:43.60]

Okay. So, I would like er, surgery... so during this surgery, in case in the future have your surgery. This is a surgery that you need to remove the cancer cell, but so that it wouldn't like be spread this one So that's, that, that's the purpose when you have your surgery in the future.

[00:02:12.66]

Okay, so I might need more in the future?

[00:02:16.02]

Mm hmm.

[00:02:19.35]

So how about... So, do you have any plans for ..er, surgery in the future?

[00:02:32.72]

Well, hopefully not. I don't know. Is there some way that I could protect myself from from the sun, from more damage?

[00:02:42.11]

Okay. So can I ask you, what are the habits do you do during the When you're exposed to the sun?

[00:02:54.69]

You know, I always wear sunscreen. oh sorry...

[00:02:59.26]

What are the things that you did? Do you have anything?



Nursing

Graded Speaking Sample 1

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:02.95]

Yeah. I always wear sunscreen to 30, 30 plus, and I wear a hat if I'm outside. But I'm worried that all the damage happened when I was younger. I was in the sun a lot as a teenager. So maybe it's too late to, to stop the damage now.

[00:03:25.96]

Okay.

[00:03:31.31]

So. So, can you tell me about if you have any pain in your post-surgery?

[00:03:41.99]

No, it's been it's been good, actually. There's no pain. It's fine. I do think it's a bit early to have the stitches removed, though, don't you think?

[00:03:52.75]

Typically we need to remove that after 10 to 14 days and then we need to er, remove the stitches now so that we can find if the one is have a good healing and then the doctor can assess it and we need to keep the wound clean, cover it dry, and er we need to consent to if we need to remove the stitches.

[00:04:20.33]

Okay. So, you think they're ready to come out now?

[00:04:23.71]

Mm hmm. So, are you ready to remove this one?

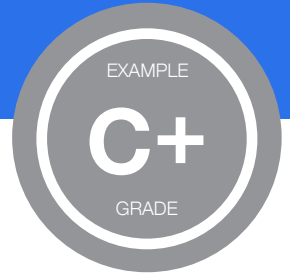
[00:04:26.95]

Yeah, that's fine. Thank you. That's the end of the role play



Nursing

Graded Speaking Sample 1



Assessor comments:

The candidate opens the role play appropriately by introducing herself and asks about the purpose of the visit. Throughout the role play the candidate is easy to understand with only minor hesitations and mostly appropriate register, tone and lexis used. Referencing is confusing at times, such as *'the effectiveness of this one'*, as it is unclear what the candidate is referring to. Grammar is also used mostly appropriately, with just occasional errors that are not intrusive (*'exposed too much in sun'*, *'wouldn't like be spread this one'*, etc.). A brief summary of the procedure around removing the stitches is explained by the candidate which shows logical organising technique initially, however there is limited signposting of changes in topic from here on. The candidate is respectful and asks questions concerning the patient's condition, however there is some confusion from the candidate which impacts on the patient's perspective and information gathering. For example, the patient is worried about the diagnosis of skin cancer and after already having the surgery asks about potential future surgeries. The candidate does not address this concern and doesn't seem to understand that the patient had already had surgery. This has impacted on demonstrating empathy, a relevant line of questioning from the candidate and responding to further needs from the patient. The candidate also makes limited efforts to check whether or not the patient has understood any information she has provided.

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Nursing

Graded Speaking Sample 2

[Audio Transcript 1 of 3]



EXAMPLE

B

GRADE

Interlocutor

Candidate

[00:00:00.97]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:10.84]

Good afternoon. My name is Denisa and I'm one of the nurses on duty working in this clinic today. How may I help you?

[00:00:22.13]

Um, well, I just, you know, the doctor said I had something called squamous cell carcinoma, and I just had it... had that lesion removed. I'm I'm just you know, he said that, but I just think it's another name for skin cancer, so, yeah, a bit worried.

[00:00:48.94]

Thank you for coming in. Can I confirm your full name, please?

[00:00:55.13]

Yeah. My name? Shakina.

[00:00:58.64]

How come I address you?

[00:01:01.34]

You can call me Shakina.

[00:01:04.16]

Thanks for coming in, Shakina. So, umm, yeah, you are here for how you said how you said earlier. You are here to check out like a follow up appointment, is it after your er your skin removal? Er, squamous cell carcinoma, is that right?

[00:01:30.08]

Yeah. Yeah, that is.



Nursing

Graded Speaking Sample 2

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:01:35.24]

Do you have any concern about that?

[00:01:38.45]

Yeah, I just feel like it's another name for cancer. Squamous. It's. It's. I'm just worried that it is cancer, you know?

[00:01:50.81]

Umm, actually this type of carcinoma - it is a type of cancer. It is a type of skin cancer, but usually is not, er, the type of cancer that can spread around your skin or around another part of your body. And usually, um, it occurs after the long exposure to the sun. Umm.

[00:02:18.62]

Right. Okay. I understand now.

[00:02:23.29]

I would like to to highlight the importance of monitoring your skin. It's very, very important that you you look after your skin properly and you check all the time about other signs and, you know, symptoms similar with with this.

[00:02:45.56]

Okay. Will I need more surgery in the future? Will it come back? And I'll have to take... You know, there'll be another surgery?

[00:02:55.55]

Perhaps it will not come back, but err, if it will, it's unlikely to come to, you know, to come back. But if it will, yeah, you may need another surgery. What I can advise you is to come regular to see your doctors, your your doctor, and to have a routine follow up. And, yeah, we can... we can catch it in time if it is something.

[00:03:24.00]

Okay. All right. That sounds good.



Nursing

Graded Speaking Sample 2

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:26.01]

Umm, may I ask you, you know your habits, how you are looking after your skin.

[00:03:39.63]

Well, I wear sunscreen when I go out, so I'm I'm quite I do that. Well, I don't miss it. And then I wear a hat when I go out as well, if it's really sunny. Yeah. But I just feel like already my skin has been affected because I spent so much time as a teen in the sun when I was growing up. And the damage is sort of already done.

[00:04:11.64]

I think what you're doing now is is the right thing to protect your skin with sunscreen and to wear hat during the hot periods of time. If you'll continue to do that, it's unlikely that you will have another skin problem. Umm, and how your surgery went? How how did you recover after the surgery?

[00:04:35.64]

Yeah, it's been fine. The wound is fine and there's no pain or anything like that. But isn't it too early to have the stitches removed?

[00:04:47.45] No, it's not early. It's very important that the stitches will be should be removed now. Then we will, er, let the wound to heal properly. And anyway, your wound will be assessed by the doctor.

[00:05:05.33]

Okay. All right. That's fine. Thank you. That is the end of the role play.



Nursing

Graded Speaking Sample 2



Assessor comments:

The candidate initiates the interaction generally well with appropriate introductions and confirms the reason for the visit with a respectful and non-judgmental approach. At times, errors in stress patterns, and incorrect intonation of some words (e.g., 'monitoring', 'around', 'usual') occur, although they do not impede communication. However, the notable grammatical errors, ('how you said', 'how your surgery went' and 'to wear hat during the hot periods of time') are sometimes intrusive particularly with word choice. Fluent speech at normal speed is generally understood easily despite occasional hesitations and repetition of some words. Questions and concerns about sun protection habits are addressed well by the candidate although there was limited checking of the patient's feelings or further needs. Despite the lack of any kind of summary being given, the role play is generally sequenced purposefully and logically with the conversation returning to the purpose of the visit at the end.

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Nursing

Graded Speaking Sample 3

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:00.48]

All right. Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:11.53]

Okay, umm, (2 sec pause), Shakina. Hi, good morning, Mrs. Shakina. Very nice to see you today. Can you please tell me? Well, my name is Annie. I'm your doctor here today. Can you please tell me that what brought you here today?

[00:00:32.08]

Well you know, the doctor told me that I had something called squamous cell carcinoma. It's just I feel like it's just another name for skin cancer that, yeah, I've just come to have my stitches removed.

[00:00:53.59]

Okay. Can you tell me more about your, um, skin condition...Skin cancer? Because you tell me that you think that this is a skin cancer. Umm, do you know much about this?

[00:01:10.81]

Actually, no. I don't know what squamous cell carcinoma is. I feel like it is cancer, you know. So, I'm a little worried, actually.

[00:01:22.50]

Okay. Well, you're correct - is one of the skin cancers. What can cause this is that when people overexposed exposed to the sun, um, for the extensive amount of time they may, um, have higher chance to have this cancer. So, I can see that you're here for, er, to remove here for remove the lesion, umm (2 sec pause). So, umm (3 sec pause). So how? So, you had this surgery... when did you have this surgery?

[00:02:05.37]

Yeah, actually, my lesion is removed. It's already been removed. I had it a week ago and yeah, I was supposed to come in to have the stitches removed and, yeah, that's what. So, you're saying it's not cancer? I mean, it is a type of cancer. Is that is that right?

[00:02:26.63]

Yeah, it is a type of cancer.



Nursing

Graded Speaking Sample 3

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:02:30.36]

Is it serious?

[00:02:32.46]

Well, I would not say it is very serious, umm, but I can see that your your your surgery area is healing really well. Usually, um, the surgery result is pretty good, is unlikely to spread any part of your body. But it is very important to monitor the skin condition.

[00:02:58.86]

Right.

[00:02:59.64]

Such as, er, is any changes in the colour, or if you see as if you see any new spots, um, that's abnormal shows up. Regular check-ups is very important.

[00:03:15.13]

Okay, so will I need to have more surgery in the future? Will it come back?

[00:03:24.03]

It is, er, it is very difficult to tell right now. We do have to monitor the skin condition and to see the healing process. But so far, as far as we can see right now, your process, you have very good recovery process and we're very glad to let you know that. But it is very important to monitor the skin and the prevention is very important. Can you please tell me that what do you do when you go out in the sun? Like what prevention do you usually do?

[00:04:02.37]

Yeah. So, I always wear my sunscreen. SPF 30, or higher sometimes depending on the time of the year, and I'm always wearing a hat in the sun. But... but maybe it's just too late, you know, because I obviously spent a lot of time in the sun during my teenage years. So, I feel like, you know, the damage has already been done.



Nursing

Graded Speaking Sample 3

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:04:28.84]

Yeah, well, I believe that you are doing a great job. Umm, you're wearing sunscreens and you're wearing a hat. That's excellent. In a situation that is really hot, maybe you can get like a shirt, cover arms and body, especially when you go on the beach. How does that sound? Can you do that?

[00:04:52.05]

Yeah, I think I'll look after my skin from now on and do as you say.

[00:05:02.67]

So you're here to remove the stitches. So, we're going to do that now. So, so far, do you have any pain on the side?

[00:05:11.16]

No, thank you. That is the end of the role play.



Nursing

Graded Speaking Sample 3



Assessor comments:

The candidate is generally easy to understand despite some hesitations and inaccurate stress patterns, (e.g., 'remove', 'surgery'). Intonation is used quite well when showing empathy and asking questions. Register, tone and use of vocabulary are mostly appropriate despite occasional errors in grammar, such as occasional absence of articles and prepositions ('have higher chance', 'to spread any part of your body', etc.). Introductions are performed to standard and the candidate shows an attentive and respectful attitude, (e.g., 'I believe you are doing a great job'). The candidate asks questions appropriately to explore the situation and gives recommendations for further prevention. However, picking up on the patient's cues about their concerns of skin damage done in their teenage years was not addressed. Structure progresses logically throughout the role play with introductions, questioning, then the returning to address the initial reason for the visit, demonstrating a purposeful sequence. The candidate also demonstrates information giving by encouraging the patient to contribute their feelings ('How does that sound?') and exploring what the patient already knows ('Do you know much about it?').

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Occupational Therapy

Graded Speaking Sample 1



[Audio Transcript 1 of 2]



Interlocutor

Candidate

[00:00:23.26]

Can you start the role play now, please?

[00:00:26.08]

Hi, I'm Ray. I'm the occupational therapist at this hospital and er I would like to confirm er you are Ms er can you confirm your name, please?

[00:00:37.97]

Sure. My name's Rebecca.

[00:00:40.12]

Okay. Just I'm here as I understand, you are leaving for home today. Er I hope you are doing well. And what I see from the records and the files, you are doing very good, actually. And I hope you'll have a nice, you know, when you go back you do a very good progress when you go back home again. Um I would like to check something about your er home condition. What I understand er you stay in a two-storey building, two-storey house. So I would like to know more about your toilet about your bedroom er bedroom, so that I can provide more er you know inputs or my occupational therapy er professional input so that you are more comfortable, you have a lesser risk. Can I have some er information regarding how your house situation is?

[00:01:39.20]

Yeah. So you're right. I live in a two-storey house and there's 12 steps up to my house and I also live on my own.

[00:01:51.87]

Okay. So what I feel at this moment because it's so we go one at a time, maybe for your because you've got stairs to climb up and because its we just had the surgery er very recently. So what I er would like you that if you can use a stair crawler which will because I understand climbing up with the you know with the recent surgery I think will take a while for you to take that you know the flights of going upstairs. So maybe if I would recommend you take a stair crawler and which will allow you to er sit on that stair crawler and we just have to press a button and you slowly, slowly will go up to your second floor so that you don't get any kind of problem while climbing up with the stairs because it just a recent surgery. So for that, I think I recommend that crawler. And since you mentioned you stay alone at home, some of the things that I would also like to recommend is, you know, alarm bell system so that in case you know you had some emergency need or you some loses balance or you fell somewhere you can press the bell and it's basically to explain you the bell is something like it's like a pull bell, it's got a string and we can fix those bell at the vulnerable places where the chances of fall, like in the toilet, maybe near the door or in your bedroom. Are you comfortable with that?



Occupational Therapy

Graded Speaking Sample 1

[Audio Transcript 1 of 2]

Interlocutor

Candidate

[00:03:29.97]

Yes. And actually, I already have a personal alarm I wear around my neck, so I think that's going to be fine

[00:03:36.99]

Oh, that that's great. That's great that you had already that alarm. But what I suggest in case you know as like you're in the shower and you may not wearing it or in the toilet, you may not wearing. So you can have that one fixed already in the toilet and you can press it for that. You don't need to wear it also, if you're not wearing it, you're more safe because alarm is already physically there. Yeah, that's for me will be the alarm part and beside it I would also like to like ensure that because you stay alone in the house, so your toilets had handrails so that er your handrails along the, your pathway of the house so that er when you're walking a lot. So that you could hold them. And you are more safe. At the same time because you will be showering there. You will be also doing your toilet. So I think handrails will be a very good support for your body for you to hold because you are just now recovering and you know, in long run you can keep it you know because this is more like more easy er and what we call it environment friendly for people who who are bit weak or who need some support. Are you comfortable with that?

[00:05:24.27]

Yes and no. So I already had my house assessed a few years ago and I did have some rails put in, but I don't really want to make any more changes to the home. I quite like it how it is now.

[00:05:38.55]

Maybe for that what we can do since you already had those er assistive devices at home, maybe what we need to do after you discharge or maybe after within a week er we fix the appointment to go to your house and do our assessment of your house because the the all those accessible items or those handrails that were fixed where I don't know how long back it is. So at least as an occupational therapy, we based on your current physical status or physical condition, we can have a better understanding, like whether those handrails are fine enough for you to support or if they need

[00:06:21.72]

Thank you. That's the end of the role play.



Occupational Therapy

Graded Speaking Sample 1



Assessor comments:

The candidate is generally easy to understand with fluency at normal speed despite some repetition of words and occasional inaccurate stress patterns, e.g., *'home condition, 'toilet', 'house'*. The role play is initiated appropriately and conducted with an attentive and empathetic nature. Appropriate register, tone and lexis are used appropriately throughout the interaction with the occasional lapse of poor word choices (e.g., *'pull bell', 'doing your toilet'*). Grammar is generally used accurately, however inaccuracies in grammar do occur particularly in simple sentences which are not intrusive (e.g., *'chances of fall', 'you may not wearing', 'are more safe'*). The candidate offers many suggestions and recommendations relating to the needs of the patient who is about to go home. Although limited questions are asked by the candidate to explore further what the patient needs, the main concern of the patient (not wanting to make any further changes to their house) is addressed by recommending a reassessment. Considering the candidate does most of the talking, there is limited opportunity for active listening skills to be demonstrated and there is limited attempt at summarising to invite further information. The sequencing of the role play is appropriate with the patient's responses leading to the next section in which the candidate addresses further changes or recommendations, depending on the what the patient has indicated. For example, the patient implies they don't need an alarm bell system because they have a personal alarm around their neck, but the candidate is quick to point out that its not worn in the shower, etc. So the candidate does well to guide the next steps according to the patient's responses however, there is no checking if the patient has understood the information provided.

**These comments were provided 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.*



Occupational Therapy

Graded Speaking Sample 2

[Audio Transcript 1 of 4]



Interlocutor

Candidate

[00:00:01.23]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:10.74]

Hello, Rebecca. My name is Michael. I'm the occupational therapist of this ward. How are you today?

[00:00:17.34]

Hi. I'm good. I'm glad to be going home today.

[00:00:21.45]

Yeah. So yeah, I'm glad to see you progressing well and yeah, I'm happy to yeah to have um assessment today to see how you are going with all the yeah with all the daily task. So, for our occupational therapy is like focusing on how you do on your daily task and how you manage or cope with this task when you back home. So, can I ask how you feeling, or do you have any concerns for discharge home?

[00:00:54.09]

I am I'm glad. But also, I am feeling a little bit nervous. I'm not sure how I'm going to cope.

[00:01:01.08]

I totally understand your concern, your feeling about how to cope with the home. And but yeah, I would like to ask, reassure you that we have so many strategies such as prescribe you some equipment or, or give you some technique to, to cope with those to manage those activities at home. But before all of that, er we need to confirm how's your home environment and who do you live with? So, I will ask you some questions. Is it okay for you?

[00:01:36.18]

Yeah, absolutely.

[00:01:37.86]

Yeah, that's good. Yeah. So, er firstly, who do you live with?



Occupational Therapy

Graded Speaking Sample 2

[Audio Transcript 2 of 4]

Interlocutor

Candidate

[00:01:42.87]

I actually live by myself.

[00:01:45.24]

Oh, you live by yourself? Do you have any family live around you?

[00:01:48.99]

No, not very close by, to be honest.

[00:01:54.60]

Okay, that's fine. Yeah. Yeah. And also, for your home environment, let's start with the front access. Do you have any steps for you to go into the house?

[00:02:07.08]

Not to go into the house, but there is a set of stairs to my second floor.

[00:02:12.45]

Oh, so you live in a double storied house? Do you know how many steps? Just roughly.

[00:02:21.15]

It's quite a few, I'd say. Maybe about 12.

[00:02:24.57]

I see. So, yeah, for the bathroom and all the bedroom is it locate at the second floor or on the on the bottom level?

[00:02:36.09]

Yeah. The bedroom and the bathroom are upstairs.



Occupational Therapy

Graded Speaking Sample 2

[Audio Transcript 3 of 4]

Interlocutor

Candidate

[00:02:40.62]

I see. And is there any rails on the stair near the stairs?

[00:02:45.51]

Yes. So, I had my house assessed before, a few years ago and I've got rails in the bathroom and also outside.

[00:02:56.10]

That's good. This is the good news. And yeah, you don't need to worry about it because our physiotherapy, will train for the stairs for you to make sure you can manage the stairs before you, before you discharge. So, for your shower um yeah is it er is there any hop or is there any steps you need to step in?

[00:03:19.80]

No, it's it's no steps for the shower.

[00:03:23.37]

Ah is flat. Okay. And then you mention you have the rail installed it?

[00:03:28.41]

Yes. I've got one near the shower and also one near the toilet.

[00:03:33.27]

I see. And then. Yeah, for your er for your shower. Is there any like shower chair at home?

[00:03:43.35]

No, I don't, I don't have a, before this I was able to stand.



Occupational Therapy

Graded Speaking Sample 2

[Audio Transcript 4 of 4]

Interlocutor

Candidate

[00:03:47.92]

Mm. I see. Yeah. So, for us yeah it is recommend to have a shower chair so that you can have a rest. Yeah. Our hospital can lend a yeah shower chair for you for a short term because you don't need it once you recover. And we can arrange yeah to lend to you for three months. So, then you can return to us once you don't need it. And also, for the bedroom? Yeah, is how high is your bed?

[00:04:24.82]

Um I can it's okay. Like, I can sit down on it and then get into bed from sitting.

[00:04:32.53]

Oh, so you can manage to get in and out the bed?

[00:04:35.80] I could. I hope so.

[00:04:37.73]

Yeah. Yeah, that's good. Otherwise, I can show you how some techniques for getting in and out of bed to make your life easier. And also, yeah I er do you have any like concerns for which part of the daily tasks you worry about most the most.

[00:04:58.49]

No er I think um I think I'm okay. I'm I'm keen not to have to make any more changes to my home. I quite like it how it is. So, if it's just a shower chair I need. That sounds quite good.

[00:05:12.19]

Yeah. This is good for you because for your knee replacement is like er only have like three months to recover. So, during this period of time then you only need the shower chair and be aware of all the things like furniture. And yeah, the physiotherapist will prescribe you some walker walking frame and we'll practise with you before you discharge.

[00:05:39.55]

Thank you. That's the end of the test.



Occupational Therapy

Graded Speaking Sample 2



Assessor comments:

The candidate opens the role play appropriately by introducing himself and explaining about the purpose of his visit to the ward. The candidate is generally easy to understand with fluent speech at normal speed with only the occasional hesitation. The lack of stress on a few words is noticeable (e.g., *'aware', 'prescribe', 'technique', 'access'*) however the words are still well understood. A wide range of grammar and vocabulary is generally used accurately with the occasional error (e.g., *'when you back home', 'it is recommend to'*). Throughout the entire role play the candidate is very attentive and shows a genuine concern for how the patient will cope at home by themselves. Cues are picked up by the candidate and follow-up questions relating to the information given by the patient are consistently further explored. For example, further questioning in relation to the stairs - *'Do you know how many steps? Just roughly'*, the height of the bed - *'Oh, so you can manage to get in and out the bed? I can show you how some techniques for getting in and out of bed to make your life easier'*, and general concerns - *'which part of the daily tasks you worry about most the most?'*. The role play is led by the candidate and follows a logical and purposeful sequencing from start to end, explaining the next steps. Apart from the initial line of questions in the beginning (*'So can I ask how you feeling or do you have any concerns for discharge home?'*), little is done to periodically check understanding.

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Optometry

Graded Speaking Sample

[Audio Transcript 1 of 4]



Interlocutor

Candidate

[00:00:00.06]

So thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:09.33]

Yep. All right. Hello, Rebecca. My name is Phuong, and I will be your optometrist today. So, I see that you've come in because you ah recently experienced a headache and also some vision problems as well. So, I'm going to ask you a few questions just to have a better understanding of your symptoms. Okay?

[00:00:30.42]

Sure.

[00:00:31.54]

Yeah. So, when did you start having the symptoms?

[00:00:36.66]

The headache and the vision problems were two days ago.

[00:00:40.26]

Yep. And is there any difficulty that that the symptoms are causing you?

[00:00:48.27]

My vision has now gone back to normal, but at the time I had a severe headache.

[00:00:55.62]

Yeah.

[00:00:55.77]

And that was after sort of 20 minutes of flashing lights and trouble focusing on the right side of my my vision in my right eye.



Optometry

Graded Speaking Sample

[Audio Transcript 2 of 4]

Interlocutor

Candidate

[00:01:06.07]

Okay. Right. So, it's the right eye that is worse, isn't it? So now let's just focus on that right eye. Is there any other symptoms you are experiencing beside the blurriness in the right eye?

[00:01:20.61]

No. So, it was just really the the lack of focus and the the flashing lights.

[00:01:27.09]

OK, yeah

[00:01:27.24]

And my eyes were sensitive to the light.

[00:01:30.29]

Okay. Right. So light sensitive and some black focuses. Yeah. Now, are there any other symptoms that you're having besides the headache and the vision problem?

[00:01:41.97]

No, I didn't feel sick or anything like that, but I've never had it before. So, I wondered if it was that my prescription is wrong?

[00:01:51.87]

Right. So now that I've gathered more information, we're just going to talk about the findings, because I've just examined your eyes. So, your prescription is the correct prescription for you. So, it is unlikely that your problem is coming from the prescription. Now, the headaches and the vision problem, and also some sensitive to light. They are symptoms of what we call ocular migraine, which is very likely the condition that you are experiencing. So, do you have any idea what an ocular migraine is?

[00:02:30.24]

It sounds pretty serious. Does it mean there's some permanent damage?



Optometry

Graded Speaking Sample

[Audio Transcript 3 of 4]

Interlocutor

Candidate

[00:02:35.01]

No, it actually doesn't cause any permanent damage to your eye. And yes, it does sound quite serious. I'm just going to explain to you what it is. So, it's just a restriction of blood flowing to your eye. It can cause some sudden narrowing of the blood supply. So that can cause the vision to be blurry and also headaches and flashing light as well. Is that clear for you?

[00:03:04.41]

Yeah. Yeah, I understand that. Yeah.

[00:03:07.95]

That's good. So, in order for us to make sure that this ocular migraine is not any other sinister problem, we're just going to do more further testing. So, I'm going to get you to come back another day for what we call dilated exam just to make sure your retina is okay. And also a visual field exam, which is testing your side vision just to make sure that there's not anything brain-related. So now that you know more about the symptoms of ocular migraine, I'm just going to explain to you further. So, it is a temporal umh problem and the long-term damage of ocular migraine is quite rare. Yeah. So, I do have a few questions about your lifestyle. Now, do you how is your how is your stress level?

[00:04:12.94]

I do sometimes feel a bit stressed at work.

[00:04:16.03]

Yeah.

[00:04:16.42]

I am an aircraft maintenance engineer and that can be stressful.

[00:04:21.34]

Yeah. All right. And how's your general health? Do you have any health, existing health problem?

[00:04:29.35]

I don't.



Optometry

Graded Speaking Sample

[Audio Transcript 4 of 4]

Interlocutor

Candidate

[00:04:30.19]

OK.

[00:04:30.43]

I know that I don't drink enough water. And...

[00:04:34.51]

OK

[00:04:34.71]

And if I'm really busy, I'm not always I sometimes skip meals. And I know that's not particularly healthy, but I don't have any conditions.

[00:04:42.70]

Okay. Right. So, um you mentioned you skip meals sometime, which can cause low blood sugar level and that can trigger the ocular migraine. Also, not drinking enough water can leave you dehydrated. And that would be another trigger too. So, um now that we've talked about what could have trigger it, there are things that we can do to prevent it from happening again in the future. So, one of it would be drinking more water, another thing would be being less stressful at work or trying to manage your stress at work. And if that doesn't help with the headaches and the blurry vision, you can take painkillers for the headache and also taking regular rest. Okay.

[00:05:32.87]

Thank you. That's the end of the role play.



Optometry

Graded Speaking Sample



Assessor comments:

The candidate's speech is entirely clear and accurate throughout, and emphatic stress and intonation are skilfully used to enhance meaning. It is paced at a comfortable and natural normal speed. There is no sense of needing time to reformulate ideas because of language limitations; she is completely fluent. The candidate uses friendly yet formal language, adapting her vocabulary so that the patient can understand technical concepts, such as ocular migraine and visual field exam, which she is able to paraphrase successfully. Highly accurate and flexible language is sustained throughout, with only occasional minor lapses, e.g., *'temporal problem'* instead of *'temporary'*. The warm and efficient introduction sets up the relationship and the reason for attendance well. Empathy and attentiveness are both demonstrated. When the patient expresses her concern about her prescription being wrong, it is not directly attended to, but when she sounds alarmed that the condition is *'pretty serious'*, it is acknowledged well, with *'No, it actually doesn't cause any permanent damage to your eye. And yes, it does sound quite serious. I'm just going to explain to you what it is'*. There is a logical flow to the interaction, and it is given very clear structure using signposting language to indicate new segments of the interaction, as shown in the following three examples: *'Right. So now that I've gathered more information, we're just going to talk about the findings, because I've just examined your eyes'*; *'I'm just going to explain to you what that is...'*; *'now that we've talked about what could have trigger it, there are things that we can do to prevent it from happening again in the future. So one...'*. The initial use of closed questioning is not helpful, but the third question (*'Is there any other symptoms you are experiencing beside the blurriness in the right eye?'*) allows the patient to explain her symptoms in her own words. There is good use of active listening and echoing the client's input to summarise, e.g., *'So it's the right eye that is worse, isn't it? So now let's just focus on that right eye'*. One of the suggestions for future prevention is nicely linked to what the patient said, i.e., *'So um you mentioned you skip meals sometime, which can cause low blood sugar level and that can trigger the ocular migraine'*. Explanations are done well, with pauses from time to time when explaining information to invite response and reactions, e.g., *'Is that clear for you?'*. Also, a check for prior knowledge is made before explaining ocular migraines.

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Pharmacy

Graded Speaking Sample 1

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:02.98]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:11.23]

Yes. Hello. How can I help you?

[00:00:16.58]

Hello. Um it's a little bit awkward, but I have bad breath and I've tried some remedies, but they haven't worked.

[00:00:26.51]

May I ask you how long this happened for you?

[00:00:32.66]

It first started I first noticed it about five months ago.

[00:00:36.93]

Okay. And do you have any decayed tooth?

[00:00:42.86]

No, not that I'm aware of.

[00:00:45.38]

Okay. May I ask you, how often do you go to dentist?

[00:00:51.23]

Not very regularly, I think probably I went last time, six or seven years ago.

[00:00:58.73]

Okay. Do you have any special disease like diabetes or stomach disease?



Pharmacy

Graded Speaking Sample 1

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:01:06.29]

No, no. I'm generally healthy.

[00:01:08.48]

Okay. Thank you. And do you do your teeth health care, like regularly? Toothbrush or using mouthwash?

[00:01:23.17]

Yes, I yeah, I definitely brush my teeth twice a day. And I have tried mouthwash, but it didn't help.

[00:01:31.94]

Okay, you know, I should tell you, halitosis have has different causes, and the most important causes some problems in teeth. And maybe sometimes a sore throat is a good cause for this disease. Don't you have any sore throat?

[00:01:53.35]

No, I haven't noticed anything really any different. And I, you know, I haven't got a dry mouth or anything like that.

[00:02:01.96]

Okay. And sometimes some problems in the stomach um causes halitosis and sometimes infection in your er sinus, in your skull cause halitosis. And so, my suggestion is if you say you don't have any infection in your teeth, if you you know, it's better for the for first step, go to dentist to examine your teeth. And after that, if all of your teeth is are safe, it's better to check your throat. And after that, if everything is okay, it's better to have a radiology from your sinus. You know, chronic sinusitis can make halo halitosis sometimes and I suggest you. You know, there's another question. Don't you have any headache? Sometimes. Especially on your forehead.

[00:03:04.93]

No, no, nothing like that.

[00:03:07.45]

Can you breathe deeply and very freely?



Pharmacy

Graded Speaking Sample 1

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:11.70]

Yes. Yeah, I haven't had any breathing problems.

[00:03:15.03]

Okay. Because sometimes when you have block nose, you have to er breathe er from your mouth and it makes your your mouth be dry and it makes halitosis. So, er my suggestion is after going to dentist and check all of your teeth, um it's better to have radiology from or scan from your sinus. The sinus er are some hole in your skull and face and maybe there is some infection in your sinus er around your nose. And in the second step, it's better er to check your er digest system. Um sometimes the food stay in your stomach for a long time and it may be bad smell in your mouth. So, I suggest firstly mouthwash. We have a good mouthwash with mint smells and mint taste in our pharmacy. You can gargle twice a day after toothbrush and er you can some sometimes there are some lozenge tablets and you can er use them er to feel a good smell in your mouth. But, um it's better to solve the problem originally and er go to dentist.

[00:05:00.46]

Yeah, I do understand. I just I've never really liked going to the dentist, um so I'd rather you know try some of those other treatments.

[00:05:12.94]

You know, er sometimes when you see your teeth in the mirror, you cannot find any decay or problem. But dentist, er sometimes take erm take the scan and radiology from your tooth. Maybe there is a forgotten decay.

[00:05:35.56]

Thank you. That's the end of the test.



Pharmacy

Graded Speaking Sample 1



Assessor comments:

The candidate begins the role play without an introduction, however, as a pharmacist, going straight into the greeting, *'hello, how can I help you?'*, is not uncommon. Fluency is generally maintained at normal speed with only the occasional hesitation and repetition. Pronunciation of some words causes strain for the listener such as *'skull'*, *'teeth'*, *'sinusitis'*, and *'radiology'* but most words can generally be understood. Register and tone are generally appropriate, however there are occasional errors in expressions of language such as *'some hole in your skull'* and *'to feel a good smell in your mouth'*. In grammar sufficient resources are demonstrated to maintain the role play however inaccuracies do occur. For example, *'how long this happened'*, *'any decayed tooth'*, *'any sore throat'*, *'there is a forgotten decay'*, etc. The candidate demonstrates an attentive and respectful attitude throughout and sequences the role play logically with appropriate questions asked concerning the client's bad breath. Advice is given and possible reasons are explored. However, there is no checking whether the client understood the advice given nor is there any encouragement for the client to contribute their feelings as to why they don't regularly visit the dentist despite the recommendation.

**These comments were provided 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.*



Pharmacy

Graded Speaking Sample 2

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:01.97]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:10.64]

Okay. Um I'm a pharmacist here. How are you, Rebecca?

[00:00:15.50]

I'm all right, thank you.

[00:00:17.75]

How can I help you?

[00:00:20.33]

Well, it's a little bit awkward. I have a problem with bad breath, and I've tried some remedies myself, but they haven't worked.

[00:00:30.20]

Okay, so you came to ask me advice about your bad breath, then?

[00:00:35.78]

Yeah, that's right.

[00:00:37.07]

Okay. When this problem has started?

[00:00:41.72]

I first noticed it really about five months ago.



Pharmacy

Graded Speaking Sample 2

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:00:45.80]

Okay. Is there any, you think, any possible triggers that maybe caused this problem?

[00:00:54.02]

I've not really any idea what's caused it. I brush my teeth twice a day. I don't have a problem with a dry mouth or anything, so I'm really not sure.

[00:01:03.69]

Okay. Um, Rebecca, have you tried any type of medication before, any treatment for this problem?

[00:01:11.36]

Yeah, I've tried a few things, cos, as I say, it's quite embarrassing, really. So, I've tried breath mints, I've tried flossing, and I've also tried a mouthwash. But none of them have really helped.

[00:01:23.36]

I know. I I'm sorry to hear that. I know it is embarrassed problem for you, I know. We call this problem Rebecca hali halitosis. It is it is um it is a normal thing happens sometimes. But I want you to I want to ask you some questions about your health in general. Is it okay for you?

[00:01:48.08]

Yeah, that's fine.

[00:01:49.40]

Okay. Um what about your general health? Are you healthy? Your lifestyle is healthy or what about your health in general?

[00:01:59.24]

Yeah, I think I'm generally healthy. I don't have any sort of medication or medical conditions.

[00:02:06.95]

Okay. And do you have any long-term medication you use for a long time?



Pharmacy

Graded Speaking Sample 2

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:02:12.14]

No, no.

[00:02:13.67]

Okay don't have anything. Perfect. Um now um, may I ask you, when was the last dental check-up have you booked?

[00:02:24.83]

It was probably six or seven years ago, to be honest.

[00:02:29.09]

Okay. That's a long time, I think. Yeah?

[00:02:32.96]

Yeah, I I'm bit anxious about seeing a dentist. I've never really liked going.

[00:02:39.08]

I understand you. Yeah. It's sometimes really hard to book this appointment and sit on the dental chair to be booked I understand you, but um. Okay, but I will recommend you to book an appointment with the dentist right now. It is really crucial for your er teeth health, for your body health as well to check your den your your er teeth every couple, three months, six months as as a long term. Not more than that, erm because there is lots of common causes of halitosis um related to dental hygiene, um sometimes er tooth decay, or maybe there is treatment required for you and it is not successful. So, you need to check with your dentist er what the problem of this er of this bad breath or what we call er halitosis. Does it make sense for you Rebecca?

[00:03:43.25]

It does make sense, but I was hoping you might be able to give me something just over the counter from the pharmacy today.



Pharmacy

Graded Speaking Sample 2

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:50.51]

Okay. Um, Rebecca, I'm afraid to tell you there is nothing to give you over the counter. There is no medication for er for your problem and I can't dispense anything for you. You need to it is really important to check the er the problem and why you have this problem. You need to check with your den dentist if he need if the dentist wants to work on some tips for you or if there any, maybe the dentist will give you professional cleaning for your whole teeth and that will help you a lot to get good breath back. So the treatment required specialist not not me at all. I can dispense what the doctor what the dentist told you. I can dispense the medication that prescribed for you. So, for now I'm really it is really important to you to to book a check-up er dental appointment as re as early as you can to know why what is the cause of this halitosis and what's the oral hygiene you need for for a long term. And maybe the dentist will do professional cleaning that maybe it is not harmful at all. I can give you 100%, I'm sure about that. So don't worry about that. Book appointment straightaway and that's really good for your dental health and for your general health. Is it okay makes sense for you, Rebecca?

[00:05:29.24]

Yes, thank you and thank you, that's the end of the test.



Pharmacy

Graded Speaking Sample 2



Assessor comments:

The candidate generally initiates the interaction well with appropriate introductions and confirms the reason for the client's visit to the pharmacy with a respectful and non-judgmental approach. The candidate is very empathetic towards the client's health issue and especially towards her anxiety about visiting the dentist. Throughout the role play the candidate is generally easy to understand, with fluent speech at normal speed despite some hesitations at times. Appropriate register, tone and lexis are used mostly appropriately throughout the interaction, which is shown in the progress of questioning and recommendations given. For example, *'I will recommend you to book an appointment with the dentist right now... because there is lots of common causes of halitosis um related to dental hygiene'*. Grammar is generally used accurately however inaccuracies in grammar occur particularly in more complex sentences and are occasionally confusing. Such as, *'sit on the dental chair to be booked'*, *'maybe there is treatment required for you and it is not successful'*. The role play follows a logical structure with open questions being asked at the start, then closed questions before making recommendations and confirming at the end what the client needs to do. The candidate attempts to summarise, however it is very unclear and slightly confusing (*'maybe there is treatment required for you and it is not successful. So you need to check with your dentist'*). The candidate does check understanding (*'Is it okay makes sense for you, Rebecca?'*) however fails to pause periodically when giving lengthy recommendations.

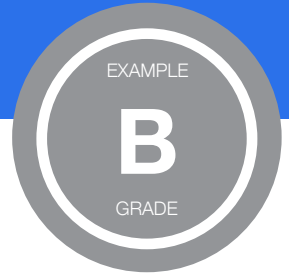
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Pharmacy

Graded Speaking Sample 3

[Audio Transcript 1 of 4]



Interlocutor

Candidate

[00:00:01.76]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:11.12]

Good morning. My name is Hussein. I'm the pharmacist in duty today. How may I help you?

[00:00:16.36]

Hi, Hussein. So, it's a bit awkward, but I have bad breath and I've tried some remedies for it, but they haven't worked.

[00:00:25.99]

All right. I'm sorry to hear that. Can you tell me more er what triggers this erm I mean if you just elaborate about that.

[00:00:37.45]

Well, I first noticed it about five months ago, but I've no idea really what's caused it. I brush my teeth twice a day. I don't have a dry mouth, anything like that.

[00:00:50.74]

I see. I'm sorry about I think I'm I'm sure that this thing is er little bit uncomfortable so I'm here to help. Erm just would like to know furtherly about I mean, er when it started. Can you tell me when it started?

[00:01:11.95]

Around five months ago?

[00:01:15.13]

Is something triggered that? Is something er made this happen?

[00:01:21.07]

No, not that I am aware of.



Pharmacy

Graded Speaking Sample 3

[Audio Transcript 2 of 4]

Interlocutor

Candidate

[00:01:24.26]

Have you tried any treatment, any medication before?

[00:01:29.90]

I've tried a few things. So, I've tried breath mints, I've tried flossing, and I've also tried mouthwash. But none of them have really helped.

[00:01:38.79]

I see. So erm basically, just to recap, you did you tried different treatment, but nothing of them help, right?

[00:01:48.56]

Correct.

[00:01:49.76]

Yeah. Can you tell me more about your general health? I mean, how do you describe yourself? Healthy?

[00:01:59.30]

Yeah, I'd say I'm generally healthy.

Pharmacist:

[00:02:03.08] Do you um use any long term medication?

[00:02:07.64]

No, none of that.

[00:02:10.28]

Have you have you regularly go to visit your dentist?



Pharmacy

Graded Speaking Sample 3

[Audio Transcript 3 of 4]

Interlocutor

Candidate

[00:02:15.83]

Well, probably the last time I went to the dentist was six or seven years ago.

[00:02:21.20]

Oh, right I see that. Is there a reason why you don't go regularly to to check up with your dentist?

[00:02:31.22]

I just feel very anxious about seeing a dentist. I've never really liked it, so I always delay it, I think.

[00:02:38.36]

I understand what you're saying. Most people don't like dentist this is a common thing. So, I mean, I know that it's uncomfortable to visit a dentist, but it is very necessary to do a periodic er check-ups, especially with terms of what you are experiencing right now. So, if if the treatments that you have tried until now wasn't made any progress, I really prefer if you first will go and book an appointment with a dentist, that will be the first step. Do you agree with that?

[00:03:20.48]

I was hoping you would be able to give me something from the pharmacy today, to be honest.

[00:03:25.58]

We will go discussing about that later. But first, let's let let me ask you about your dental hygiene. Do you regularly brush your teeth?

[00:03:35.87]

Yes. Yes, I brush probably twice a day.

[00:03:40.01]

And do you use any er any er liquid to er remove any bad breath or to to kill germs in your mouth?

[00:03:51.32]

Yeah. I was trying mouthwash for a while, but it didn't seem to help.



Pharmacy

Graded Speaking Sample 3

[Audio Transcript 4 of 4]

Interlocutor

Candidate

[00:03:55.88]

I understand that. Um, of course, er a situation like that is uncomfortable. I understand that. However, it is very necessary to know what is the reason behind that. So, I can also give you an over-the-counter product, but it might be not suitable for you. So, I really stress up to do first check-up with your dentist because er we want to treat the cause, not the symptom. You know what I'm saying about?

[00:04:29.89]

Mm hmm. Yes.

[00:04:31.22]

Yeah. And, of course, er by by visiting your dentist, he will be able to advise you furtherly and, like, emphasize what what is the purpose behind this of course advise you with oral hygienes and of course, can do professional cleaning for your mouth. So, this is what we're focusing about. In all case in all cases, if you would like, I I would give you this er leaflet. You can read more about how you can take care about your mouth. And of course, er don't hesitate if you want any question to ask me or even to ask you profession er carer like your dentist or your GP, because of course we are all here to help you.

[00:05:24.90]

Thank you. That's the end of the role play.



Pharmacy

Graded Speaking Sample 3



Assessor comments:

The candidate is generally easy to understand despite some hesitations and repetitive words. The role play begins well with the candidate introducing themselves and asking how they can help. Throughout the role play the candidate is very empathic to the client's health situation and often comments to give support. For example, *'a situation like that is uncomfortable. I understand.'* Appropriate register, tone and lexis are used skillfully throughout the interaction, which is shown in questions and recommendations such as, *'if you just elaborate about that'*, *'let me ask you about your dental hygiene'*, etc. Occasional grammar errors are noticeable though they are not intrusive, e.g., *'really stress up to do'*, *'we will go discussing about that'*. Logical progression of the role-play occurs with questioning carried out appropriately including exploring the client's health problem, hygiene habits and reasons for nonattendance of regular dentist visits, etc., and following up with recommendations. Clarifications are also made by the candidate, such as confirming that the treatment that the client has tried so far has not helped. The candidate demonstrates information giving quite competently by using client responses to guide the next step (e.g., *'can you tell me when it started?'*, *'is something made this happen?'*) and encouraging client reactions (e.g., *'Do you agree with that?'*). Information checking is done (e.g., *'You know what I'm saying about?'*) and opening opportunities for the client to ask further questions are also presented. The role play ends well with the offering of suggestions of the next steps to take.

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Physiotherapy

Graded Speaking Sample 1

[Audio Transcript 1 of 4]



Interlocutor

Candidate

[00:00:00.06]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:08.38]

Okay. Okay. Hi Rebecca, thank you for letting me examine your knee. So, er may I ask you er may you talk more about the detail of your injury like any symptom?

[00:00:25.39]

Yeah. Um so my knee's still very painful.

[00:00:30.14]

Yep.

[00:00:31.51]

It's I'd say it's about a six out of ten. Um but the swelling has gone down.

[00:00:37.39]

Okay. So, you mean er now the scale of the pain is six of ten? So, is er that increased or decreased er compared to the beginning?

[00:00:49.70]

Yeah, it's possibly a little bit lower, but maybe only from 7 to 6. It's still very painful, actually.

[00:00:57.50]

Okay, so maybe improve little bit. Okay. Thank you. So, how h do you know anything about the ACL injuries? Can you share with me?

[00:01:12.72]

Yeah. The doctor gave me some information, but I didn't really understand all that much about it. I just know it's a problem in my knee.



Physiotherapy

Graded Speaking Sample 1

[Audio Transcript 2 of 4]

Interlocutor

Candidate

[00:01:21.18]

Okay, so do you know which part of the knee is the ACL located?

[00:01:27.27]

No.

[00:01:27.75]

Okay, actually. Okay, then let me explain that to you. Where is your ACL. Actually, it's a ligament inside your knee. So, the function is to combine the your er your thigh bone and your tibia bone. So yeah, that's the big the thigh and the shin of your the bone. So, the main function of this ligament is to control movement of your leg. So, if you er have some normal movement or twist of your legs, it might injure that part of the ligament like ACL or TCL that's the other ligaments. Yeah.

[00:02:15.50]

Okay. Yeah, that's good to know.

[00:02:18.94]

So er. So actually, I would like to er I'd like to let you know, actually, although your ligament is injured but your meniscus, that's the the soft form, the cartilage inside your knee joints, that's it's not injured, it's intact. So only the soft tissue part is injured and ... It's er quite so it's quite often for this kind of injury to injure the ligament not the meniscus part. Yeah. So,

[00:03:10.18]

Ok

[00:03:10.84]

Yeah. So there anything like how do you think? Would you like to go back to skiing before?

[00:03:21.75]

Yes, I'm really keen. So, I thank you for all of that information. But I would like to go back skiing again as soon as possible. Is that possible?



Physiotherapy

Graded Speaking Sample 1

[Audio Transcript 3 of 4]

Interlocutor

Candidate

[00:03:33.39]

It will be not take like 6 to 7 months after the ACL surgery. So, it takes time, but er with good er with good exercise and therapy, I assure you that you will improve. Just be patient.

[00:03:55.47]

That's good to know. So, I will be able to go skiing again eventually.

[00:03:59.76]

Yeah, that's what I er expect.

[00:04:03.20]

Mm hmm. Okay.

[00:04:06.82]

So er do you know about the surgery of the this injury?

Interlocutor:

[00:04:14.07]

No, I don't know about it. No.

[00:04:17.58]

So, usually if the ligament is completely toned, we will suggest our patients to do the injury, to do a surgery, to fix the ligaments. But er as I see from your notes.

[00:04:40.80]

It's okay. Carry on.

[00:04:42.27]

As I see from your notes. It might be just the partial tone of your ligament. So, I'll suggest you to do some physiotherapy first and some er resting before we decide if you need to do surgery or not.



Physiotherapy

Graded Speaking Sample 1

[Audio Transcript 4 of 4]

Interlocutor

Candidate

[00:05:08.05]

Okay. Yeah, I'm ready to start um physio if you think that will help.

[00:05:14.50]

Yeah. So, er I would like to give you some advice a about our treatment in physio sessions. Is that okay?

[00:05:24.75]

Yes. Thank you, though. That's the end of the test.



Physiotherapy

Graded Speaking Sample 1



Assessor comments:

The candidate is easily understood most of the time. Although most sounds are clear, occasional words are indistinct, and stress and intonation are not always used well, with the pitch remaining rather flat. The rate of speech is mostly appropriate although 'choppy' and there is a rather uneven flow with some restarted phrases, and pausing with fillers (e.g., 'so' and 'er') begins to be intrusive. The candidate uses a friendly formal tone and can adapt language to be appropriate for the patient, e.g., the meniscus and ACL injuries are explained clearly. Language is mostly accurate, and errors do not interfere with meaning, overall. Some lapses are noted with word order and question structures such as, 'So do you know which part of the knee is the ACL located?'. Some flexibility with vocabulary is noted, e.g., the ACL injury explanation was very clear. The candidate quickly moves into the post-examination chat, as directed by the role-play card, and displays an attentive and empathetic attitude throughout. There is not much concern expressed by the patient, but there is some exploration of the patient's expectations regarding returning to skiing. The dialogue is easy to follow and logically sequenced, with ample signposting to guide the patient to a new topic. The candidate begins with expansive open-ended questions, e.g., 'may I ask you er may you talk more about the detail of your injury, like any symptom?' and clarifies answers, such as the pain level now compared to at the time of injury. Both active listening ('Yep', 'okay') and summarisation are used well. The candidate checks the patient's current understanding before providing further explanation, e.g., 'How...do you know anything about the ACL injuries...?'. Pausing and checking provide the opportunity for the patient to check her understanding of the suspected injury or respond to the advice given regarding next steps.

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Physiotherapy

Graded Speaking Sample 2

[Audio Transcript 1 of 3]



EXAMPLE

B

GRADE

Interlocutor

Candidate

[00:00:04.33]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:14.21]

Yes. Good morning.

[00:00:17.00]

Hello.

[00:00:18.62]

Good morning. May I know your name, please?

[00:00:22.07]

Yes, it's Rebecca.

[00:00:24.46]

Hello, Miss Rebecca. My name is Richard. I am a physiotherapist here. Well, can you tell me what is your problem?

[00:00:36.31]

Well, I injured my knee when I was skiing last week, and I think the doctor says that I have a torn ACL on my right leg.

[00:00:51.07]

Okay, er well er, so it's almost er seven days, as you said last week it happened. Can you tell me, do you have any pain or any other symptoms like swelling or changes in colour of the skin?

[00:01:09.13]

Yes. So, the swelling has gone down, but my knee is still really painful. About a six out of ten.



Physiotherapy

Graded Speaking Sample 2

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:01:20.02]

Okay. So, you have six out of ten in pain. Okay. It's good that your swelling is come down compared to last week, as you said. Well, I would like to know more about any changes of the colour in the skin.

[00:01:39.15]

No, no, no. Nothing like that

[00:01:41.13]

Nothing like that. So that means inflammation is coming down. Okay, let us check your knee now for any possible injuries to any of the tendons or any bony structure. Well, based on the examination, what I have done just on your right knee. Well, yeah, with your knee your it shows that the anterior drawer is stressed what we do, basically to check your ACL ligament, which means the ligament is injured. Yeah your twisted your knee while skiing last feet due to that ligament is injured. Well, that is why you have that pain and swelling and everything. Can you tell me do you have pain while walking?

[00:02:43.26]

Yeah. It's too painful to put any weights on the knee at the moment.

[00:02:48.50]

All right. Okay. So, this is about your condition. I think you understood what I said about the ACL injury.

[00:02:59.87]

Yes, I understand that that's what the problem is. So how long will it take for me to recover? I'd like to be able to go skiing again.

[00:03:12.56]

All right. Well, it's usually it takes about the overall management, that is to reduce your pain and to make you comfortable in all the activities like running, walking. So, make you perfect, it takes like roughly about 5 to 6 to 7 months.

[00:03:38.93]

Right



Physiotherapy

Graded Speaking Sample 2

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:38.93]

Because the first we have, we usually divide that into three levels. Level one level phase one phase phase three, rehabilitation. Initially, we will start with the conservatives one like elevating your leg when sleeping, apply bandage over the injured area that is your knee and use some crepe bandage just to give you a compression so that more swelling will come down. And you know if anything like we call it as like a RICE approach. Yeah?

[00:04:18.35]

Yeah. Right.

[00:04:19.40]

So to basically rest, ice, elevate and compress that area and if it is responding to this, you will be able to return to your activities little earlier. For pain still not coming down, but it's as well as it's not progressing more into more pain. Then they will think about re-examination and based on your leg examination the doctors even can go for a possible arthroscopic approach.

[00:05:00.86]

Right, right. Well, I'm hoping I'm going to make a full recovery.

[00:05:06.65]

Yes, even I hope that. But I also would like to tell you about the various surgical procedures, if, in case you require in the future that.

[00:05:21.17]

Thank you. That's the end of the role play.



Physiotherapy

Graded Speaking Sample 2



Assessor comments:

The candidate is easily understood. Most words are pronounced clearly and sentence stress and intonation are used quite well to emphasise key words, e.g., *'Can you tell me, do you have any **pain** or any other symptoms like **swelling** or changes in **colour** of the skin?'*. The rate of speech is appropriate, neither too fast nor slow. The occasional self-correction is never intrusive. The candidate adopts a friendly, formal manner and chooses language likely to be understood by the patient, apart from when mentioning an *'arthroscopic approach'* without explaining what that meant. Language is mostly accurate, and errors do not generally interfere with meaning, despite a lack of precision in vocabulary at times, e.g., *'We will start with the conservatives one like elevating your leg when sleeping, apply bandage over the injured area that is your knee and use some crepe bandage just to give you a compression so that more swelling will come down...'*. Basic introductions establish the reason for the consultation, and the candidate is generally empathetic, e.g., *'It's good that your swelling is come down...'*, despite missing some opportunities to display this, such as when the patient describes her pain. There are cues which are not picked up relating to the desire to return to skiing and the length of time needed to recuperate. The dialogue is mostly logically sequenced, with some signposting to guide the patient to new sections of the consultation, (e.g., *'I would also like to tell you about...'*), as well as attempts to organise explanations e.g., the management information is divided into three phases. The candidate uses a blend of both open-ended (e.g., *'can you tell me what is your problem?'*) and closed questions, although some compound questions early on detract from the history-taking. The candidate often echoes what the patient has said, e.g., *'Nothing like that. So that means inflammation is coming down.'* The candidate does not check what the patient already knows before providing further explanation. There is also little in the way of periodic checking while explaining the situation, which would have allowed the patient to check her understanding of the suspected injury or respond to the advice given, other than *'I think you understood what I said about the ACL injury.'*

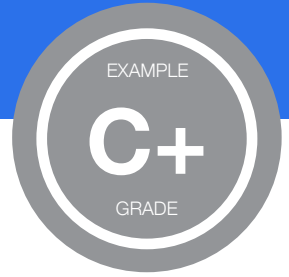
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Radiography

Graded Speaking Sample

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:01.22]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:10.57]

Yes. Rebecca, is it?

Interlocutor: [00:00:14.89] Yes, that's right.

[00:00:16.67]

Yeah. My name is Tram. I'm a radiographer. I would be helping you with um X-ray your chest today. So how do we feel about having this chest X-ray today?

[00:00:30.89]

Um. I'm feeling fine, but just a little bit anxious about the chest X-ray.

[00:00:35.90]

Yes. Yeah, I can understand most person come for the er come here for the X-ray. They go always go bit anxious or want to know why. And I think this understandable. And um, so have you had any experience with um X-ray before Rebecca?

[00:00:56.90]

Um. I have had um a few X-rays in the past and my main worry is because I have a pacemaker, I'm worried that the X-ray is going to affect how it will function.

[00:01:08.32]

Okay. Yes. So, um if you have experience with the X-ray before and um I can reassure you that X-ray um that's have no effect on pacemaker. Unlike MRI where it use um magnet magnet where it's kind of like quite strong magnet have an effect on pacemaker so might be the you know in that case you might be I don't know might be you should be worry and maybe not be able to have a MRI scan. But this is an X-ray. So normally X-rays use the ionising radiation and um collect you know scan signal and then the computer generate images. And er so we can be we be able to see it on the X-ray and X-rays had no effect on that. So, you do you feel a bit better?



Radiography

Graded Speaking Sample

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:02:01.93]

Yeah. Thank you. That's that's reassuring. But I've because I've had some X-rays as well in the past, I'm worried that about having even more exposure to more radiation.

[00:02:13.65]

Yes. Um, yeah. Thank you for asking me the question and thank you for you know your concerning about this matter because yeah, sure, I think in the long run, if we have a lot er X-ray, it's like er accumulate accumulating effect. But I mean, X-rays use we use very small dose X-rays and um unless you have have a lot lot X-ray like you know if you have a chemotherapy, that's where they lot of radiation so you you should be worrying. But in this case, I think um chest X-rays generate a very small amount of um radiation. And, you know the, we actually living in environment where we every day receiving a bit of X-ray, I mean, radiation, yes from the er from the general environment and from the soil, you know, even the called background radiation. So, you know, one chest X-ray might be equivalent, it might be um eight months background radiation. So, you know, it's not to you shouldn't be too worry about that.

[00:03:23.10]

Okay.

[00:03:23.52]

Anyway, yeah. So anyway, you have any other like a symptoms? Do I need to know?

[00:03:30.03]

No, it's just the pacemaker.

[00:03:32.67]

Oh okay, Sure. Um so um. With this er if you have X-ray before, you might like recall a bit about um err so about the like, you know, the positioning. Er, I mean, do you remember that you have to like stand in front of like a some sort of imaging plate where you have stand and then you know, how you should have a couple position for me to take X-ray. So, it could be like, you know, so do you remember about that at all?

[00:04:06.55]

Yes. That's coming back to me. Yes.



Radiography

Graded Speaking Sample

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:04:08.77]

Yeah, yeah. So, but I think, though, um I think, though, I think you you'd be able to like standing for little bit, like a standing in front. Yeah. So you can stand. So, um you can be you need to have like you can face in toward me and face or maybe face face in the radio, the imaging plate. But um you know, that's not a problem. But are you able to, like, hold your breath a bit? Like for maybe 5 second or something?

[00:04:41.38]

Yes, I think so.

[00:04:42.64]

Yeah. So let me show you um where the machine is. Just here yeah and see that. And um but this with this procedure, before I start, I actually need you to, like, ask you a few questions?

[00:04:57.52]

Yeah.

[00:04:57.61]

Do you have any metal, like a necklace or any metal thing besides pacemaker like earring or yeah, because of we don't want the artifact in X-ray. If you, yeah if you have metal

[00:05:11.54]

I can take my earrings out. Yes

[00:05:12.98]

Yeah, yeah. Um not that bad earring may be is okay, but I mean, a necklace. No, that's the thing we're really concerned about. Yeah. We need to take X-ray from the chest, down from lower neck down yeah about the diaphragm, you know in case problem jewellery case. So, if you don't have a metal in there except the pacemaker it should be alright and um.

[00:05:39.24]

Thank you that's the end of the role play. Thank you.



Radiography

Graded Speaking Sample



Assessor comments:

The candidate initiates the role play appropriately with an introduction and then asks the patient how they feel about having an X-ray taken. Fluency is managed at normal speed however there is some repetition of words, and at times groping for words, which does not cause serious strain. Pronunciation of some words causes some strain for the listener, such as *'most person'*, *'no effect'*, *'scan signal'*, *'recall'*, etc., but can generally be understood most of the time. Register and tone are generally appropriate however there are occasional errors in expressions of language which cause slight confusion, such as *'every day receiving a bit of X-ray'* (then self-corrects), *'eight months background radiation'*, *'face in the radio'*. With regard to grammar there, sufficient ability is demonstrated to maintain the role-play, however inaccuracies do occur. For example, *'quite strong magnet have'*, *'a couple position for me'*, *'where they lot of radiation. So you you should be worrying'*, etc. The candidate demonstrates an attentive and respectful attitude throughout and sequences the role play logically with appropriate questions in relation to the X-ray procedure. The patient's main concerns about the effect on the pacemaker and exposure to radiation, are addressed by the candidate well, with supporting information to comfort the patient, however there is no further questioning about any other concerns. In addition, there is no checking whether the patient understood the information given or steps in the X-ray procedure.

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Speech Pathology Graded Speaking Sample

[Audio Transcript 1 of 3]



Interlocutor

Candidate

[00:00:01.59]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:10.70]

Good afternoon, Shakina. It's lovely to meet you. My name is Melissa, and I'm the speech therapist. I believe you here to see me about your son. Do you want to tell me a little bit more about why you've come?

[00:00:21.67]

Yeah, sure. So, our family doctor's referred us to you. You know, my son, Sam, he's been having some difficulty with controlling his saliva. He's. He's drooling a lot. I'm kind of worried about that. Yeah.

[00:00:40.15]

All right. That makes sense. Do you want to tell me a little bit more about the drooling? Um, so when did it start? How long has it been, um, a problem? Maybe a little bit about how often it's happening. Just give me a little bit more details... a little bit more detail about that drooling.

[00:00:58.30]

Yeah. So, like I said, the drooling. He's having difficulty drooling, but this is particularly during, between mealtimes and it probably started two or three weeks ago.

[00:01:13.09]

Okay.

[00:01:14.14]

Yeah.

[00:01:14.86]

All right. So, does it seem bothersome to him?



Speech Pathology Graded Speaking Sample

[Audio Transcript 2 of 3]

Interlocutor

Candidate

[00:01:17.86]

Yes, it does, actually. He's kind of becoming frustrated and increasingly sort of angry about...about this problem.

[00:01:28.06] Okay. All right. So, I see here in the in the notes that, um, he has cerebral palsy. I know there's, you know, a very big range in terms of how a child with cerebral palsy can present. Can you tell me a little bit more about your son in terms of, you know, is he feeding himself? Is the drooling something he's trying to manage? Give me a little bit more information about about him.

[00:01:51.74]

Yeah. So, I'd say, you know, he feeds himself during using a fork and a spoon. I would say...

[00:01:58.52]

Quite independent.

[00:02:00.23]

Moderately independent. Yeah. And he's also attending a learning program so that that is also happening. Yeah.

[00:02:11.63]

Alright, so he has quite a lot of support. That's great. Okay, so you're in the right place. Your doctor sent you to me to kind of give you some ideas about how we can manage that drooling. So, there's a lot of different approaches to managing drooling and some approaches are more medical, so medications that are available. There are surgical options available. And and then more kind of in my line of work would be the oral motor therapy. So, we can do some exercises and try and improve the mobility of his articulators and improve the awareness that he has of that drool and how to manage it, improve coordination and strength - all of the kind of the underlying reason for why he might be having some difficulties with drooling. So, my my feeling is that to go, um, with oral motor therapy, non-surgical, doesn't have any side effects, is a good place to start. How does that sound?

[00:03:12.46]

Yeah. No, I was actually not sure about the oral motor therapy. I actually thought surgery would be a better option.



Speech Pathology

Graded Speaking Sample

[Audio Transcript 3 of 3]

Interlocutor

Candidate

[00:03:20.65]

Okay, so that makes sense. You know, we often think, um, that surgery is a better fix and there are benefits to surgery, but there are also a lot of risks associated with surgery. And so, what they would do in the surgery is they might, um, remove or reposition the salivary glands. The problem with that is you often end up going the other way and you might end up with a very dry mouth, you know, which is then the opposite of the drooling. We can end up with dental problems, dental decay, because the saliva actually plays a role. Um, there can be hearing loss or taste loss as a result as a result of nerve damage that happens during those surgeries. Whereas speech therapy is conservative, it's less invasive, so we can always keep surgery on the on the backburner. But to start with something, you know, less invasive and a little bit and, you know, without those added risks is often is often a better plan.

[00:04:18.47]

Hmm. Right. I understand now. Yeah. I think maybe we could give it a go before we think of surgery.

[00:04:26.44]

Yeah. Perfect. All right. So, um, in order to kind of go ahead with the therapy, obviously, I need to meet Sam so we can bring him in for an assessment. And then from there, we can then decide exactly on what the therapy is, is going to be. So, we can arrange that at the end of the appointment. Before then, I'm just going to give you two little tips which can help in the meantime, before we start with the therapy. And so, one is just to make him aware of the drooling. So, he sounds like he is quite independent. And so, you know, it's something you can hand over a little bit of the control to him. And and we want to then be telling him to, you know, um, either wipe the drool if it's already happened, or reminding him to keep his mouth closed and to wipe, umm, to wipe the lips, sometimes a little arm band or something, which is an easy way of wiping it, but it's a visual really...

[00:05:20.53]

Thank you, that is the end of the role play.



Speech Pathology

Graded Speaking Sample



Assessor comments:

The candidate's speech is entirely clear and accurate throughout, and emphatic stress and intonation are skilfully used to add meaning to what is said. It is paced at a normal rate. There is no sense of needing time to reformulate ideas because of language limitations at any point; she is completely fluent. The candidate uses friendly yet formal language, which is accessible to the patient, adapting her vocabulary and using an appropriate tone, e.g., when explaining the various treatments. There were, however, two instances where the medical terms should have been explained or immediately rephrased, i.e., 'articulators' and 'oral motor therapy' as these terms would not necessarily be understood by the patient. The excellent control and flexibility of language are sustained throughout, with idiomatic language used naturally, e.g., 'so we can always keep surgery...on the backburner...'. The warm and welcoming greeting and introduction sets the tone for the remainder of the interaction. The patient's view is acknowledged without judgement when she indicates interest in surgical options but is then gently persuaded otherwise. When the patient's mother expresses her concern, it is not directly attended to other than 'that makes sense'. It could have been further explored. Later mention is made of how the son is becoming angry with the problem, and again it is not addressed, other than 'alright'. These were ideal moments to show empathy and pick up on these cues. There is a clear and purposeful flow to the interaction, and it is given structure by using signposting language throughout, e.g., 'there's a lot of different approaches', and 'And then from there, we can... So we can arrange that at the end of the appointment. Before then, I'm just going to give you two little tips which can help in the meantime...'. The initial use of open-ended questioning ('Do you want to tell me a little bit more about why you've come?') allows the client to offer her reasons for attending in her own words. Some compound questions are noted around the frequency of the issue. There is good use of active listening and echoing the client's input to summarise, e.g., 'So he has quite a lot of support'. Explanations are done well, with pauses from time to time when explaining information to invite response and reactions, e.g., 'How does that sound?'. There is no attempt to establish what the client already knows, i.e., if they have heard of oral motor therapy or articulators before.

*These comments were provided 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.



Veterinary Science

Graded Speaking Sample

[Audio Transcript 1 of 4]



Interlocutor

Candidate

[00:00:07.05]

Thank you. The role play will now last for 5 minutes. Don't worry if I stop you when the time is up. Can you start the role play now, please?

[00:00:19.29]

Good morning. My name is Doctor Asmaa. I'm veterinarian in duty today. How may I call you?

[00:00:27.78]

Please call me Rebecca.

[00:00:30.60]

Rebecca. It's nice to see you, Rebecca. OK Rebecca, how can I help you today?

[00:00:36.96]

Well, it's about my cat. She's just stopped using her litter box, and and I'm not sure why.

[00:00:47.51]

Okay. Er have you observed any other symptoms? Like she doesn't like to eat. Maybe?

[00:00:58.35]

No, no. There's nothing else that seems to be going on.

[00:01:03.59]

Okay. I just want to for a full picture for what is happening. So, could you tell me more about her diet?

[00:01:16.41]

She's just eating a normal mix of cat food at the moment.



Veterinary Science

Graded Speaking Sample

[Audio Transcript 2 of 4]

Interlocutor

Candidate

[00:01:23.70]

Okay. And about her urination. You you have said that she stopped using her litter box. Does this mean that she stopped to pee?

[00:01:39.03]

No. So, what she's doing, very strangely, is she's using the floor in the same room where her litter box is. So, it's it's nothing I haven't moved the litter box, and she's still urinating in that room, but just on the floor instead.

[00:01:58.82]

Okay. OK. I see now. So, have you observed anything abnormal in her urine? Like

[00:02:07.06]

Yes go on.

[00:02:08.78]

Odour or colour?

[00:02:11.00]

It is smelly, but I haven't...

[00:02:15.59]

Smelly?

[00:02:16.31]

Yeah, there's nothing else I think.

[00:02:19.31]

A fish. Like there's a fish or what kind of smell?



Veterinary Science

Graded Speaking Sample

[Audio Transcript 3 of 4]

Interlocutor

Candidate

[00:02:25.53]

No, yeah I don't know how to describe it. It's just, it's, it's sort of you come in the room and it's, you stand back it's not very nice.

[00:02:38.03]

Yeah you know I can understand. Have you observed any blood, with the urine?

[00:02:43.76]

No, there's no blood.

[00:02:47.61]

No, there's no blood. Okay. So, I need to know if she's tired want sleep a lot inactive doesn't like to play?

[00:02:59.87]

I haven't noticed any of that. The only thing I have noticed is that she seems to be licking herself more. But other than that, normal.

[00:03:10.64]

It's it's not something that we worry about. Or usually cats like to lick themselves

[00:03:16.99]

Yeah.

[00:03:18.08]

Yeah, yeah. Okay. About your diet. Do you use er the commercial one or you prepare it at home?

[00:03:26.33]

It's a commercial food.



Veterinary Science

Graded Speaking Sample

[Audio Transcript 4 of 4]

Interlocutor

Candidate

[00:03:28.46]

Commercial. Yeah. Okay, so er it could be I think in this case, er I have er a lot of er conditions in front of my eyes, so I'd like to went through to go um and make further tests if you are comfort with this, to confirm our diagnosis, because I think you have said that her urine is smelly and um you have said also that she likes to lick herself I'm worry if she got any kind of infection. There are a lot of conditions in our list. So, what do you think? Would you like to go through to make further examinations like urine analysis?

[00:04:26.65]

Yes. Is that what you think it might be, that it is some sort of urine infection?

[00:04:33.83]

Yes because we have as you said earlier, it's smelly she can't withstand to go to her litter box and urine. So, I think there's something wrong. But before doing that, I'd like to ask you one more question if you don't mind. Could you tell me er about her er spaying? Have you done this or or not?

[00:04:58.88]

Yes. Yes, she is spayed.

[00:05:01.04]

She's spayed? Okay. So now, yeah, I I think it would be er a good idea to go through the urinalysis and examine her so we can get a definite answer to all of these questions. So, are you comfort for this?

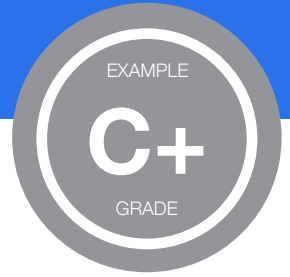
[00:05:22.96]

Yes. Thank you and thank you. That's the end of the role play.



Veterinary Science

Graded Speaking Sample



Assessor comments:

The candidate is easily understood, with generally clear and accurate pronunciation, word stress and intonation. She speaks at a normal rate, but the delivery is not always smooth, instead somewhat choppy especially in longer turns. The candidate uses mostly appropriate language pitched at the client's level, such as using both formal and less formal options when describing the cat's urination patterns, e.g., 'urination' and 'pee'. Occasional errors in grammar are not intrusive and meaning remains clear, e.g., 'Does this mean that she stopped to pee?' and 'So are you comfort for this?'. Simple initial introductions establish the reason for the visit. The two concerns expressed by the client are acknowledged with some empathy, and then referred to in the explanations at a later point, i.e., 'You have said that her urine is smelly and um you have said also that she likes to lick herself. I'm worry if she got any kind of infection'. The flow of the interaction is mostly question/response, without many attempts to structure the dialogue, such as scaffolding to alert the client to a new topic. However there was one incidence of signposting being used to signal the suspected diagnosis ('Okay, so er it could be I think in this case, er I have er a lot of er conditions in front of my eyes...'). The addition of the question about the cat being spayed is introduced with 'I'd like to ask you one more question' but it does not really seem related to where they are in the role play, i.e., what to do next. Compound questions are noted, e.g., 'So I need to know if she's tired want sleep a lot inactive doesn't like to play?'. She encourages the owner to describe the symptoms but could explore these more effectively by using specific questions and active listening techniques. There are two recommendations to do urinalysis and examination, and the client is asked how she feels about these. There is not otherwise much information given, so not much opportunity to check understanding.

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