
The ultimate guide to the OET Speaking sub-test



Linguistic criteria



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Hello

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Welcome to the ultimate guide to the OET Speaking sub-test

This book will help you prepare for your test by explaining each of the testing criteria, discussing what speaking skills you will need, and encouraging you to improve through lessons and role play examples.

Each chapter of this guide is based on a section of the assessment criteria, which we will use to score your role plays. The criteria are:

Linguistic criteria

1. Intelligibility
2. Fluency
3. Appropriateness of language
4. Resources of grammar and expression

Clinical communication criteria

1. Relationship building
2. Understanding and incorporating the patient's perspective
3. Providing structure
4. Information gathering
5. Information giving



How the score works

For the OET Speaking sub-test, assessors give you a score for each criterion.

Linguistic criteria are assigned a score of 0-6

Clinical communication criteria are assigned a score of 0-3

Test-takers securing grade B (350) will have achieved predominantly scores of 5 out of 6 on each linguistic criteria and 2 out of 3 for the clinical communication criteria.



About the linguistic criteria

Our linguistic criteria determine how assessors will score your language skills during the Speaking sub-test.

Each section covers the key linguistic skills you will need to successfully communicate in a healthcare workplace.

OET Test assessors are checking your ability to maintain a conversation and deliver information to a patient or their relative. High scores in these four criteria demonstrate your competence as a healthcare professional, as well as for potential future employers.

Introducing the four linguistic criteria

01. Intelligibility

02. Fluency

03. Appropriateness of language

04. Resources of grammar and expression

Remember:

While this guide will go through each criterion following the order above, they are all weighted equally and are individually given a score from 0-6 by the OET Test assessors.



01. Intelligibility

The focus for this criterion is how clearly you speak. Or, in other words, how easy it is for the person with whom you are communicating to understand you.

Clarity of speech is made up of two factors:

1. Your pronunciation
2. Your delivery

We will cover the delivery of speech in the next criterion: Fluency.

An introduction to English language pronunciation

Pronouncing words correctly in English can be broken down into four areas:

- **Stress**
- **Intonation**
- **Rhythm**
- **Accent**

You might find certain areas of pronunciation difficult, and other areas easier – this has a lot to do with how similar English pronunciation is to your first language. Some English sounds are notoriously difficult for speakers if such sounds are not found in their own language. For other speakers, the ‘music’ of English is difficult to replicate if the language they predominantly use has less varied intonation.

Basically, you may find pronouncing English words hard at first, and that’s OK. It takes practice.

Understanding what the assessors are looking for and where you might have a problem will help you find more success not only in your Speaking sub-test, but when conversing with your patients in English.

We’re going to explain the four areas of pronunciation and provide you with some audio examples from real OET Test candidates. This way you will be able to hear for yourself when the pronunciation is done more or less successfully.

Stress

When speaking, stress allows us to communicate to our listener which word we mean, and which words we want the listener to focus on in a statement or question.

When stress is placed incorrectly, it can alter the meaning of the statement or cause the listener to miss your point. Therefore, stress is a good tool to learn to avoid these problems and create clear communication in your conversations.

Note: in the examples that follow, the ' indicates the area of *stress*.

Stress in words	Intended meaning
'invalid [IN-va-lid]	Someone who is sick and unable to care for themselves
in'valid [in-VA-lid]	Something which is not officially acceptable


Stress in a statement or question	Intended meaning
You need to eat 'more fresh food and 'less ready-prepared meals.	Stressing 'more' and 'less' tells the listener that the words which come next are important.
Do you have any 'animals at home?	The stress on 'animals' clarifies to the listener the focus of the question – of which there could have been a range of other possibilities, e.g. other children, smokers, etc.



How did real candidates use stress in their role plays?

Listen to real candidates completing a role play to understand the examples throughout the rest of this guide.

Steps for listening to the audio with the examples:

- 1 | Listen to the profession audio samples that match the profession in each example below to hear the relevant audio.
 - 2 | Click on the [\[time stamps\]](#) in each example to open the soundcloud file.

- You will then hear the relevant part of the audio from the time referenced.



Speech Pathologist | Example

[\[00:02:40.63\]](#) “Yeah. And so how are you doing with that?”

- In this sentence, the Speech Pathologist uses stress well to clarify that she wants to hear how the patient’s spouse (to whom she is speaking) is feeling, as opposed to how the patient is feeling (who it would have been more normal to ask about).

[\[00:02:04.25\]](#) “The causes of dys’arthria are the weakening of ar’ticulatory muscles”.

- She also uses stress well in the pronunciation of technical terms.



Doctor | Example

[\[00:01:46.49\]](#) “Yeah, OK, right. So it’s better to avoid strong exercise, for example, ‘jog’ging or ‘swim’ming within six weeks. But after six weeks, you can try a strength exercise, but usually it’s better to start from light exercise, for example ‘wal’king or ‘stret’ching.”

- When providing the patient with recommendations about exercise, the Doctor uses stress well to draw the focus to a mix of exercises that should be avoided and some which are advised.



Nurse | Example

[\[00:03:51\]](#) “and after that you will have no side effects. But if you- if you do have a headache or dizziness, I suggest you, you immediately seek a doctor’s advice.”

- Sometimes, stress must be consciously placed by the speaker – especially when giving advice or a warning – so that it acts as an alert to the listener. Here, if the Nurse had placed some extra stress on the underlined words, their impact would have been more memorable.

Intonation

Like stress, intonation helps clarify your speech for the listener. English is often described as a musical language, meaning during speech, the voice rises and falls to create extra meaning. For some learners of English, this might be quite different to how speech sounds in their predominant language.

Intonation is generally split into two functions:

1 Grammatical

2 Attitudinal (how the speaker feels about the topic)

We'll cover attitudinal intonation in 'Appropriateness of Language' later in this guide.

Grammatical intonation

Grammatical intonation helps the listener distinguish between statements and questions (and, therefore, whether they are expected to respond at the end of what the speaker says).

	Example	Intonation
Statements	"I will look after you today."	Falling at the end
Wh-questions	"When did the pain start?"	Falling at the end
Yes/no questions	"Have you had this pain before?"	Rising at the end
Lists	"Running, walking or jogging would be OK."	Rising, rising, falling



Doctor

| Example

Doctor: [00:00:37] "May I confirm your name?"

Interlocutor: [00:00:39.56] "Certainly. My name is Sally".

- When the Doctor asks the patient to confirm her name, she uses rising intonation - which suggests a yes/no response from the patient. Falling intonation would have been better if the doctor wanted to give clearer indication that she wished for the patient to respond.



Nurse

| Example

Nurse: [00:02:41.57] "Right. That sounds good. Er, do you know about the insulin?"

Interlocutor: [00:02:46.58] "I've heard about it. The doctor did mention it".

- However, the Nurse overuses rising intonation on questions throughout the role play.

Nurse: [00:01:20] "Er, what kind of diet you have been taking?"

- When the Nurse seeks to confirm the patient's current understanding of insulin, she uses rising intonation correctly.



Speech Pathologist

| Example

Speech Pathologist: [00:01:33] "What, what kind of information are you looking for?"

Interlocutor: [00:01:36.22] "Well, um I- I really want to know what the assessment showed".

- As part of her introduction, the Speech Pathologist asks the patient's spouse about her objectives for the conversation and uses falling intonation appropriately.



Accent

How you pronounce individual words will be impacted by your accent. Accents are something celebrated by OET – they're something very personal to you, and generally welcome in the countries where you are hoping to work (which are already very multicultural places).

You do not need to worry about erasing all traces of accent from your speech. Instead, the focus is on ensuring your pronunciation does not prevent the listener from understanding you.

It's also worth remembering that the topics you will speak about in the OET Test will be very familiar to you as a healthcare professional but may be much less familiar to the person you are speaking to. For this reason, you must take extra care when pronouncing technical terms, or the words you use to explain something to your patient.

Note: In the assessment descriptors, this is described as 'strain' for the listener. If they take a couple of seconds to work out what you have said, this causes them strain. Well-pronounced speech takes no effort from the listener to process.





Doctor

| Example

[00:01:11] “So I’d like to suggest to join a cardiac rehabilitation programme, which my hospital provide for outpatients”.

- The Doctor has a noticeable accent, but clearly pronounces the programme she is recommending so that it is easily understood.

[00:02:54.35] “OK, because exercise will help decrease the lower cholesterol level and lose your weight and strengthen your heart”.

- Later, her accent does cause some strain in this sentence.



Nurse

| Example

[00:03:15] “So, for the insulin injection, you will be given the insulin needles. They are disposable. They are only for one use. For the, um, procedure, er, it is going to be subcutaneous layer, which is the superficial layer”.

- Similarly, the Nurse has moments of less-successful pronunciation, but these are surrounded by accurate examples.



Speech Pathologist | Example

[00:01:47.50] “Ok, um, so we found that he has dysarthria, which is difficulty speaking clearly”.

- As might be expected for a Speech Pathologist, our candidate has very good pronunciation of both technical and routine words.

Rhythm

Rhythm in speech is what happens when you combine all of the above elements (stress, intonation, accent) correctly. When rhythm is missing, it can feel like a bumpy ride for the listener. They will focus more intently than should be necessary working out exactly what you are saying.

Good rhythm is achieved by connecting words smoothly, which may mean skipping sounds from the end or beginning of a word, or adding sounds to the end or beginning of a word. It also includes getting stress right – i.e. adding it to the words to be focused on, and not to the words surrounding them.

Keep in mind: You are more likely to struggle with rhythm when speaking for a longer period (i.e. explaining something, or giving advice), because you will be thinking on your feet while you speak.

Individual words (said completely separated)	Connected words (said with rhythm)
'Why don't you try...'	'Why don-chew try...'
'I'm a bit tired.'	'Ima bi-tired.'
'Did you see the accident?'	'Di-jew see th-yaccident?'



Nurse

| Example

[00:02:40.63] "I, I believe they are high in sugar and it is very important for you to just take diet, which is, um, low fat and sugar free. So this will really, really help you to maintain your diabetes levels. Is that clear for you?"

- In this longer turn by the Nurse, she keeps a steady rhythm going. This keeps the content clear for the listener.

Speech Pathologist | Example

[00:02:55.27] “Especially out with multiple people – the volume level’s up for everybody, um, and he doesn’t get to express himself. Um, that must be hard for you, too”.

- This response from the Speech Pathologist has a confident rhythm, which is assisted by correct stress placement and natural-sounding intonation.

Doctor | Example

[00:06:03.02] “Yeah, it must be difficult for you, yes, about the situation but let me reassure. I’d like to say, your condition is manageable and also curable as long as you follow my advice. So in the future, you can control your health condition as you care about diet and exercise.”

- In contrast, the Doctor has good rhythm in her longer turn but the lack of variety in intonation makes her sound disinterested in the patient’s situation (which we will cover in Appropriateness of Language below).



02. Fluency

Fluency covers the speed at which you speak, and how smooth your speech is for the listener.

In a healthcare setting, your fluency is being judged by whether the patient or their relative can follow what you're saying, and understand it. Some candidates might think that fluency is speaking fast, but in most cases in OET Speaking, fast-talking won't be appropriate.

Why? Well, your patient or their relative is receiving new and important information about their health for potentially the first time. They might be feeling emotional, distressed or frustrated, which can impact how easy it is for them to process what you're saying. A measured speed, which allows the patient or relative time to understand what you are advising or explaining and gives them an opportunity to stop you asking a question, is therefore going to produce a better outcome.



Nurse

| Example

[00:03:31.85] "So do not worry, I explain you how to correctly use the needle to your skin. So you have to just, er, prick your subcutaneous layer at the forty-five angle. You need to insert the needle very nice and slow, and the medication will go inside – and after that you will have no side effects".

- In this example, the Nurse is explaining the process of self-injecting insulin and speaks at a suitable speed to move through the different steps required by the patient.



Speech Pathologist | Example

[00:01:23.38] I'm the speech pathologist that's been working with your spouse and we're here to discuss the results of an assessment.

- In her introduction, the Speech Pathologist speaks a little faster, but this speed is more appropriate because she is not introducing any new information for the patient's spouse.



Doctor

| Example

[00:02:30.17] Yes, I understand your concerns. Yes. So it's better to start from about 30 minutes only on the weekends. Is it possible for you?

- In contrast, the Doctor speaks slightly slower than sounds natural during her roleplay, creating a somewhat mechanical sound to her speech.

Hesitation and filler language

If you have picked the right speed, you should be able to maintain it for the whole of your turn without finding yourself slowing down to think or to correct mistakes. This is the second part of fluency: whether your speech is hesitant, with lots of filler language (e.g. er, uh, um), or you make repetitions and self-corrections to cover mistakes you've made.

To clarify, it's impossible to speak naturally to someone without some form of hesitation or self-correction. When the conversation is unscripted, which all patient-professional conversations are, both speakers will be thinking on their feet and coming up with responses. In OET, you are therefore expected to use hesitation, fillers, repetition and self-correction to an extent, but not so much that you leave your patient wondering what's going on.

When does hesitation become a problem?

Where hesitation or self-correction becomes a real problem is when a professional:

- Needs several seconds to think of a response before speaking
- Stops mid-sentence to think about what to say next
- Continually self-corrects their own grammar

Remember, the person listening to you doesn't know what is going on inside your head. If you keep stopping, starting or changing what you are saying mid-sentence, it can feel very confusing.

In real life, patients listening to this kind of speech might begin to doubt your professional competence – so you can start to see why smooth, fluent speech is important to get right.





Doctor

| Example

[00:04:36] “And also you have a risk of reoccurrence of heart attack, and reoccurrence could be fatal. So you really need to care about your diet”

- The Doctor avoids much if any hesitation when speaking, nor does she repeat or self-correct herself. But this appears to be a result of her slightly slower speed and careful approach (as we mentioned earlier). Ideally, she could speak a little faster to sound more natural while maintaining minimal hesitation/self-correction.



Nurse

| Example

[00:02:49.76] And have you- have you ever used the insulin injections?

- In routine speech, it is expected that asking questions should be delivered fluently without hesitation or a need for self-correction. Here, the Nurse asks this question fluently.

[00:01:53.39] I see. What I suspecting- what I’m suspecting is that you have been taking sugar. Er, as you mentioned, you taking sweet biscuit and you, you are taking breakfast in the morning, which was sandwiches and beans.

- When recalling dietary details which the patient provided to her, the Nurse is a little more hesitant. This could be expected, because of the need to remember the words the patient said.

[00:05:01] But let me assure you, you will be fine, er, after the- after using insulin injection at once. And, er, I will be assisting you when you using the needle. It is, er, it is, um, alright. Um and also, I need you to, um, dispose the needle in a safe way.

- When the hesitation becomes a little intrusive for the listener is towards the end of the role play, when the Nurse is moving from one point to another.



Speech Pathologist | Example

[00:03:16.87] Um, they can enhance his communication, especially out in public, um, to get his needs- his, um, thoughts expressed. Um, and what- what is- what are your thoughts about, um, assistive technology?

- As an example of how candidates can end up making more than one attempt at a question, the Speech Pathologist needed to rephrase this question a couple of times. This sentence also shows overuse of the filler ‘um’.

Appropriate filler use

Fillers are appropriate at the beginning of a turn to allow a couple of seconds to decide what to say, but using them frequently through your speech lowers fluency. Some speakers use frequent fillers (or other words which act like fillers, e.g. 'you know', 'I mean', 'like') without realising they are doing it. Recording yourself speaking or completing a practice roleplay is a great way to check your speech and see if you're overusing fillers.



Speech Pathologist | Example



[00:03:06.70]

"Um there are many treatment strategies that we can look into."

An appropriate use of fillers.



Nurse | Example



[00:01:29] Interlocutor:

"I like to have, you know, baked beans and toast in the morning and, you know, for lunch I'll have, you know, a sandwich. And, you know sometimes I like to have, like, fruit afterwards. And then, you know, in the afternoon, I like to have a sweet biscuit and tea and then, you know, just normal sort of, you know, meat 'n' three veg for dinner".

Fillers used too frequently



03. Appropriateness of language

The focus of this criterion is how your vocabulary choices and explanations suit the type of communication, e.g. a conversation between a patient and a healthcare professional would be very different to a conversation between two life-long friends.

Appropriateness can be split into four parts:

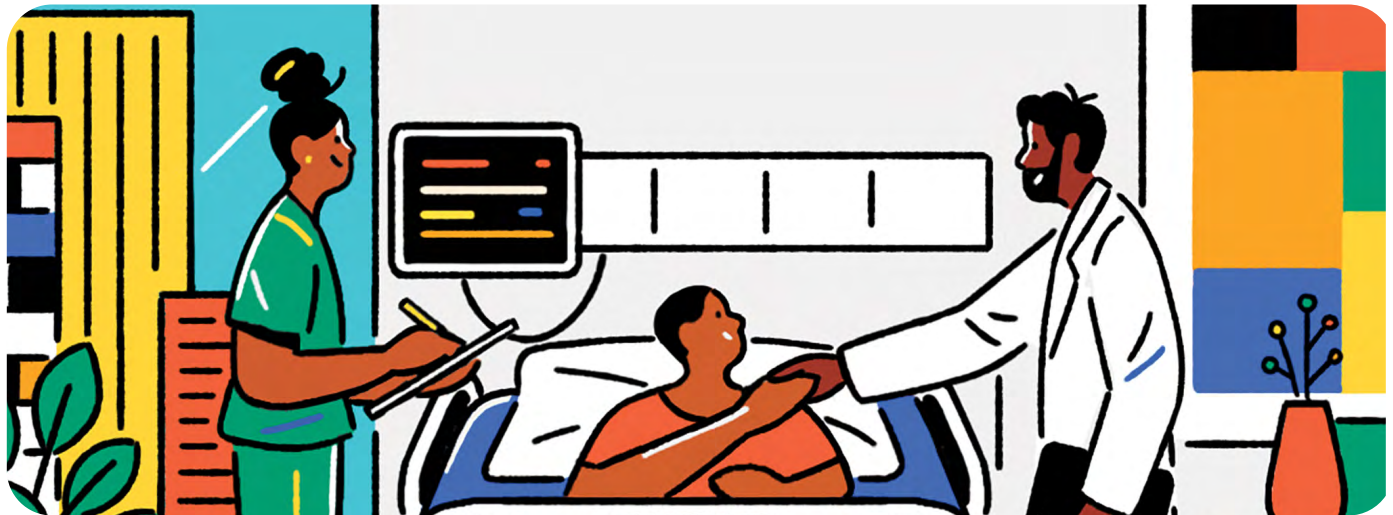
- Register
- Tone
- Lexis
- Explanation of technical matters

Register

In any type of conversation, a certain register is expected – ranging from very informal (i.e. between close friends or family) through to very formal (i.e. legal settings).

In Western healthcare settings, patient-centred care has led, in recent decades, to a reduction in formality. The appropriate register would now be best described as professional yet friendly. This means avoiding very informal speech patterns (e.g. “innit”, “gotcha”) to retain professionalism, but relaxing from sounding too formal (e.g. calling the patient “sir” or “ma’am”).

Some candidates from cultures that still use very respectful language during consultations may find the reduction in formality a little uncomfortable to begin with. To reassure yourself that this is what is expected, it’s good to watch episodes of fly-on-the-wall programs such as ‘GPs: Behind Closed Doors’ or ‘Kings Cross ER’ on YouTube.



 **Nurse** | Example

[00:04:56.42] “I understand you’re concerned. Lot of patients feel the same way as you feeling. But let me assure you, you will be fine, uh, after the- after using insulin injection at once”.

- In this example, the Nurse is trying to reassure the patient, who is feeling anxious about self-injecting insulin. She uses an appropriate register, which sounds professional but still friendly.

 **Doctor** | Example

[00:05:10.49] “And also how about do you have any hobbies to reduce your stress?”

- Equally, the Doctor sounds friendly yet professional when asking the patient about the activities they do in their free time.

 **Speech Pathologist** | Example

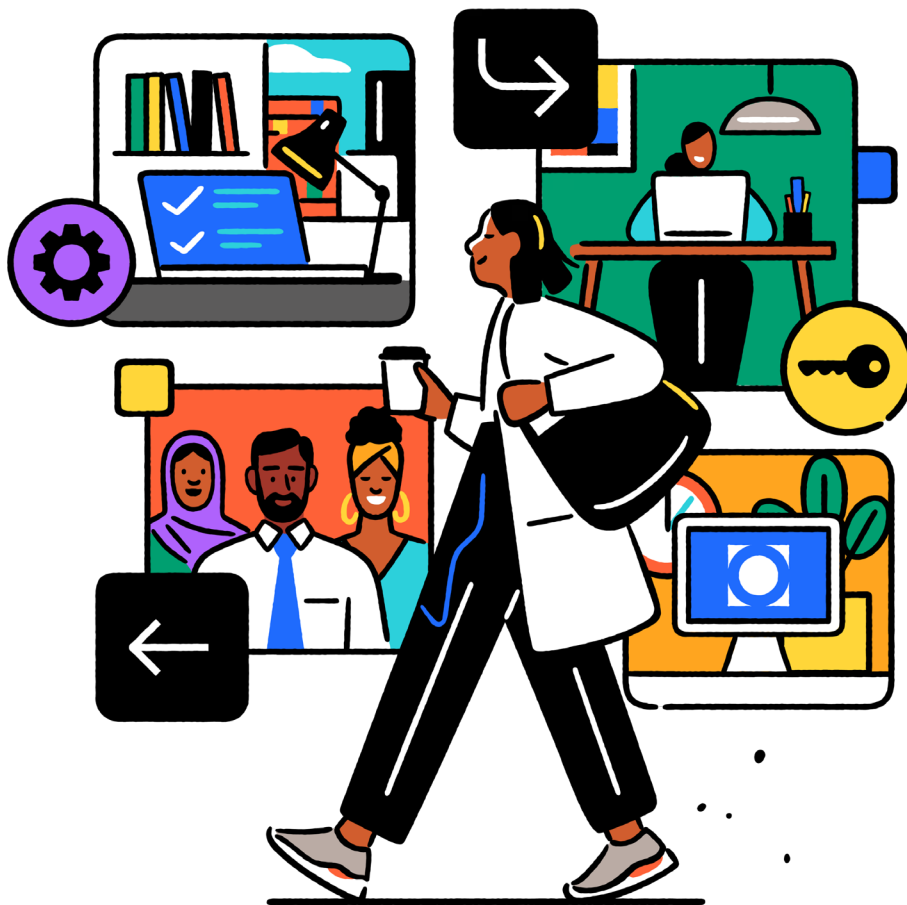
[00:05:37.35] “Um, I think that an appropriate assessment for his, um, his ability to speak, his articulatory levels right now are what we need”

- The Speech Pathologist is speaking to the patient’s spouse. Here, she is using register to sound more reassuring (‘we’ makes the spouse feel like they are a team solving this problem, rather than ‘you’).

Tone

Tone helps to demonstrate your emotion, something that is particularly important for the OET Speaking Test – assessors only score you using the audio of your role plays. English speakers learn the meaning behind intonation from a very young age. For instance, children recognise from the way their parents say “Come here” whether they are about to be reprimanded, or if they’re going to receive something pleasant.

In the same way, it is important that you make sure your intonation (i.e. the way your voice sounds) matches your words. If you’re trying to show empathy, your voice would need to sound warm and concerned. If you are being firmer with your advice, then your voice would have to sound harder.





Doctor

| Example

[00:01:02.51] **"I see. It's perfectly normal to feel worried at this stage".**

- Here the Doctor's patient has been saying she feels worried about how tired she is feeling. The Doctor responds with warm intonation to show empathy, with a nice use of stress at the start of perfectly.



Nurse

| Example

[00:04:12.44] **"I can understand your concern because you have never used the insulin syringe. It is totally- it is fair".**

- In contrast, the Nurse, who is responding to their patient saying she feels scared about the idea of self-injecting, uses empathetic words but her matter-of-fact tone doesn't match what she is saying.



Speech Pathologist | Example

[00:04:33.82] **"Um, Parkinson's is- is typically not going to change. There's no cure for Parkinson's. So it will progress, but there is lots- there are lots of ways to help him keep communicating. So the muscles will probably continue to deteriorate but there are lots of ways to help".**

- Similarly, the Speech Pathologist, responding to a question about whether the voice changes the spouse's partner is experiencing are permanent, could do with sounding warmer to show they have empathy for the situation. With the current tone, the first two statements sound quite harsh.

Note: If using an emotive tone isn't something your predominant language uses, this might feel difficult at first, even silly. Practising in the mirror or by yourself, and then with friends and family, can help build confidence. As we say in English, "practice makes perfect".

Lexis

'Lexis' refers to your range of vocabulary. The words you choose when communicating with a patient or family members also fit with register and tone. To be able to sound professional yet friendly, you will need to select vocabulary that fits the situation. This vocabulary is likely to differ from the word choices you use when communicating in other settings, i.e. with a colleague or outside of a work setting.

Here are some examples of how different verbs with the same meaning might be selected for different settings:

With a patient	With a colleague
Catch (an illness)	Contract
Cut	Incise
Remove	Extract
Worsen	Aggravate/exacerbate
Look	Examine
Need	Require

But why be careful with words? Part of the reason is to match the register and tone of a conversation, but the other part is simply to ensure the patient understands you – i.e. by choosing words that would be more familiar to them.

Even seemingly simple medical terminology can seem like confusing jargon to a layperson. Making sure that you choose words which are easy for someone to understand, and process will help make them feel reassured during a conversation, especially if they are unfamiliar with the condition or treatment, or they are unwell or vulnerable.

Using medical jargon can have the opposite effect. We'll discuss this in the next section, explaining technical matters in lay terms.



Doctor

| Example

Interlocutor: [00:04:14.60] “Well, I have to admit, I really like drinking lots of beer and, you know, eating lots of, you know, steaks and pies and chips and things like that. They’re my favourite foods”.

Doctor: [00:04:27.86] “Mmm. OK, I see. Yeah, but fatty and oily food, well, it’s not good for your health”.

- The Doctor has just listened to the patient describe her diet and, while paraphrasing this in her response, keeps the same familiarity of the vocabulary. This means she does not overcomplicate the meaning of the point she is making.



Speech Pathologist | Example

[00:02:27.46] “So maybe a little slower. It may be a little off-sounding as well”.

[00:03:16.87] “Um, they can enhance his communication, especially out in public, um, to get his needs, his, um, thoughts expressed”.

- The Speech Pathologist generally chooses words which the patient’s wife would be familiar with, e.g. to describe how the patient’s speech might sound. Some of her word choices, though, could do with being slightly less formal.



Nurse

| Example

[00:02:57.54] “OK. Let me explain that to you. Er, as I mentioned that your blood sugar levels are high. You need- we need you to use insulin injections at home. Um, I’ll explain you how to use insulin injection. So, for the insulin injection, you will be given the insulin needles. They are disposable. They are only for one use for the, um, procedure. Er, it is going to be subcutaneous layer, which is the superficial layer”.

- Here the Nurse is beginning an explanation of how the patient will self-inject insulin. It starts with appropriate word choices but finishes with some medical language which would not be familiar to the patient.

Ability to explain technical matters in lay terms

This relates specifically to explanations you give the patient or their family member, and which are a routine feature of any role play/patient-professional conversation. The explanation might be of a new diagnosis, treatment options which are available, or a process the patient needs to follow.



Nurse

| Example

Interlocutor: [00:03:31.43] “Oh!”

Nurse: [00:03:31.85] “So do not worry, I explain you how to correctly use the needle to your skin. So you have to just, er, prick your subcutaneous layer at the forty-five angle. You need to insert the needle very nice and slow, and the medication will go inside – and after that you will have no side effects. But if you- if you do have a headache or dizziness, I, I suggest you, you immediately seek a doctor’s advice”.

- As we saw before, the Nurse needs to explain to the patient how to self-inject insulin. Following on from the speech we saw in the last example; she fails to notice the patient’s discomfort and carries straight on with more technical terms, several different content points, and at a speed which the patient wouldn’t be able to follow.



Doctor

| Example

[00:06:37] “ I will make an appointment to see you in a week so I’ll check your health condition, for example cholesterol level or blood sugar level. It’s very important to prevent reoccurrence”.

- The Doctor has nothing specifically medical to explain during her role play but does need to provide explanations in response to the patient’s question, e.g. the patient’s question about whether she will be an invalid for the rest of her life following a heart attack. The Doctor does this well.



Speech Pathologist | Example

Speech Pathologist: [00:01:47.50] "OK, um, so we found that he has dysarthria, which is difficulty speaking clearly. Um, it's a common symptom of Parkinson's, um, and it looks like it's been progressing".

Interlocutor: [00:02:04.25] "Mmm, mmm".

Speech Pathologist: [00:02:04.25] "Um, the causes of dysarthria are the weakening of articulatory muscles. Do you know what that means"?

Interlocutor: [00:02:15.01] "Er, no".

Speech Pathologist: [00:02:15.01] "So, it means that the muscles that it takes to speak are getting weaker and it's harder for him to, um, put them into action and to- to form the sounds".

- The Speech Pathologist needs to explain the patient's assessment results to his spouse. She handles this competently by defining technical terms as she says them and asks the spouse if she requires clarification (and then provides it).



04. Resources of grammar and expression

In this criterion, the focus is on both the range and accuracy of your grammar, as well as your vocabulary.

You might be thinking that you already learned about word choices in the last criterion (Appropriateness of Language). Is this an assessment of the same thing ... twice? Not quite.

Here's an example of the difference:

Appropriateness of language	Resources of grammar and expression
Have you used the right words to sound professional yet friendly, and to explain technical matters in lay terms?	Have you used the right words for the meaning you want to make (which includes having a wide range of vocabulary to choose from)?
Specific, profession-specific speech	General, all speech

The fact that vocabulary contributes to two criteria demonstrates how important it is for you to pay extra attention to your word choices during your preparation for the OET Speaking Test. Clear patient-professional communication is an essential part of providing care which is safe.

The wrong word can change the intention of your sentence, which may have serious consequences for your patient. Making the effort now to work on your vocabulary will also pay dividends in your English-speaking workplace. Not only will you be able to speak clearly and accurately with patients, but you will also have developed phrases and expressions which are commonly used in those workplaces.

In this criterion, we will examine two aspects of vocabulary which have already been mentioned above:

→ **Range**

→ **Accuracy**

Range

The aim here is to speak naturally with your patient or their relative, not to tick off a checklist of what grammar or vocabulary you should demonstrate.

To achieve this type of communication, you will need to use:

- different tenses
- conditionals (if you do/don't)
- modals for advice/instruction/possibility (should, must, can...)
- vocabulary to start a conversation, ask questions, negotiate, recommend, etc.

Essentially, the way to do well with range is to show the assessors that you have a lot of it. Don't limit yourself to a few learned phrases. Instead, try to imagine this is a real conversation with the patient and choose the grammar and vocabulary you need.

This is why there are two role plays in the test

By having two separate scenarios, you are already being given room to show a wide range. Don't waste the opportunity by using the same language in both role plays. Start each role play differently, use different phrases to check if the patient has understood or has questions.

Of course, your range will extend from professional language we discussed in previous criteria to appropriate use of colloquial expressions. These can be used to show the patient or relative that you are in this together, or to help them relax.

Note:

Don't just go online and search for popular idiomatic phrases in English and start sprinkling them through every response you give – it may be that you don't use a single idiom in your role play because none was appropriate for what you were discussing. Or you may find that, in responding to your patient, an idiom would be a good match for showing you understand. You must change your language to fit the situation.

Accuracy

Having a good range of grammar and vocabulary is only going to work positively for you if you can also use it accurately. This means making sure your subject and verb endings are correct, or using the right part of speech (adjective, noun, verb) within your statements and questions.

Having completely accurate speech is tough even for native English speakers and is a common cause for self-correction when speaking. This is because we generally haven't rehearsed what we are going to say; having started saying something, we come to realise that our grammar or word choice doesn't quite make sense in the context. So, we correct it.

Allowances are obviously made for this in the assessment criteria, and **you can still get quite a high score for this criterion even with some errors.** It comes down to whether the mistakes impact the clarity of your meaning.

If what you say is not 100% accurate, but your meaning can easily be understood, then it won't have a significant impact on your score for this criterion. However, if your lack of accuracy leads to ambiguity for the patient, including, perhaps, that they must ask you to repeat/ rephrase, then this will affect your score.



Unsurprisingly, with Speech Pathologists requiring A grades in Speaking for OET, our Speech Pathologist can demonstrate both a wide range of grammar and vocabulary and can use them accurately:



Speech Pathologist | Example

[00:03:51.76] "Yeah. So a full assessment of his- his needs right now, um, and his- and his capabilities right now will go into fitting him for technology that will work. And then you guys can pick what works best for the two of you".

- Here she is flexible enough to use both formal and informal expressions within the same response about treatment options. The final colloquial statement is a good example of how language can create friendly feelings between listener and speaker by using words the listener would probably choose to use themselves. Grammatically, down to use of articles, prepositions and pronouns, the statements are accurate.



Doctor | Example

[00:05:31.09] "OK. I see because stress can cause heart attack. So, control your mental is also important. So if you have, for example, something you like listening to music and hanging out

- The Doctor's speech is clear but does include several errors. The careful nature of her speech – picked out earlier when we discussed fluency – prevents the errors from causing too much confusion. But this would still be an area for her to work on.

The best way to evidence the mistakes is to show what the correct statements would have been:

"OK. I see, because stress can cause heart attacks.^[1] So focusing on your mental health^[2] is also important. So, if you have, for example, something you like listening to music or hanging out with your friends, then these are important to include in your daily routine".^[3]

[1] The Doctor is talking in general terms here, so 'heart attacks' should be plural

[2] 'Control' is not the right word choice here. It's hard, if not impossible, to control our mental stability. 'Focusing on' is more suitable, as well as adding 'health' after 'mental' for clarity

[3] The end of the sentence is missing some words, and agreement between the words used, e.g. 'or' for choices, 'these' because more than one option has been given. Finally, 'routine' is clearer than 'activities' to create the desired meaning



Finally, the Nurse has generally inaccurate grammar even when asking routine questions or giving a standard response to the patient:

[00:02:30.02] “Do you have any question you like to ask me”?

✔ Do you have any questions you would [you’d] like to ask me?

➔ The plural ‘questions’ is more logical here, and the modal verb ‘would’ is missing.

[00:01:16.36] “OK, understand that”.

✔ OK, I understand that.

➔ ‘I’ is missing before ‘understand’. Without it, there is no subject in this statement. In longer turns, this inaccuracy is also evident, although her meaning is generally unimpacted. In this next example, having the flexibility to replace the repeated noun ‘insulin injection’ at the end of the first sentence with the pronoun ‘it’ would have made it sound more natural.

[00:04:25] “And first injection. I will give it to you so you can watch how I have used the insulin injection. And I’m sure after that you will feel bit confident with that. Is it sound good so far?”

And, the^[1] first injection. I will give it to you so you can watch how I’ve used it. And I’m sure after that you will feel a bit more confident^[2] with the process. Does^[3] it sound good so far?

[1] Articles are generally missing from the Nurse’s speech

[2] To modify the adjective ‘confident’, the correct expression is a bit ‘more’

[3] Incorrect verb choice – ‘is’ should be ‘does’



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