



# OET Preparation Support Pack

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# Section 1: What is OET?

## 1.1 What is the Occupational English Test (OET)?

OET is an English language test that assesses the language and communication skills of healthcare professionals who seek to register and practise in an English-speaking environment.

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

**OET tests health professionals from the following 12 professions:**

- Dentistry
- Dietetics
- Medicine
- Nursing
- Optometry
- Occupational Therapy
- Pharmacy
- Physiotherapy
- Podiatry
- Radiography
- Speech Pathology
- Veterinary Science

## 1.2 Ownership

OET is a well-respected English language test for the healthcare sector, established in the late 1980s. It was developed under contract to the Australian Federal Government. The test was designed by Professor Tim McNamara at the University of Melbourne – one of the original developers of IELTS (International English Language Testing System).

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

The test is now owned by Cambridge Boxhill Language Assessment, a venture between Cambridge English and Box Hill Institute.

Cambridge English Language Assessment, a part of the University of Cambridge, is the world's leading provider of language assessment for learners and teachers of English.

More than 13,500 organisations around the world accept its exams and qualifications as proof of English language ability.

Each year over 4 million people in more than 130 countries take Cambridge English exams.

Box Hill Institute, based in Melbourne, Australia, is a leading vocational and higher education provider known for its collaborative and creative approach to education in Australia and overseas. The Institute has a rich history, and over the years has been the recipient of many awards, demonstrating recognition for its achievements.

## 1.3 Benefits of OET

OET can help to ensure that the English language skills of healthcare professionals are at the right level to work in the healthcare sector.

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

### Other benefits of OET:

- gives confidence in the language competence of practising healthcare professionals.
- optimises communication with patients, carers and colleagues, in turn improving the quality of care.
- establishes a fair way to select internationally trained health professionals.
- attracts candidates committed to excellence and professionalism.

## 1.4 Who recognises OET?

OET is recognised and trusted by regulatory healthcare boards and councils in Australia, New Zealand and Singapore.

Many organisations, including hospitals, universities and colleges, are using OET as proof of a candidate's ability to communicate effectively in a demanding healthcare environment.

### AUSTRALIA

- Australian Department of Immigration and Border Protection (DIBP)

OET is recognised by the DIBP for almost all visa categories including skilled migration and student visas.

Please visit: [www.immi.gov.au](http://www.immi.gov.au) for more details.

- Australian Health Practitioner Regulation Agency (AHPRA)  
A national agency responsible for the registration of 14 health professions in Australia. The following AHPRA Boards accept OET as proof of English language proficiency for registration purposes:
  - Dental Board of Australia
  - Medical Board of Australia
  - Medical Radiation Practice Board of Australia
  - Nursing and Midwifery Board of Australia
  - Occupational Therapy Board of Australia
  - Optometry Board of Australia
  - Pharmacy Board of Australia
  - Physiotherapy Board of Australia
  - Podiatry Board of Australia.
- Australasian Veterinary Boards Council (AVBC)
- Australian and New Zealand Podiatry Accreditation Council (ANZPAC)
- Australian Dental Council (ADC)
- Australian Institute of Radiography (AIR)
- Australian Nursing and Midwifery Accreditation Council
- Australian Pharmacy Council
- Australian Physiotherapy Council (APC)
- Australian Veterinary Boards Council (AVBC)
- Dieticians Association of Australia (DAA)

- Occupational Therapy Council (Australia and NZ) (OTC)
- South Australian Medical Education and Training (SA MET) Health Advisory Council
- Speech Pathology Australia

#### NEW ZEALAND

- Australian & New Zealand Podiatry Accreditation Council (ANZPAC)
- Dental Council of New Zealand
- Medical Council of New Zealand (MCNZ)
- Midwifery Council of New Zealand
- New Zealand Qualifications Authority (NZQA)
- Nursing Council of New Zealand
- Occupational Therapy Council (Australia and NZ) (OTC)
- Pharmacy Council of New Zealand
- Physiotherapy Board of New Zealand
- Podiatrists Board of New Zealand
- Veterinary Council of New Zealand

#### SINGAPORE

- Allied Health Professions Council
- Singapore Dental Council
- Singapore Medical Council
- Singapore Pharmacy Council

## 1.5 Reporting results

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

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

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

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

Results are published on the website approximately 15 business days after the test. Candidates log in to a secure online profile to view them. Official Statements of Results are posted to the candidate's nominated address following the publication of results online.

#### Online Results Verification Service

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

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

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

[www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

# Section 2: When and where the test is available and how to apply for OET

## 2.1. Test dates

Please refer to the following OET website for available test dates for your chosen profession before registering for the exam:  
[www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

## 2.2. Test venues

OET can be taken in many locations around the world, however, for various reasons the test is not offered at every venue on every date.

Please refer to the following OET website for available test dates in various locations throughout the year:  
[www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

If the minimum of candidates required are not met for a given venue, The OET Centre reserves the right to defer candidates to a mutually agreed venue and date.

## 2.3. Applying for OET

Applying for OET is done via the website. Please visit [www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

CBLA will advise the venue or candidate on matters such as the test dates, test closing dates and test fees.

Candidate fees for OET are charged by CBLA for each candidate registered.

CBLA does not advise on textbooks or courses of study, or recommend teaching establishments. Where a venue is permitted to use OET branding, this only indicates that they are certified to administer OET. It does not indicate they are endorsed as a teaching establishment.

CBLA is committed to providing access to candidates with health-related and any other special needs. Requests for special requirements should be made via the “Help and Information” section of the OET website during the application process.

We endeavour to accommodate special requirements where reasonably possible.

Applications will not be accepted after the application closing date, which is published on the OET website.

# Section 3: Description of OET

## 3.1. Test format

OET assesses listening, reading, writing and speaking.

There is a separate sub-test for each skill area. The Listening and Reading sub-tests are designed to assess the ability to understand spoken and written English in contexts related to general health and medicine. The sub-tests for Listening and Reading are common to all professions.

The Writing and Speaking sub-tests are specific to each profession and are designed to assess the ability to use English appropriately in a relevant professional context.

## 3.2. The four components of OET

Paper (duration)	Content	Shows candidates can:
Listening (approx. 50 minutes)	2 tasks Common to all 12 professions	follow and understand a range of health-related spoken materials such as patient consultations and lectures.
Reading (60 minutes)	2 tasks Common to all 12 professions	read and understand different types of text on health-related subjects.
Writing (45 minutes) Reading time: 5 minutes Writing time: 40 minutes	1 task Specific to each profession	write a letter in a clear and accurate way which is relevant for the reader.
Speaking (20 minutes)	2 tasks Specific to each profession	effectively communicate in a real-life context through the use of role-plays.

### LISTENING (approximately 50 minutes)

The Listening sub-test consists of two parts, with approximately 20-28 tasks.

The topics are of generic medical interest, accessible to candidates across all professions.

Each part consists of about 15 minutes of recorded speech, containing pauses to allow candidates time to write their answers.

Candidates will hear each recording once and are expected to write their answers while listening.

**Part A (approximately 20–25 minutes)** assesses candidates' ability to follow facts during a consultation between a health professional and a patient.

Candidates listen to a recorded health professional–patient consultation and complete a note-taking task, guided by relevant headings.

**Part B (approximately 20–25 minutes)** assesses candidates' ability to understand a short talk on a health-related topic that might realistically occur in the workplace.

Candidates listen to a recorded talk or lecture (monologue) by a health professional and complete a range of open-ended and fixed-choice tasks.

Tasks include:

- multiple-choice questions
- sentence completion
- short-answer questions
- summary completion
- lecture notes completion
- table/flow-chart/mind-map completion
- word replacement response
- matching responses

## READING (60 minutes)

The Reading sub-test consists of two parts:

Part A – summary task

Part B – multiple-choice questions.

The topics are of generic medical interest and are therefore accessible to candidates across all professions.

**Part A (15 minutes)** assesses candidates' ability to source information from multiple texts, to synthesise information in a meaningful way and to 'skim' and 'scan' material to retrieve information quickly. Candidates are required to read 3-4 short texts (a total of approximately 650 words) related to a single topic, and complete a summary paragraph by filling in the missing words (25-35 gaps in total).

**Part B (45 minutes)** assesses candidates' ability to read and understand comprehensive texts on health-related topics similar to those in academic or professional journals.

Candidates are required to read two passages (600-800 words each) and answer a set of multiple-choice questions (16-20 in total).

## WRITING (45 minutes)

The Writing sub-test is specific to each profession, based on a typical workplace situation and the demands of the profession.

Candidates are asked to write a letter (referral, transfer or advice) to another health professional, patient or client based on a set of clinical case notes. It must consist of approximately 180-200 words. The type of letter and audience is specific to each profession.

The letter must record treatment offered to date and the issues to be addressed by the health professional, patient or client, drawing selectively on the stimulus material presented in the case notes.

**Candidates are assessed against the following criteria:**

1. Overall task fulfilment
2. Appropriateness of language
3. Comprehension of stimulus
4. Linguistic features (grammar and cohesion)
5. Presentation features (spelling, punctuation and layout).

## SPEAKING (approximately 20 minutes)

The Speaking sub-test is specific to each profession, based on a typical workplace situation and the demands of the profession.

The test assesses candidates' ability to communicate in English, in a simulated health-related consultation.

It consists of two simulated consultations in the form of face-to-face role-plays between a patient and a health practitioner. The candidate takes the role of the practitioner and the interviewer plays the patient or patient's relative/carer (or for veterinary science, the animal's owner/carer).

**Candidates are assessed against the following criteria:**

1. Overall communicative effectiveness
2. Intelligibility
3. Fluency
4. Appropriateness
5. Resources of grammar and expression.



### 3.3. OET practice books and sample tests

#### OET practice books

OET practice books include sample past tests and a short study guide. The Listening books come with CDs.

Please find information about the OET official practice books at: [www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

#### OET sample tests

We also offer free online sample tests for all professions. Please refer to the sample tests of all the four sub-tests at [www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)

For the **Listening sub-test**, you can download the following materials:

- Sample Listening Test Booklet;
- Audio file of the sample Listening test;
- Transcripts;
- Detailed marking key.

For the **Reading sub-test**, you can download the following materials:

- Sample Reading Part A Text Booklet;
- Sample Reading Part A Answer Booklet;
- Sample Reading Part A answer key;
- Sample Reading Part B Test Booklet;
- Sample Reading Part B answer key.

For the **Writing sub-test**, you can download the following materials:

- Sample Writing test papers of the 12 professions;
- Sample answers of the Writing tasks.

For the **Speaking sub-test**, you can download the following materials:

- Sample Speaking role-play cards of the 12 professions;
- Audio file of a sample Speaking role-play.

# Section 4: Assessment of OET

## 4.1. Assessment information

This section includes key assessment information about:

- How each sub-test is marked.
- How the reporting results are generated.
- How OET results are issued.

### HOW IS EACH SUB-TEST MARKED?

Each of the four sub-tests is assessed in a specific way.

#### How is the Listening sub-test assessed?

The Listening sub-test is marked by fully trained assessors who follow a detailed marking guide prepared by the test designers.

This sets out which answers are given marks and how the marks are counted. Assessors use the guide to decide for each question whether the candidate has provided enough correct information to be given the mark(s) available.

#### How is the Reading sub-test assessed?

The Reading sub-test Part A is marked by fully trained assessors who follow a detailed marking guide prepared by the test designers.

This sets out which answers are given marks and how the marks are counted. Assessors use the guide to decide for each question whether the candidate has provided enough correct information to be given the mark(s) available.

The answer sheet of the Reading sub-test Part B is computer marked.

#### How is the Writing sub-test assessed?

The Writing sub-test is scored by experienced assessors who receive ongoing training, monitoring and feedback on their performance after each administration of the test.

Assessors give a score from 1 to 6 for each of the five criteria listed on page 10, using a detailed set of level descriptors to guide their decisions. A score of 6 is the highest for each criterion. The five criteria are equally weighted in the scoring and analysis process.

Each candidate's script is graded by two assessors independently. Neither assessor knows the scores the other assessor gives or the scores awarded to the candidate for other sub-tests.

The two separate sets of raw scores for each candidate's script are analysed for the whole group of candidates taking the sub-test at the same administration. A multi-faceted Rasch analysis of the data is done using FACETS software (Linacre 2010). This analysis takes account of patterns of assessor behaviour and compensates for assessors whose scores are consistently lenient or severe.

After the initial analysis, any scripts which have misfitting scores (i.e. which do not fit the pattern expected for the analysis) are re-scored by a third assessor (again without any knowledge of the previous scores given) and the statistical analysis is repeated.

The final score for each candidate's script is therefore not a mean average of the two (or three) assessors' raw scores. Instead, it is a 'fair score', compensating for particular assessors' severity or leniency.

#### How is the Speaking sub-test assessed?

The Speaking sub-test is scored by experienced assessors who receive ongoing training, monitoring and feedback on their performance after each administration of the test.

Assessors listen to the audio recording of each interview and give a score from 1 to 6 for each of the five criteria listed on page 10, using a detailed set of level descriptors to guide their decisions. A score of 6 is the highest for each criterion. The assessor gives a set of five scores for each role-play and then decides on a final set of five scores for the overall performance across the two role-plays. The five criteria are equally weighted in the scoring and analysis process.

Each candidate's recording is graded by two assessors independently. Neither assessor knows the scores the other assessor gives or the scores awarded to the candidate for other sub-tests.

The two separate sets of raw scores for each candidate's recording are analysed for the whole group of candidates taking the sub-test at the same administration. A multi-faceted Rasch analysis of the data is done using FACETS software (Linacre 2010). This analysis takes account of patterns of assessor behaviour and compensates for assessors whose scores are consistently lenient or severe.

After the initial analysis, any recordings which have misfitting scores (i.e. which do not fit the pattern expected for the analysis) are re-scored by a third assessor (again without any knowledge of the previous scores given) and the statistical analysis is repeated.

So the final score for each candidate's recording is not a simple average of the two (or three) assessors' raw scores. Instead, it is a 'fair score', compensating for particular assessors' severity or leniency.

#### **HOW ARE THE REPORTING RESULTS GENERATED?**

CBLA works with LTRC at the University of Melbourne to ensure the reliability of test results and analysis.

#### **Listening and Reading**

There is no fixed score-to-grade link for these sub-tests. The grades are re-set every time the test is taken because different test materials are used each time. Test elements may be removed if they are found not to contribute to the overall reliability of the sub-test.

The Listening and Reading sub-test scores rank all candidates taking a sub-test at the same time, from strongest to weakest performance. To establish where the boundaries between the grades (A-E) are, we look at the grades set for a specific Writing sub-test and a specific Speaking sub-test. An average of the percentage in each grade for these two sub-tests is taken and applied to the spread of performances on the Listening and Reading sub-tests.

For example, if 8% of candidates have grade A for Writing and 10% have grade A for Speaking, the average is 9%. Then, the strongest 9% of candidates in the Listening and Reading sub-tests are also awarded a grade A for those sub-tests. This process is carried out for all five grades.

#### **Writing and Speaking**

Following established practice, the 'fair score' generated by the statistical analysis of the two sets of scores from two independent assessors of each candidate's Writing script or Speaking recording becomes the final grade through a direct conversion.

#### **HOW ARE OET RESULTS ISSUED?**

Candidates receive a band conversion of the fair score via mail in the form of a Statement of Results. The Statement of Results shows the scores obtained at the most recent sitting, as well as scores for all sittings within the last three years.

(Results for the four sub-tests that make up OET are reported as one of five grades – A: highest to E: lowest.)

Candidates can also see an overview of their latest test grades via their online profile on the OET website, 15 business days after each test day. Official hard copy Statements of Results are mailed within five business days of the publication of results in online profiles.

## 4.2 Sample responses and marks/comments for Writing and Speaking sub-tests

This section aims to give teachers examples of writing and speaking performance at different proficiency levels.

You will find two Writing tasks with candidates responses, and two Speaking role-play tasks with transcription of the candidates' response. At the end of each task and response, the scores given by assessors will be provided, followed by comments to justify the scores.

Please note that the scores given to the sample responses are raw scores awarded against the assessment criteria and scales. These scores are not the final reporting results.

As stated in the above section, the final reporting grades are converted from the fair scores of statistical analysis. These fair scores are not the average of the sub-scores given against the assessment criteria.

# OCCUPATIONAL ENGLISH TEST

## WRITING SUB-TEST: MEDICINE

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

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

### Notes:

Mrs May Hong is a 43-year-old patient in your general practice.

07/02/2014

**Subjective:** Noted a productive cough over last 3/7  
No dyspnoea or pain  
Feverish

Continues to smoke 10 cigarettes/day

**History:** Rheumatic carditis in childhood, resulting in mitral regurgitation & atrial fibrillation (AF)

**Objective:**

Looks tired  
T: 38°C  
P: 80, AF  
BP: 140/80

Ear, nose, throat (ENT) – NAD

Moist cough

Scattered rhonchi through chest, otherwise OK

Apical pansystolic murmur

**Assessment:** Acute bronchitis; cigarettes ↑ condition severity ++

**Plan:**

Advised – cease smoking

Amoxicillin 500mg; orally t.d.s.

Other medications unchanged (digoxin 0.125mg mane, warfarin 4mg nocte)

No known allergies (NKA)

Review 2/7

Check prothrombin ratio next visit

09/02/2014

**Subjective:**

Cough ↑, thick yellow phlegm

Feels quite run-down

Not dyspnoeic

Taking all medications

No cigarettes for last 2 days

Looks worn-out

T: 38.5°C

P: 92, AF

BP: 120/80

Mild crackles noted at R lung base posteriorly

Occasional scattered crackles. Otherwise unchanged

**Assessment:**

**Plan:**

Bronchitis ↑; early R basal pneumonia

Sputum sample for microscopy and culture (M&C)

FBE, chest X-ray

Chest physiotherapy

Prothrombin ratio today (result in tomorrow)

Review tomorrow

10/02/2014

**Subjective:**

Brought in by son

Quite a bad night

Symptoms ↑

Pleuritic R-sided chest pain, febrile, dyspnoea

Prothrombin ratio result 2.4 (target 2.5-3.5)

Unwell, tachypnoeic

T: 38°C

P: 110, AF

BP: 110/75

Jugular venous pressure (JVP) not elevated

R lower lobe dull to percussion with overlying crackles

L basal crackles present

Pansystolic murmur is louder

M&C: gram-positive streptococcus pneumoniae, sensitive – clarithromycin & erythromycin

Amoxicillin resistant

Chest X-ray: Opacity R lower lobe

FBE: Leukocytosis 11.0 x 10<sup>9</sup>/L

R lower lobar pneumonia

Urgent hospital admission. Spoke with Dr Roberts, admitting officer,

Newtown Hospital Ambulance transport organised

**Assessment:**

**Plan:**

### Writing Task

Using the information given in the case notes, write a letter of referral to Dr L. Roberts, the Admitting Officer at Newtown Hospital, 1 Main Street, Newtown, for advice, further assessment and treatment.

**In your answer:**

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

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

# OCCUPATIONAL ENGLISH TEST

**WRITING SUB-TEST: MEDICINE**

**SAMPLE RESPONSE: LETTER OF REFERRAL**

10 February 2014

Dr L Roberts  
Admitting Officer  
Newtown Hospital  
1 Main Street  
Newtown

Dear Dr Roberts,

Re: Mrs May Hong

Thank you for seeing this 43-year-old patient with right lower lobar pneumonia for assessment. Mrs Hong has a past history of rheumatic carditis, with resultant mitral regurgitation and atrial fibrillation. Her usual medications are digoxin 0.125mg mane and warfarin 4mg nocte. She has no known allergies. Her last prothrombin ratio taken on 09/02 was 2.4.

Today, she presents with a six-day history of productive cough with associated fever and lethargy. This was treated initially with oral amoxicillin (ineffective) and then chest physiotherapy, but today she has deteriorated with tachypnoea and right pleuritic chest pain. The right lower lobe is dull to percussion and crackles are present in both lung fields, worst at the right base. Her temperature is 38°C, BP 110/75, pulse 110 (irregular) and her usual pansystolic murmur is louder than normal. Sputum M&C showed gram-positive streptococcus pneumoniae. The X-ray showed opacity in the right lower lobe.

I believe her rapid deterioration warrants inpatient treatment.

I would appreciate your assessment and advice regarding this. I will be in touch to follow her progress.

Yours sincerely,

Doctor

## Writing Candidate Answer 1

10/02/2014

Dr. L Roberts  
Admitting Officer  
Newtown Hospital  
1 Main Street  
Newtown

Dear Dr. Roberts

Re: Mrs May Hong

I am writing to refer this patient, a 43 year-old lady who has symptoms and signs of right lower lobar pneumonia for admission and further management.

Mrs. Hong has rheumatic carditis since childhood associated with mitral regurgitation and atrial fibrillation. She is a light smoker and currently is on digoxin 0.125 mg AM and warfarin 4 mg PM.

Initially, on 07/02/2014 she presented to me complaining of productive cough for the last 3 days and associated with fever. On examination, she appeared tired, febrile with a temperature of 38.0 °C, pulse was 80 beat per minutes with atrial fibrillation, BP was 140/80 mmHg. She had moist cough, scattered ronchi through the chest and apical pansystolic murmur on consultation. Therefore, Amoxicillin 500 mg orally t.d.s was prescribed based on my provisional diagnosis, and she was advised to stop smoking.

Two days later, unfortunately her condition continued to deteriorate, with increased productive cough with yellow phlegm. On examine, she looked exhausted, with a temperature of 38.5 °C, pulse 92 beats per minute with atrial fibrillation, and BP 120/80. On chest consultation, there was a mild crackles at right lung base posteriorly and occasional scattered crackles. Therefore, blood tests, sputum sample for culture and sensitivity, and a chest x-ray were requested.

Regrettably, on 10/02/2014, her symptoms had worsened. She had right lower lobe dull to percussion. her blood tests results revealed gram-positive no streptococcus pneumonia which sensitive to clarithromycin.

In view of the above, I believe she needs urgent admission and further management. I appreciate your attention to her condition.

Yours sincerely,

Dr. Ahmed

## Writing Test Sample 1: Candidate Scores

Scores				
Overall Task Fulfilment	Appropriateness of Language	Comprehension of Stimulus	Linguistic Features	Presentation Features
5	5	5	5	5

### Comments on scores

#### Overall Task Fulfilment – 5

The candidate has generally fulfilled the task: the target reader would be informed about the situation and would form a positive impression of the writer's competence. However, the effectiveness of the letter is slightly limited by the fact that it is too long and contains more detail than required.

#### Appropriateness of Language – 5

The candidate has chosen lexis and register which are appropriate and in line with what the target reader would expect (e.g. 'based on my provisional diagnosis', 'her condition continued to deteriorate; her blood tests revealed...'). Lapses in tone and accuracy ('unfortunately', 'regrettably', 'exhausted') are relatively minor and do not cause strain for the reader.

#### Comprehension of Stimulus – 5

The candidate demonstrates a thorough understanding of the communicative task. The key points are clear and given in appropriately prominent position (e.g. opening and final paragraphs). Selection and transformation of the stimulus material is somewhat less effective: although actual irrelevance has been avoided, following the chronological sequence of the case notes has in this case led the candidate to include more detail than is strictly necessary.

#### Control of Linguistic Features (Grammar and Cohesion) – 5

The candidate has used a range of grammatical structures accurately and in a way which enhances meaning (including past perfect to show sequence of events, passive constructions, and participles). Use of cohesive devices is mostly effective, with related information grouped together and conveyed concisely (e.g. 'On examination, she looked exhausted, with a temperature of 38.5°, pulse 92 beats per minute with atrial fibrillation, and BP 129/80'). There is some less sophisticated use of cohesive devices (e.g. '... and associated with fever'; misplacing of 'Therefore'), but their impact on fluency is not serious.

#### Control of Presentation Features (Spelling, Punctuation and Layout) – 5

The layout and salutations are in line with the target reader's expectations. Spelling and punctuation show a good level of accuracy throughout, and many sentences are error free. Mistakes (e.g. 'On examine', 'requisitioned') are slips rather than evidence of any systematic misunderstanding.



# OCCUPATIONAL ENGLISH TEST

**WRITING SUB-TEST: NURSING**

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

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

## Notes:

**Patient:** Mrs Beryl Casey (DOB: 21/11/1941) is a 72-year-old woman who is being discharged from hospital to a rehabilitation centre.

**Marital status:** Widowed (recently)

**Family:** 2 children – son lives locally & daughter interstate.

**Social:** Lives alone in 2-bedroom house with stairs to entrance. Son (married, 2 children – 6 & 8) lives 20 minutes away – visits twice a week.  
Enjoys gardening.

**Medications:** Anti-hypertensive (Ramipril) 10mg

**Admission date:** 4/02/14 at 1200hrs  
Fainted getting out of bed & fell to the floor. Found by son 2 hours later.

**Diagnosis:** X-ray – fractured left neck of femur (# L NOF) post fall

**Treatment:** Left hemiarthroplasty (Austin Moore hip replacement); general anaesthesia  
Incision closed with staples & 2x Exudrain

**Post operation:** **Intravenous (IV) therapy:** 3 units packed cells – with IV Lasix (furosemide) 40mg therapy after each unit (intraoperative & post op)  
Maintained IV therapy for 36hrs, then ceased and oral fluids encouraged  
Intravenous antibiotics (IVABs) – Cephalosporin 1g t.d.s. for 3/7 – course completed

**Vital signs:** BP hypotensive – 95/60, other obs. within normal limits  
Anti-hypertensive medication reviewed by Dr – Dose ↑ now Ramipril 5mg daily

**Pain management:** Patient-controlled analgesia (PCA) with Fentanyl for 36hrs – pain relief – satisfactory. Commenced oral analgesia 36hrs post op → Panadeine or Panadol 4/24 prn, Max 4 doses/24hrs

**Wound management:** Dressing ✓  
Total of 600ml haemosterosus fluid discharge from Exudrains over 24hrs  
Drain tubes removed 48hrs post op (**Day 2**)  
Alternate staples removed **Day 5** and dressing changed

## Mobility & activities of daily living (ADLs):

- Day 2** Sitting out of bed (SOOB) short periods, full assistance
- Day 3** Mobilising with pick-up frame (PUF) & 2-person assist
- Day 4** Uneventful
- Day 5** Mobilising short distances with PUF & 1-person assist  
Abduction pillow when resting in bed (RIB)  
Anti-embolic stockings in situ for 14 days
- Day 6** ADLs – full assistance  
Uneventful day  
Preparing for discharge

## Discharge plan:

- Day 7 (1100hrs)** Discharge to the Rehabilitation Centre  
Discharge medications – Ramipril 5mg daily, paracetamol 1g qid prn  
Family to be notified of transfer  
Hospital transport arranged for 1100hrs
- Day 8** Repeat check of hemoglobin (Hb) levels  
Monitor BP b.d., for 3/7, due to adjustment in anti-hypertensive meds  
Assess for rehab therapy (inpatient & on return home)
- Day 10** Removal of remaining staples, wound can remain exposed afterwards

## Writing Task:

Using the information given in the case notes, write a discharge letter to the Nursing Unit Manager, The Rehabilitation Centre, Waterford.

## In your answer:

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

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

# OCCUPATIONAL ENGLISH TEST

## WRITING SUB-TEST: NURSING

### SAMPLE RESPONSE: LETTER OF DISCHARGE

Nursing Unit Manager  
The Rehabilitation Centre  
Waterford

10 February 2014

Dear Nursing Manager,

Re: Mrs Beryl Casey, 72-year-old widow

On 4 February 2014, Mrs Casey fainted getting out of bed and fell. She was admitted to hospital with a fracture of the left neck of femur. She underwent emergency orthopaedic surgery for a left hemiarthroplasty (Austin Moore hip replacement) under general anaesthetic.

Normally, Mrs Casey's hypertension is treated with Ramipril 10mg daily. Post-operatively, she was hypotensive so Ramipril was reduced to 5mg daily. Her blood pressure needs monitoring twice a day for three days. Post-operatively, she received 3 units of packed cells, so requires a repeat check of haemoglobin on Day 8. Wound drain tubes were removed on Day 2. Alternate staples were removed on Day 5 and the wound dressing remains dry and intact.

The remaining staples are for removal on Day 10 and the wound can remain exposed. She now uses Panadol or Panadeine 4 hourly as needed to manage pain.

Mrs Casey is mobilising with a pick-up frame and one assistant. She uses an abduction pillow when in bed and her anti-embolic stockings should remain on until Day 14. Assistance is required with all daily activities.

Mrs Casey requires assessment for rehabilitation therapy prior to returning home.

If you have any questions, please contact me.

Yours sincerely,

Nurse in charge

## Writing Candidate Answer 2

9 February 2014

Nursing Unit Manager

The Rehabilitation Centre,

Waterford

Dear Sir or Madam

Re: Mrs. Bery Casey (DOB: 21 November, 1941)

Mrs Casey (Widowed recently), who has been treated for a fractured her left neck of femur, as she fainted and fell to the floor, is being discharged tomorrow. Therefore she is being referred to you for following up care.

Mrs Casey - lives alone - was found by her son who lives close to her home 2 hours later and admitted to our hospital on 4 February, 2014.

Mrs Casey had a left hemiarthroplasty and closed with staples and 2 exudrain tubes. After the operation, she has completed the intravenous antibiotics, also the drain tubes and alternate staples has removed. In addition, her pain has controlled by medication and her blood pressure has remained by Ramipril 5 mg (previously used 10 mg). Furthermore, she is able to walk with a pick-up frame and an assistant person, although she needs full assistance with her ADL.

It would be greatly appreciated if you could continue maintaining her medication and monitoring her blood pressure. Also, please assess for her rehabilitation therapy.

In addition, she will require to check her hemoglobin levels on 11/2/14 and remove remaining staple on 13/2/14. Finally, a hospital transport has arranged for 11 o'clock tomorrow morning.

If you need further question, please do not hesitate to contact me.

Kind regards

Charge Nurse

## Writing Test Sample 2: Candidate Scores

Scores				
Overall Task Fulfilment	Appropriateness of Language	Comprehension of Stimulus	Linguistic Features	Presentation Features
4	5	4	4	4

### Comments on scores

#### Overall Task Fulfilment – 4

The candidate has shown the ability to manage the task and organise the information in a logical way. For example, the background information is grouped together in paragraph 3, and the remaining actions relating to the discharge plan follow in paragraph 4 and 5. However, significant grammar errors and inaccuracies have a negative effect on the target reader in places. This candidate is clearly familiar with the style of the letter but simply doesn't have sufficient control of the language required.

#### Appropriateness of Language – 5

The candidate has chosen lexis, register and tone which are generally appropriate for the target reader and the communicative task (e.g. 'needs full assistance with her ADL', 'It would be greatly appreciated if you could continue monitoring her blood pressure'). A few inaccuracies (e.g. 'following up care') do not impede communication.

As a whole, the letter is organised, in that the reader can see an underlying sense of coherence to the way it is arranged and ordered.

#### Comprehension of Stimulus – 4

The candidate demonstrates an understanding of the task and input which is generally accurate. Many of the main points (including the completion of the post-operative IV therapy and the need for a haemoglobin check) are explained clearly and given an appropriate degree of prominence. However, important elements of the discharge plan (e.g. the paracetamol and the anti-embolic stockings) have not been covered and the target reader is not fully informed in those respects.

#### Control of Linguistic Features (Grammar and Cohesion) – 4

The candidate has used a range of devices to connect information appropriate, including relative clauses, concessive clauses, and time phrases (e.g. 'Mrs Casey, who has been treated...', '...although she needs full assistance...', 'After the operation, ...'). However, inaccurate use and/or avoidance of passive structures impedes meaning at a number of points (e.g. 'her blood pressure has remained by Ramipril 5mg', 'she will require to check her haemoglobin levels...'). Complex sentences are attempted, frequently without success (e.g. 'Mrs. Casey – lives alone – was found by her son who lives close to her home 2 hours later and admitted to our hospital...').

#### Control of Presentation Features (Spelling, Punctuation and Layout) – 4

The candidate has chosen an appropriate layout for the letter and spelling is accurate throughout. Lack of control of punctuation in the second paragraph (inappropriate hyphens and missing comma) make it necessary for the reader to re-read in order to retrieve the information.

## Speaking Sample Task 1

OET SAMPLE 1	
ROLEPLAYER CARD NO. 1	DENTISTRY
SETTING	Local Dental Clinic
PATIENT	You have come to the dentist because you have chipped and discoloured teeth. You are embarrassed to smile as your teeth look ugly. You are anxious for the dentist to suggest a treatment for your teeth. You are willing to try anything as you are starting a new job in a month and you will be working with customers on a daily basis.
TASK	<ul style="list-style-type: none"> <li>• Tell the dentist you hate the way your teeth look. You want suggestions on what can be done to make them white and how to fix the chipped teeth.</li> <li>• Tell the dentist you want to have the problem fixed immediately as you start a new job in a month.</li> <li>• Explain that you do smoke and didn't realise it was causing your teeth to discolour.</li> <li>• Agree reluctantly to try giving up smoking.</li> <li>• Agree to the dentist's suggestion of putting porcelain veneers on your teeth.</li> </ul>
© Cambridge Boxhill Language Assessment <span style="float: right;">SAMPLE 1</span>	

OET SAMPLE 1	
CANDIDATE CARD NO. 1	DENTISTRY
SETTING	Local Dental Clinic
DENTIST	A patient has come to your clinic because he/she has chipped and discoloured teeth. He/she is embarrassed to smile as his/her teeth look ugly. The patient is anxious but willing to try anything as he/she is starting a new job in a month and will be working with customers.
TASK	<ul style="list-style-type: none"> <li>• Ask the patient to briefly explain what he/she doesn't like about his/her teeth.</li> <li>• Explain that whatever procedure he/she chooses it will take time to complete.</li> <li>• Ask the patient if he/she smokes.</li> <li>• Emphasise that smoking causes discolouration of teeth.</li> <li>• Explain that you are able to fix the colour of his/her teeth, but if he/she continues smoking the teeth will discolour again so you recommend he/she stops smoking.</li> <li>• Explain that porcelain veneers can fix the chips and discoloured teeth.</li> <li>• Reassure the patient that the procedure can be completed over the coming weeks, before starting the new job.</li> </ul>
© Cambridge Boxhill Language Assessment <span style="float: right;">SAMPLE 1</span>	

## Transcription of candidate's response to Speaking task 1

CANDIDATE: Okay, hi Laura come inside, how are you today?  
INTERLOCUTOR: I'm fine thank you  
CANDIDATE: OK my name is Jasper and I'm your dentist today so how can help you?  
INTERLOCUTOR: Ah yes I have this discoloured teeth and  
CANDIDATE: Mm hm  
INTERLOCUTOR: chipped tooth and I'm so embarrassed to smile  
CANDIDATE: Yep  
INTERLOCUTOR: don't like opening my mouth  
CANDIDATE: Oh that's no good  
INTERLOCUTOR: And it's so embarrassing for me and ah I want a treatment for my teeth. I'm-  
CANDIDATE: Yep  
INTERLOCUTOR: Because I'm gunna start the new job in a month  
CANDIDATE: Sure  
INTERLOCUTOR: I'm gunna talk to customers, every time I need to smile  
CANDIDATE: yep  
INTERLOCUTOR: mm  
CANDIDATE: sure definitely yeah. Okay well let's have a look and see how things are in the mouth. Um:: (...) okay um look Laura, I wanna ask you couple questions before we start. I wanna ask you if you smoke?  
INTERLOCUTOR: ah yes I do  
CANDIDATE: Okay how much  
INTERLOCUTOR: Oh 3 or 4 a day  
CANDIDATE: Oh okay. Do you take a lot of ah tea or coffee?  
INTERLOCUTOR: Yeah I do take coffee  
CANDIDATE: Yeah cos I can see lot of staining there  
INTERLOCUTOR: Mm  
CANDIDATE: Um which could be um because of smoking um and a lot of tea coffee wine and stuff like that. Well that- that we can sort out that's no problem. Um why- why you don't like smiling. Wh- why do you feel like um you you don't like your teeth?  
INTERLOCUTOR: Yeah because it's discolour. It's broken. It's brown... Look at the chipped ones...  
CANDIDATE: Yeah  
INTERLOCUTOR: And so I find it so embarrassing  
CANDIDATE: Yeah, and now you have a new job where you're having to communicate as well  
INTERLOCUTOR: Yep  
CANDIDATE: yeah sure okay. So um well as I said smoking gives you a lot of discolouration  
INTERLOCUTOR: mm

CANDIDATE: so you need to make sure that you start you know cutting off your cigarettes. Anyway smoking is not good for health too. Um and this might take a little bit of time as well. Maybe say 3 to 4 weeks depending how much time you can give us and how much can we book you for. Um so say um the best treatment I would suggest would be the wineers, that's um that's porcelain wineers, um the treatment is bit expensive and bit um... digressive in the sense that we might have to book you in and um we cut the surface- front surface of your teeth and take the impressions and send it to the lab. And lab will send it back to us in a week, week and a half then you come back for nother wisit and then we put the wineers on and um... we'll give you perfect smile. And another way we can do that is to give you the cumposite fillings which is ah we'll rough the surface and ah put some cumposite white material and that will change as well but um ah if you won't stop smoking ah the stains will come back. You know. That's the part- you know, we're really doing- you're going to spend a lot of money doing the composite fillings

INTERLOCUTOR: mm

CANDIDATE: and then if you won't stop smoking it's going come back and then it's a failure of treatment. So you know, I don't think that's a good idea

INTERLOCUTOR: I never realised the smoking would cause my... teeth to go...

CANDIDATE: (Yeah) yeah it does yeah

INTERLOCUTOR: yeah so I have to give up smoking?

CANDIDATE: Yeah it's a good idea to try doing that because anyways it's not good for your health so

INTERLOCUTOR: Mm

CANDIDATE: Yeah maybe maybe cut it out or when you're taking some drinks like tea, coffee just try to rinse it. Go see your dentist every six months so that you know when they doing the scale and clean they do the polishing

INTERLOCUTOR: Mm

CANDIDATE: And that can clean up the stains as well so that'll help

INTERLOCUTOR: Mm

CANDIDATE: Ah look look it- it's a combination of different factors to help you out

INTERLOCUTOR: Mm

CANDIDATE: so Yeah but my: suggestion would be to do the porcelain wineers

INTERLOCUTOR: Okay

CANDIDATE: But it's a little bit expensive

INTERLOCUTOR: Mm

CANDIDATE: And a bit of time. But we'll make sure that we can finish the treatment before you start your new job

INTERLOCUTOR: Mm

CANDIDATE: If that's okay with you

INTERLOCUTOR: Ah okay yeah I think sounds good yeah

CANDIDATE: Yeah cos and and and ah with the wineers we can also fix the chips you have

INTERLOCUTOR: Okay

CANDIDATE: And I- um and I think the chips you have might be from grinding

INTERLOCUTOR: Okay

CANDIDATE: You might be grinding your teeth um in the night time. Because a lot of people they grind their teeth when they're stressed out. They might be um grinding and and and this can cause chips as well

INTERLOCUTOR: Okay

CANDIDATE: So yeah ah look , we'll be able to finish the treatment before you start your new job

INTERLOCUTOR: Mm

CANDIDATE: U:m and yeah if you're willing to do that and cut your smoking

INTERLOCUTOR: Mm

CANDIDATE: And try to cut- I wouldn't say that cut your tea coffee but try to you know make sure that you rinse out after every tea or coffee

INTERLOCUTOR: Mm

CANDIDATE: yeah so are you ready to do that?

INTERLOCUTOR: Yeah yeah sounds good

CANDIDATE: Okay well that's great

INTERLOCUTOR: Mm

CANDIDATE: We'll start with um taking some impressions after doing

INTERLOCUTOR: okay Okay yeah?

CANDIDATE: the cleaning

INTERLOCUTOR: Yeah thank you doctor

CANDIDATE: You're welcome



## Speaking Test Sample 1: Candidate Scores

Scores				
Overall communicative effectiveness	Intelligibility	Fluency	Appropriateness	Resources of grammar and expression
6	6	6	6	5

### Comments on scores

#### Overall Communicative Effectiveness - 6

The candidate maintains effective communication with confidence throughout the role-play. Interaction is consistently meaningful, with the candidate picking up on and responding to the patient's concerns (e.g. '... and now you have a new job where you're having to communicate as well'). The candidate organises the consultation into clear stages with introductions and summaries (e.g. 'I wanna ask you couple questions before we start', '... it's a combination of different factors to help you out').

#### Intelligibility - 6

The candidate pronounces words clearly with a natural sentence rhythm; L1 accent causes no strain to the listener. Minor pronunciation errors (e.g. 'wineers' for veneers) are easily understood in context. Sentences stress is used selectively to enhance meaning by focusing on key words (e.g. '... the best treatment I would suggest...') and appropriate intonation is used to express empathy with the patient's situation (e.g. 'Oh that's no good').

#### Fluency - 6

The candidate maintains a steady rate of speech at a natural speed which can be easily understood. Pauses and/or filler expressions are used appropriately for the situation (e.g. to elicit more information from the patient). Any hesitations or false starts are a sign of choosing the best way to frame the information for the patient rather than of searching for words or structures (e.g. '... -you know, we're really doing - you're going to spend a lot of money doing the composite fillings').

#### Appropriateness - 6

The candidate chooses language which is appropriate for giving clear paraphrases of technical procedures (e.g. '... we cut the front surface of your teeth and take the impressions and send it to the lab') and which is suited to overcoming barriers to communication (e.g. 'I wouldn't say that cut your tea coffee but try to make sure that you rinse out...').

#### Resources of Grammar and Expression - 5

The candidate draws on a wide range of vocabulary and grammar, generally used accurately. Flexible use is made of cohesive devices to show the relevance to the patient of what has been said (e.g. 'And that can clean up the stains as well so that'll help') and to introduce new ideas effectively (e.g. 'And I think the chips you have might be from grinding'). Occasional errors (e.g. 'cutting off cigarettes') do not impede meaning.

## Speaking Sample Task 2

OET Sample 2	
ROLEPLAYER CARD NO. 2	NURSING
SETTING	Community Health Centre
PATIENT	Your doctor has referred you to the community health nurse for advice about lifestyle changes, as your blood pressure is high. You know that you haven't been paying much attention to your health recently but you have a stressful job as a lawyer and your busy schedule makes it difficult for you to exercise on a regular basis. You also smoke a packet of cigarettes a day and enjoy a couple of drinks after work; although you know this isn't good for you, it helps you to cope with the stress of work.
TASK	<ul style="list-style-type: none"> <li>• Answer the nurse's questions about your lifestyle honestly, but be a bit defensive in your replies.</li> <li>• Be resistant at first to any of the nurse's suggestions about how you can modify your lifestyle, given the stresses you are up against at work.</li> <li>• Finally, agree to some of the changes suggested but continue to be adamant that you cannot give up smoking.</li> </ul>
© Cambridge Boxhill Language Assessment	
Sample 2	

OET Sample 2	
CANDIDATE CARD NO. 2	NURSING
SETTING	Community Health Centre
NURSE	The client has high blood pressure and has been referred to you for advice on lifestyle changes aimed at reducing it. The medical report indicates that the client smokes, drinks and does not take any regular exercise. He/she has a stressful job as a lawyer.
TASK	<ul style="list-style-type: none"> <li>• Question the client about his/her smoking, drinking and exercise habits.</li> <li>• Suggest ways in which your client can modify his/her lifestyle to improve his/her health.</li> <li>• Be sympathetic to your client's reasons for being reluctant to change his/her habits but insist that at least some changes are necessary for the sake of his/her health.</li> </ul>
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Sample 2	

## Transcription of candidate's response to Speaking task 2

CANDIDATE: Good afternoon John  
INTERLOCUTOR: Hello nurse  
CANDIDATE: How are you today?  
INTERLOCUTOR: I'm fine thanks. I- I've actually come to see you because the doctor said um you were going to give me some lifestyle change advice  
CANDIDATE: Yes I know from ah ah your his- your history ah ah um- medical history okay  
INTERLOCUTOR: Mm  
CANDIDATE: And now um you're a lawyer right  
INTERLOCUTOR: that's right yes yes  
CANDIDATE: And um your job is very stress right?  
INTERLOCUTOR: Um it- it its very stressful yeah I'm a busy person  
CANDIDATE: Um and now you have got a a high blood pressure  
INTERLOCUTOR: Mm hm mm hm  
CANDIDATE: Record. Ah your blood pressure is about- the last that you took the the blood pressure is 200 and over 22 so  
INTERLOCUTOR: Is that bad?  
CANDIDATE: It's very high  
INTERLOCUTOR: It's high is it? Well that's what the doctor said yeah  
CANDIDATE: Yes so it's caused CVE. You know CVE?  
INTERLOCUTOR: No, what's CVA?  
CANDIDATE: CVE is from ah um cereval vascular accident  
INTERLOCUTOR: Mm  
CANDIDATE: It's mean you ah your vessels will be broken you know. It's very dangerous. It cause to paralysis  
INTERLOCUTOR: Oh really  
CANDIDATE: It's very dangerous so you know it's a very good idea that you come here  
INTERLOCUTOR: Well yeah that sounds serious so  
CANDIDATE: Yeah  
INTERLOCUTOR: You need to tell me how to avoid that then  
CANDIDATE: Ah and I exactly know you's a smoking a smoke right?  
INTERLOCUTOR: Yeah, there's no secret there  
CANDIDATE: Mm how many cigarette d'you d'you d'you d'you have use every per day?  
INTERLOCUTOR: About a packet so 20 or so  
CANDIDATE: Ah about 20?  
INTERLOCUTOR: Mm  
CANDIDATE: Ah yeah, not much some people smoke is more than this  
INTERLOCUTOR: Yeah yeah I don't-

CANDIDATE: I think it's not so difficult to to quit, about smoking huh?

INTERLOCUTOR: I I I think it is to be honest. Um it's what helps me do my job and I think if I didn't have the cigarettes I'd probably not manage at all

CANDIDATE: Mm hm

INTERLOCUTOR: So I I don't want to quit smoking

CANDIDATE: You don't want to quit smoking?

INTERLOCUTOR: No no it's the thing that gets me through the day

CANDIDATE: A:h may I ask you why you object to stop smoking?

INTERLOCUTOR: Well it- it just helps me relax you know. It's- taking a cigarette really helps me um wind down a bit especially in the evening when I'm- I'm at home but um even during the day it just gives me a bit of time to think

CANDIDATE: Um let me say something okay. You have many thing to like for relax. It's not just smoking. You can choose. You have many chance. For example like exercise or

INTERLOCUTOR: yeah

CANDIDATE: go out with friend [ah]

INTERLOCUTOR: [I go] out with my friends after work. We often go out for a drink after work yeah and I I I agree that help's me relax too

CANDIDATE: Mm hm. It's good but about drinking, I concern about drinking too

INTERLOCUTOR: Well that's- after smoking maybe drinking is-the second best way to relax

CANDIDATE: What you usually drink?

INTERLOCUTOR: Oh um well beer

CANDIDATE: Yes

INTERLOCUTOR: And then later in the evening maybe spirits, sort of brandy

CANDIDATE: It mean ah it includes alcohol

INTERLOCUTOR: Oh yeah

CANDIDATE: Oh it's bad for your hypertension. You know dat

INTERLOCUTOR: I I I really think it helps me relax

CANDIDATE: Yeah I understand your concen- you you're you- I understand you but you know alcohol is can ah raise blood pressure

INTERLOCUTOR: Mm mm

CANDIDATE: You normally, you're blood pressure is really high and then you have you drinks alcohol it puts press is very high and is easy to have a CVA. That CVA-

INTERLOCUTOR: Well I certainly don't want that but wh- wh-

CANDIDATE: So

INTERLOCUTOR: what else can I do then? I'm-

CANDIDATE: Um

INTERLOCUTOR: I'd rather not stop smoking You know? That seems to be the way I can cope at the moment

CANDIDATE: Ah okay in my opiniun everything is very difficult to- to stop

INTERLOCUTOR: Mm

CANDIDATE: But now your condition. You have very high blood pressure.

INTERLOCUTOR: Mm

CANDIDATE: It's important to cope with the problem okay?

INTERLOCUTOR: Yep

CANDIDATE: And you should change- change .. ah your lifestyle now. It's simple. The first thing I think smoking- ah smoking you choose quit

INTERLOCUTOR: Mm hm

CANDIDATE: And the second thing you should stop ah drink alcohol you should change to drink another drinks okay?

INTERLOCUTOR: Mm

CANDIDATE: As what else you should have exercise

INTERLOCUTOR: Well yeah I'm very busy but I guess I could find a bit of time for exercise

CANDIDATE: Mm hm

INTERLOCUTOR: Yeah

CANDIDATE: And um I think it's enough when you can control

INTERLOCUTOR: Mm

CANDIDATE: And you can change- ah your lifestyle like that and um another thing you should take the medication okay?

INTERLOCUTOR: Mm hm

CANDIDATE: Don't don't don't stop taking the medication

INTERLOCUTOR: Sure

CANDIDATE: E- ah in my experience I find many people is have ah problem paralyzing you know like it's very suffer okay

INTERLOCUTOR: Yeah, I don't want that

CANDIDATE: Yeah so you should follow like that and when you want some- you want- you need some more information

INTERLOCUTOR: Mm hm

CANDIDATE: I will find out and give you some more information

INTERLOCUTOR: Okay well that would be useful. Some information about that

CANDIDATE: That's okay?

INTERLOCUTOR: Yeah that would be great

CANDIDATE: Um do you have any question?

INTERLOCUTOR: No no, I take your point. I'm gonna have to think seriously about um the smoking and the drinking

CANDIDATE: And ah you can call the quit line too you you you you when you want to quit the smoking

INTERLOCUTOR: Ah huh

CANDIDATE: Okay

INTERLOCUTOR: Yeah and if it's serious I'd better put my health first

CANDIDATE: Ah huh

INTERLOCUTOR: Okay well thank you nurse

CANDIDATE: Thank you

## Speaking Test Sample 2: Candidate Scores

Scores				
Overall communicative effectiveness	Intelligibility	Fluency	Appropriateness	Resources of grammar and expression
4	4	4	4	3

### Comments on scores

#### Overall Communicative Effectiveness - 4

The candidate is able to maintain communication throughout the role-play, and uses simple techniques for making suggestions and giving information (e.g. 'Um let me say something... you have many thing to like for relax. It's not just smoking', 'and another thing, you could take the medication...'). Interaction is restricted by an inability to manage unexpected turns from the patient (e.g. '... why you object to stop smoking' asked immediately after the patient has explained why), and by inability to develop points beyond an initial statement (e.g. '... you need some more information... I will find out and give you some more information').

#### Intelligibility - 4

The candidate is generally easily understood, although L1 accent causes strain for the listener in places (e.g. missing final consonants \*exerci\* and mispronounced diphthongs \*res\* for raise). Features of connected speech are generally absent, and there is little evidence of ability to use stress and intonation to enhance meaning.

#### Fluency - 4

The flow of speech is uneven at times (e.g. 'Record. Ah your blood pressure is about – the last that you took the the blood pressure is 200 and over 22 so'). Repetition in places indicates searching for vocabulary (e.g. 'Mm how many cigarette d'you d'you d'you d'you have use every per day?'), and longer, more complex utterances are not often attempted.

#### Appropriateness - 4

The candidate uses language and tone which are generally appropriate for the context, and there is some success in expressing empathy for the patient's situation (e.g. 'Ah yeah, not much some people smoke is more than this', 'It's good but about drinking, I concern about...'). However, lapses are noticeable and reflect limited resources (e.g. over-use of right and okay at ends of turns, lack of effective paraphrase for CVA, no attempt to expand on quit line).

#### Resources of Grammar and Expression - 3

There is limited control of grammar or word formation, even in simple sentences. Although overall meaning is generally clear, very few utterances are free of error and inaccuracies in basic structures create strain for the listener (e.g. '... in my experience I find many people is have ah problem um paralyzing you know like it's very suffer...').

# Section 5: How to further prepare your students for OET

## 5.1 Listening sub-test

The Listening sub-test consists of two parts (Part A and Part B). It's the same for all professions.

### What listening skills are tested?

The types of question in Part A of the Listening sub-test allow candidates to demonstrate that they can:

- understand the content of a consultation between a health practitioner and a patient/client.
- extract relevant information in a consultation.
- take notes while listening to relevant information in real time.

The questions draw on candidates' ability to process speech at a natural rate containing pauses, errors, and corrections, the ability to recognise the communicative function of utterances according to their context, and the ability to detect and understand features used to give coherence and cohesion to spoken discourse.

The types of question in Part B of the Listening sub-test allow candidates to demonstrate that they can:

- understand the main ideas and important information in a short talk on a health-related topic.
- understand inferred meaning in a short talk, including recognising the communicative functions of utterances and inferring the meaning of unfamiliar lexical items from the context.

### Resources to help you prepare for the Listening sub-test

To help you prepare for the Listening sub-test, you can refer to the following resources, some free and some paid-for.

#### Free resources:

- the Listening materials and Listening sub-test information from the sample test on OET website.
- **ABC (Australian Broadcasting Corporation) Health and Wellbeing**
  - All in the Mind
  - The Health Report
  - Life Matters
  - Health Minutes
- **BBC World Service**
  - Health Check
  - Science in Action
- **Englishmed.com**
  - English learning resources with a medical focus
- **E newsletters** – you can subscribe free to these regular health-related newsletters:
  - ABC health newsletter
  - BBC health newsletter

Please note: CBLA is not responsible for the content of external websites.

#### Other resources:

- Listening practice materials from the OET Bookshop.

## Preparing your students for the Listening sub-test

### General

- Encourage your students to get wide experience of listening in English and use audio materials regularly.  
Candidates' ability to perform well in the Listening sub-test can be improved by listening to material from a variety of sources, not just test-related contexts.
- Many candidates worry about the Listening sub-test because it involves listening to an audio recording without the benefit of visual cues or of repetition.  
Help your students build confidence by giving them regular opportunities to use audio materials and to do tasks based on listening to a recording once only.
- Make sure your students don't focus purely on listening for detail.  
Encourage them to use listening materials in different ways, e.g., sometimes listening for the overall gist, sometimes for specific information, sometimes for attitude expressed.
- Raise your students' awareness of how much they themselves bring to a listening task.  
Encourage them to make predictions about listening texts from their own experience and knowledge.  
Remind them to use the pause before each recording to read the questions and be prepared for what they are likely to hear in what sequence.

### Part A

- Train your students to use the information provided on the question paper. The section headings help navigate the sequence of topics.  
The amount of space for the answer and the number of marks available help anticipate the amount of information required for each question.
- Help your students to identify functional language ("signposts") for structuring a conversation, such as signals for summarising, drawing conclusions and making a comparison.  
These will help students keep their place in a recording as they answer questions.
- Candidates should write their responses in Part A in note form.  
Give your students practice in writing in note form rather than in full sentences, and encourage them to check that their notes are clear and unambiguous.

### Part B

- Train your students to read through the questions and think about what they are being asked to listen for.  
Make a habit of asking them to justify their answers so that they do not choose an answer simply because it contains words and phrases they heard on the recording.
- Encourage your students to think about the communicative purpose of what they are listening to as well as the surface meaning. Some questions test the literal meaning of the text, but others require candidates to think about what is said and to relate it to the ideas presented in the options.
- For gap-fill questions, train your students to get into the habit of reading the text before and after the gap – both might affect their answer.



## Tips for candidates during the Listening sub-test

### General

- Have a spare pen or pencil ready just in case.
- Stay relaxed and receptive – ready to listen.
- Focus on listening and understanding first of all, and then recording your answer.
- Use the time allowed, once the recording starts, to look through the questions carefully:
  - Scan the headings and questions so you know what to listen out for.
  - Think about what language is likely to be useful for this topic.
- Don't write full sentences: make notes and be sure they are clear and unambiguous.
- Use common abbreviations and symbols.
- Write legibly: writing that is hard to read could lose you marks.
- Keep looking ahead to what is coming up (on the next page too).
- Use the pauses in the recordings to finish writing, review, and prepare for the next section.
- Look at the space provided for answers and the number of marks available for each question, to get an idea of how much information to include.

### Part A

- Use the headings to guide you – give all relevant information under the correct heading.
- Don't jump ahead or back: the headings follow the sequence of the recording. The information you need under each heading is all in the same section of the recording.
- Note the longer pauses in the dialogue indicate the end of each numbered question.

### Part B

- Read through each question carefully.
- Check the format of each question so that you know the type of information you need to listen for: e.g., to complete '\_\_\_\_%' you will need a number.

### Checking at the end

- Look for any simple language errors that may accidentally change the meaning of your answer.
- If you have changed any of your answers, use clear marks like arrows to show which answer belongs to which question or heading.
- Think twice about going back to change something – it may be better to leave what you wrote the first time if you are not sure.
- Don't leave any blanks: an incorrect answer will not receive any marks, but no marks are deducted for incorrect answers.

## 5.2 Reading sub-test

The Reading sub-test consists of two parts (Part A and Part B). It's the same for all professions.

### What reading skills are tested?

The types of question in Part A of the Reading sub-test allow candidates to demonstrate that they can skim and scan across short texts of a variety of types. For example, they can:

- locate specific information in a range of short texts.
- understand the conventions of different text types.
- synthesise information from different sources.
- summarise information for a non-medical audience.
- recognise paraphrasing.
- use appropriate spelling and word forms.

The types of question in Part B of the Reading sub-test allow candidates to demonstrate that they can understand explicit and implicit meaning in longer texts. For example, they can:

- understand main ideas.
- differentiate main ideas from supporting information.
- identify the underlying theme of a paragraph or text.
- recognise and understand paraphrase.
- understand cohesion between parts of a text.
- follow a complex argument that is made over several paragraphs.

### Resources to help you prepare for the Reading sub-test

To help you prepare for the Reading sub-test, you can refer to the following resources, some free and some paid-for.

#### Free resources:

- the Reading materials and Reading sub-test information from the sample test on OET website.
- health-related journals and websites in English, which are often available free online. You may have access to others through professional bodies related to your specialism, but make sure you read widely:
  - ABC Australia Health
  - Health Matters: index with links to programs and features
  - BBC World Service Health: Health index
  - New England Journal of Medicine: gives free access to articles six months old or older
  - Science Magazine for the American Association for the Advancement of Science: registration gives free access to articles over one year old
  - Nature
  - British Medical Journal
  - Journal of the American Medical Association
  - Medical Journal of Australia
  - Free Medical Journals Site: links to journals
- E-newsletters – you can subscribe free to these regular health-related newsletters:
  - ABC health newsletter
  - BBC health newsletter

Please note: CBLA is not responsible for the content of external websites.

#### Other resources:

- Reading practice materials from the OET Bookshop.

## Preparing your students for the Reading sub-test

### General

- Your students should read as widely as possible so that they become familiar with a wide range of language, not just language used in test preparation materials.
- Encourage your students to follow up on their professional areas of interest by reading studies, articles, current affairs websites, etc.
- Encourage your students to read a text without thinking that they need to understand every word. Candidates often waste time worrying about individual words: train your students to continue reading the text to see whether the meaning becomes clear by what follows.
- Help your students to understand how writers construct their texts to communicate their message. Some functional language will be useful to them in many contexts regardless of topic, e.g. to show:
  - **the order of events** e.g. firstly, secondly; initially, subsequently, in the end.
  - **consequences** e.g. due to, therefore, as a result.
  - **contrasting or alternative ideas** e.g. however, on the other hand, despite.
  - **the extension of an idea** e.g. in addition, furthermore.
- As well as focusing on specific language, help your students to become familiar with common features of academic and professional texts, such as:
  - **text references** e.g. this, the other study, as noted above.
  - **nominalisation**: choosing nouns rather than verbs or adjectives, e.g. explanation [from explain], detoxification, assessment.
  - **complex comparative structures** e.g. The study found that women over 60 benefited from the therapy almost twice as much as those aged between 20 and 35 did.
  - **long noun phrases** e.g. The four-year study into the uptake and continuing use of the drug-based treatment administered with appropriate medical supervision discovered that ...
  - **groups of words which relate to degree of certainty** e.g. states, concludes, implies, suggests, proposes, assumes, supposes, believes, considers, presumes.

### Part A

- Part A uses a wide range of text types. Give your students practice in using the features of a text – such as headings, layout and choice of language – to get an idea of what the text is about and what information it is likely to include.
- Your students need practice in skimming and scanning texts to prepare for this task. They should get experience of navigating through a text for the particular information required, and NOT reading every word in a text.
- Many candidates find it useful to read the gapped summary first. This gives them an idea of what information they need. They can use this to help them target their reading of the texts and to disregard irrelevant information.
- It is important that your students have plenty of time-limited practice in reading. It can be useful if the teacher makes an explicit distinction between different types of reading activities: those where the aim is to read closely for detailed understanding and/or gathering new vocabulary, and those where the aim is to practise skimming and scanning for particular pieces of information.

### Part B

- Train your students to read the question and identify the part of the text which answers the question. They should then look at the options and decide which one is best in answering the question.
- The questions can only be answered by close reference to the text. It is important that your students avoid just matching words in the text with words in the question or option.
- Candidates often make the mistake of only briefly looking at the text and choosing an answer because it sounds plausible. It is often useful to ask students to justify the answer they have chosen.
- Make sure that your students get experience of reading texts in which opinions and attitudes are expressed. Activities which focus on recognising and evaluating attitude will develop your students' abilities to infer underlying meaning.

## Tips for candidates during the Reading sub-test

### General

- Have a spare pen/pencil ready just in case.
- Don't get stuck on one question. Keep going and come back to it later.
- Don't give more than one answer for a question – this gets zero marks.

### Part A

- Read the summary first, before you look at the texts, so that you know what information you need to look for. You won't need to read everything in the texts to complete the summary.
- Look at the headings and layout of the short texts. This will help you decide what kind of information they are likely to contain, and you will be able to navigate more easily to the information you need.
- Make sure your answer fits the gap in the summary and that you do not use too many words. Sometimes you will be able to insert words taken directly from the text; sometimes you will need to fit your answer to the order of information and the grammar of the summary.

### Part B

- Divide the 45 minutes appropriately between the two texts and focus on one text at a time.
- Read the title and the whole text through quickly at the start to get an overall sense of what it is about.
- Take each question in turn and make sure you look in the right place for the answer (e.g., 'according to paragraph 2' means the question refers to information given in paragraph 2).

- Read each question carefully, looking out for key words, e.g. which statement is TRUE, which statement is FALSE, which of the following is NOT appropriate.
- Consider the options in turn and try to explain to yourself exactly what makes each one right or wrong. Avoid choosing an option just because it contains a word or phrase from the text, or because it looks plausible from your background knowledge.
- Write on the text and questions if it helps you (e.g., underlining key words and phrases) but don't make it more difficult for you to read by adding too many marks.

### Checking at the end

- Leave yourself enough time before the 45 minutes is over to record your answers to Part B.
- Make sure you have one answer marked on the answer sheet for each of the questions.
- Check you have put your answer against the correct question number.
- Follow the instructions on the answer sheet about changing an answer: use an eraser to delete the original answer and re-mark the new answer clearly.
- Don't make any last-minute changes unless you are sure.
- Don't leave any blanks – an incorrect answer will not receive any marks, but no marks are deducted for incorrect answers.

## 5.3 Writing sub-test

The Writing sub-test consists of one task and takes 45 minutes.

The candidates take this part of OET using materials specifically produced for their profession – a nurse does the task for nursing, a dentist does the task for dentistry, and so on.

Along with the task instructions, the candidates will receive stimulus material which includes information to use in their response. This stimulus material takes the form of case notes.

The first five minutes of the test is reading time. During this time, the candidates can study the task and notes (but not write, underline or make any notes of their own).

For the remaining 40 minutes, the candidates write their response to the task. They write in the printed answer booklet provided, which also has space for rough work. They can write in pen or pencil.

### What writing skills are tested?

The task in the Writing sub-test allows candidates to demonstrate that they can write a letter based on a typical workplace situation and the demands of their profession. The letter may be a referral letter, a letter of transfer or discharge, or a letter to advise or inform a patient or carer.

Each candidate's letter is assessed against five criteria:

- **Overall task fulfilment** – including whether all aspects of the task are fulfilled, and whether the response is of the required length.
- **Appropriateness of language** – including the use of appropriate vocabulary and tone in the response, and whether it is organised appropriately.
- **Comprehension of stimulus** – including whether the response shows candidates have understood the situation and provided relevant rather than unnecessary information to their reader.
- **Control of linguistic features** (grammar and cohesion) – including how effectively candidates communicate using the grammatical structures and cohesive devices of English.
- **Control of presentation features** (spelling, punctuation and layout) – including how these areas affect the message candidates want to communicate.

### Resources to help you prepare for the Writing sub-test

To help you prepare for the Writing sub-test, you can refer to the following resources, some free and some paid-for.

#### Free resources:

- the Writing materials and Writing sub-test information from the sample test on OET website.
- the sample materials and other information in this pack.
- make use of some of the many free online resources for English-language learners which can help you develop the writing you need (e.g. formal letter writing, general grammar practice). These include:
  - Online Writing Lab at Purdue University

Please note: CBLA is not responsible for the content of external websites.

#### Other resources:

- Writing practice materials from the OET Bookshop.

## Preparing your students for the Writing sub-test

### General

- Train your students to use the 5-minute reading time effectively. They should read the information carefully and plan an answer which addresses the task. The time allowed for the Writing sub-test is designed to be sufficient for candidates to use 5 minutes for reading and preparation before writing their answer.
- Counting words wastes time. Encourage your students to practise in writing tasks within the word limit so that they know when they have written enough in their own handwriting.
- Advise your students to think carefully about the particular task. What does the target reader need to know, and in what order of importance? What is the outcome the writer wants to achieve, i.e. what does the writer want the reader to do with the information?
- Part of the task is selecting and organising the stimulus information appropriately, so give your students practice in this.
- It can help students if they understand the five assessment scales they will be assessed on. Provide feedback on your students' work in terms of these criteria so that they have them in mind when they write.
- There are certain functions that your students will need for the task, such as summarising steps already taken, advising of potential adverse effects, outlining recommendations, and making suggestions for follow-up. Make sure your students are familiar with structures and vocabulary relevant to these functions.
- Language accuracy is only one of the criteria candidates are assessed on, but many candidates make avoidable language errors. Train your students to check their work so that they can identify and correct any slips. Time-limited practice will help them learn how to manage their time so that they can do this in the test.

### How can candidates improve on each criterion?

#### Overall task fulfilment

- Give your students practice in writing within the word limit. The task is designed so that the word limit is enough to fulfil the task and gives the assessors an appropriate sample of writing to assess.
- Encourage your students to read the instructions carefully. Train them not to assume that they can re-use language from a practice task they have done.
- Give your students practice in identifying what information to include for a specific task. They shouldn't include information that the intended reader clearly knows already (e.g. if they are replying to a colleague who previously referred the patient to them).

#### Appropriateness of language

- Train your students to:
  - organise the information clearly – remember, the sequence of information in the case notes may not be the most appropriate sequence of information for the letter.
  - highlight the main purpose of the letter at the start – this provides the context for the information that is included.
  - be clear about the level of urgency for the communication.
  - always keep in mind the reason for writing and what the reader most needs to know – don't just summarise the case notes provided.
  - focus on important information and minimise incidental detail.
  - be explicit about the organisation of the letter, where appropriate: e.g. 'First I will outline the problems the patient has, then I will make some suggestions for his treatment.'
  - consider using dates and other time references (e.g. three months later, last week, a year ago) to give a clear sequence of events where needed. Which way of presenting the information makes it clear and helpful for the target reader?
  - stick to the relatively formal tone that all professional letters are written in.

- maintain a neutral, professional tone appropriate to this kind of written communication. Informal language and SMS texting style is not appropriate.
- give the correct salutation: if the recipient's name and title are provided, use them.
- show awareness of the audience by choosing appropriate words and phrases: if writing to another professional, technical terms and, possibly, abbreviations may be appropriate; if writing to a parent or a group of lay people, use non- technical terms and explain carefully.

### Comprehension of stimulus

- Train your students to:
  - show they have understood the case notes fully by taking relevant information from the case notes and transforming it to fit the task.
  - be clear about the most relevant issues for the reader.
  - don't let the main issue become hidden by including too much supporting detail.
  - show clearly the connections between information in the case notes if these are made; however, they should not add information that is not given in the notes (e.g. a suggested diagnosis), particularly if the reason for the letter is to get an expert opinion.
  - be explicit if the stimulus material includes questions that require an answer – they shouldn't 'hide' the relevant information in a general summary of the notes provided. Make sure the target reader will understand clearly what he/she is being asked to do.

### Control of linguistic features (grammar and cohesion)

- Train your students to:
  - show that they can use language accurately and flexibly in their writing.
  - make sure they demonstrate a range of language structures
    - » use complex sentences as well as simple ones, where appropriate.
  - split a long sentence into two or three sentences if they feel they are losing control of it.

- review areas of grammar to ensure they convey intended meaning accurately: particular areas to focus on might include:
  - » articles – a/an, the (e.g. 'She had an operation.', 'on the Internet')
  - » countable and uncountable nouns (e.g. some evidence, an opinion, an attack).
  - » verb forms used to indicate past time and the relationship between events in the past and now (past simple, present perfect, past perfect).
  - » adverbs that give time references (e.g. 'two months previously' is different from 'two months ago').
  - » prepositions following other words (e.g. 'Thank you very much for seeing ...', 'sensitivity to pressure', 'my examination of the patient', 'diagnosed with cancer').
  - » passive forms (e.g. 'he was involved in an accident' NOT 'he involved in an accident').
- use connecting words and phrases ('connectives') to link ideas together clearly (e.g. however, therefore, subsequently).
- create a mental checklist of problems they have with grammar and go through this when they review their response. Areas to focus on might include:
  - » number agreement, e.g. 'The test result shows that ...', 'There is no evidence ...', 'He lives ...', 'one of the side effects'.
  - » complete sentences, i.e. the main clause includes 'subject and verb', e.g. 'On examination showed that ...' should be 'Examination showed that ...' or 'On examination it was found that ...'
  - » gender agreement, e.g. 'Mrs Jones and her daughter'.
  - » tense agreement, e.g. 'Examination on 15 May 2006 revealed she is overweight.' [creating confusion over whether she is still overweight at the time of writing].

## Control of presentation features (spelling, punctuation and layout)

- Advise your students to:
  - take care with the placement of commas and full stops:
    - » Make sure there are enough – separating ideas into sentences.
    - » Make sure there are not too many – keeping elements of the text meaningfully connected together.
  - leave a blank line between paragraphs to show clearly the overall structure of the letter.
  - not write on every other line – this does not really help the reader.
  - check for spelling mistakes and for spelling consistency throughout the writing (e.g. with a patient's name):
    - » Remember that many of the words they write are also in the case notes – check that the spelling used is the same.
    - » Be consistent with spelling: alternative spelling conventions (e.g., American or British English) are acceptable as long as use is consistent.
  - not use symbols as abbreviations in formal letters.
  - avoid creating any negative impact on the reader through the presentation of the letter:
    - » Use a clear layout to avoid any miscommunication.
    - » Make sure poor handwriting does not confuse the reader over spelling and meaning.
    - » Write legibly so the assessor can grade the response fairly using the set criteria.
  - watch out for words that are commonly confused or misspelled such as:
    - » advise (verb), advice (noun).
    - » severe (meaning serious or acute) not sever.
    - » loose (adjective), lose (verb): e.g. to lose weight.
    - » loss (noun), lost (verb, past and past participle form; adjective): e.g. his loss of weight.
    - » were, where.
    - » which, NOT wich.
    - » planned, not planed.
    - » until, not untill.

## Tips for candidates during the Writing sub-test

### General

- Do take time to understand the requirements of the particular task. Don't assume it's the same as any practice test you have done.
- Do make sure you understand the situation described in the case notes.
- Do think about how best to organise your letter before you start writing.
- Don't include everything from the case notes – select information relevant to the task.
- Have a spare pen or pencil ready just in case.
- Use the five minutes' reading time effectively to understand the task set. The test is designed to give you enough time to write your answer after you have carefully considered these questions:
  - What is your role?
  - Who is your audience (the intended reader)?
  - What is the current situation?
  - How urgent is the current situation?
  - What is the main point you must communicate to the reader?
  - What supporting information is it necessary to give to the reader?
  - What background information is useful to the reader?
  - What information is unnecessary for the reader? Why is it unnecessary?
- Consider the best way to present the information relevant to the task:
  - Is a chronological sequence helpful (summarising each consultation in turn)?
  - Should the current situation be explained at the start of the letter (e.g. in an emergency situation)?
  - Use the space provided to plan your letter (though a draft is not compulsory).



- Organise what you want to say before you start writing in full to get a clear idea of how much detail you can include.
- Use the names and dates given. (If no address is given, you can invent one.).
- Indicate each new paragraph clearly as you write, perhaps by leaving a blank line or by using an indent.
- Write clearly: don't make it difficult for the assessor to read your response or understand the organisation of the information.

### Checking at the end

- Make sure your letter communicates what you intend.
- Make sure you meet the basic task requirements:
  - length of the body of the text approximately 180-200 words.
  - full sentences, not note form.
  - appropriate letter format.
- Check for any simple grammar and spelling errors that you may have made.
- If you have changed what you wrote, use clear marks (e.g. arrows, numbers) to show the sequence in which the parts of your text should be read.
- Cross out clearly anything you do not want the assessors to read, such as drafts or mistakes.

## 5.4 Speaking sub-test

The Speaking sub-test is an individual interview that takes around 20 minutes. It is profession-specific. The candidates take this part of OET using materials specifically produced for their profession – a nurse does role-plays for nursing, a dentist does role-plays for dentistry, and so on.

**Structure:** In each interview, the candidate's identity and profession are checked by the interlocutor and there is a short warm-up conversation about their professional background.

**Role-plays:** There are two role-plays, and the candidate has 2-3 minutes to prepare for each. The role-plays take about five minutes each. The candidates receive information for each role-play on a card, which they keep while they do the role-play. They may write notes on the card if they want. The card explains the situation and what they are required to do. If they have any questions about the content of the role-play or how a role-play works, they can ask the interlocutor before starting.

Candidates are assessed on their performance in the two role-plays only. The whole interview is recorded and it is this audio recording that is assessed: the interlocutor is not assessing the candidate.

The interlocutor follows a script so that the interview structure is closely similar for each candidate. He/she also has detailed information to use in each role-play.

### What speaking skills are tested?

The role-plays are based on typical workplace situations and reflect the demands made on the professional in those situations. Different role-plays are used for different candidates at the same test administration.

In each role-play, the candidate takes his/her professional role (e.g. as a nurse) while the interlocutor plays a patient/client or sometimes a patient's relative or carer. For veterinary science the interlocutor is the owner or carer of the animal.

The role-plays in the Speaking sub-test allow candidates to demonstrate that they can communicate in a typical workplace situation for their professions. For example, they can:

- ask questions to the patient.
- answer questions from the patient.

- engage with a variety of patient types, e.g. different ages, different health problems, different concerns.
- explain medical conditions and treatments in a clear and accessible way.
- rephrase ideas in different ways to help or persuade a patient.
- reassure a worried or angry patient.

Candidate's performance in the two role-plays is assessed against five criteria:

- **Overall communicative effectiveness** – including how well the candidate is able to maintain meaningful interaction.
- **Intelligibility** – including pronunciation, intonation, stress, rhythm and accent.
- **Fluency** – including the rate (speed) and natural flow of speech.
- **Appropriateness** – including the use of suitable professional language and the ability to explain in simple terms as necessary; also, how appropriately language is used to communicate with the patient given the scenario of each role-play.
- **Resources of grammar and expression** – including the accuracy and range of the language used; how effectively and naturally the candidate communicates.

Remember that OET is a test of English-language skills – NOT a test of professional knowledge. The medical information needed to carry out the role-play is provided on the candidate card. The role-play is designed so that knowledge of a particular medical condition or treatment will not advantage or disadvantage the candidate in any way. Candidates are assessed on how effectively they deal with the communicative situation on the card, NOT on their knowledge of the specific medical topic.

## Resources to help you prepare for the Speaking sub-test

To help you prepare for the Speaking sub-test, you can refer to the following resources, some free and some paid-for.

### Free resources:

- the Speaking materials and Speaking sub-test information from the sample test on OET website.
- the sample materials and other information in this pack.
- listen to medical and health professionals as they do their work, if you can. Notice what words and phrases they use in dealing with different situations with their patients.
- look at some of the many free online resources for English-language learners, which can help you develop the general speaking skills involved in a medical context. These include:

#### – ABC (Australian Broadcasting Corporation)

##### Health and Wellbeing

- » All in the Mind
- » The Health Report
- » Life Matters
- » Health Minutes

#### – BBC World Service

- » Health Check
- » Science in Action

#### – Englishmed.com

- » English learning resources with a medical focus

#### – E newsletters – you can subscribe free to these regular health-related newsletters:

- » ABC health newsletter
- » BBC health newsletter

Please note: CBLA is not responsible for the content of external websites.

### Other resources:

- Speaking practice materials from the OET Bookshop.

## Preparing your students for the Speaking sub-test

### General

- Make sure your students are aware that the introductory section of the Speaking sub-test is not assessed. Encourage them to make use of the introductory conversation to “warm up” and get used to speaking to the interlocutor.
- Help your students to practise using the communicative functions they are likely to need in any consultation context: explaining, summarising, clarifying, eliciting information, etc.
- Raise your students’ awareness of the testing focus of the role-play. Candidates are tested on their communicative ability not on their medical knowledge, and any medical information required for the role-play will be given on the card. Encourage your students to focus on developing their ability to communicate appropriately with the “patient” in the role-play.

### How can candidates improve on each criterion?

#### Overall communicative effectiveness

- In each role-play, candidates should take the initiative to gather and to give information, as a professional does.
- Candidates should talk to the interviewer as they do to a patient.
- Candidates should not expect the patient to lead or to move to the next issue for you – they should do this.
- Deal clearly with the points given on the role card, asking questions and explaining as necessary.
- Link what they say clearly to the purpose of the communication (coherence).
- Make sure the patient understands what they are saying and be prepared to explain complicated issues in a simple way.
- Remember that they are interacting with the patient, not just explaining to him/her.

## Intelligibility

Advise your students to:

- Consider each aspect that makes up this criterion: not just pronunciation, but also use of stress to emphasise the most important information, and use of intonation to signal whether they are asking a question or making a statement.
- Note what particular sounds or groups of sounds are different in their first language and in English – there may be some sounds in English that are not in their language at all.
- Practise common words that use these sounds (e.g. 'this', 'that' 'father', 'mother').
- Notice how pronunciation in their language is different from English – what is an important feature in English may not be so important in their language (and vice versa), e.g. the ends of words often show different meanings in English: 'cut', 'cup'; 'worry', 'worries', 'worried'.
- Find out and practise the pronunciation in English of common words and phrases they use in their job – although this vocabulary may not be very common, a professional should be able to use the vocabulary for his/her profession.
- Work on correct word stress (e.g. 'temporary' not 'temporary') – this is often much more important to clear communication than pronouncing each individual sound in a word correctly.
- Link words together naturally as well (connected speech) – in English there is often no 'space' between words in a phrase, e.g., 'in\_about\_an\_hour'.

## Fluency

Advise your students to:

- Speak at a natural speed for the situation.
- Consider problems for the listener if speech is too slow – e.g., losing the flow of the argument, feeling frustration while waiting for the speaker to finish etc.
- Consider problems for the listener if speech is too fast – e.g., being unable to break up the stream of language into meaningful pieces, feeling overwhelmed.
- Aim for even speech (not broken up into fragments) – reduce hesitation or speaking in 'bursts' of language.
- Use pauses to make their meaning clear though, e.g. for emphasis or to separate clearly the points they are making.

- Try to avoid overuse of sounds (err, um) and words ('OK', 'yes') to fill gaps while they prepare what to say next. Notice what their colleagues say and practise appropriate phrases for this type of situation.

## Appropriateness

Advise your students to:

- Practise explaining medical and technical terms and procedures in simple language – remember that the English they know as a professional may be quite different from the English used by patients.
- Notice what people say in different situations and copy these phrases (checking what they mean first) – people choose what to say depending on the situation (e.g., formal/informal, speaking to a colleague, child, child's parent).
- Consider asking questions to check that the patient has understood what they are saying if this seems appropriate to the situation.

## Resources of grammar and expression

Advise your students to:

- Demonstrate the accuracy of their spoken English and the range of structures and vocabulary they have.
- Show flexibility by using different phrases to communicate the same idea.
- Make sure they can form questions correctly – particularly those questions that they often use with patients ('How long ...?', 'When ...?').
- Work on particular areas that will help them convey meaning accurately:
  - articles (the, a/an): 'There's chance of infection' for 'There's a chance of infection'.
  - prepositions: 'I can explain you about asthma' for 'I can explain to you about asthma'.
  - countable/uncountable: 'not much side effects' for 'not many side effects'.
- Watch out for common errors e.g.:
  - 'I recommend you that you take this medication twice a day.'
  - 'When it happened?' for 'When did it happen?'
  - 'not much painful' for 'not very painful' (adj) or 'not much pain' (n).

## Tips for candidates during the Speaking sub-test

### General

- Bring your identification document and a pen to the interview room.
- Make sure you demonstrate what you are capable of, as assessment is of the performance recorded.
- Speak loudly and clearly so the assessors can grade your performance fairly using the set criteria.
- Talk naturally with the interviewer during the identity check and background information stages of the interview – use this time to settle down and feel comfortable in the test situation.

### Role-plays

- Read the role card carefully and make any notes you want on the card – you keep the card during the role-play for reference.
- Take time to read through the role card carefully.
- Don't follow a formula for the role-play that may not be appropriate – e.g. sometimes you do not need to introduce yourself because it is clear you know the patient already.
- Practise with another candidate, friend or colleague beforehand so you know what it feels like to do a role-play.
- Ask the interlocutor during the preparation time if you have any questions about what a word/phrase means, how it is pronounced, or how a role-play works. You are not penalised for doing this.
- Use the notes on the role card to guide the role-play:
  - What is your role?
  - What role is your interlocutor playing – patient, parent/son/daughter, carer?
  - Where is the conversation taking place?
  - What is the current situation?
  - How urgent is the situation?
  - What background information are you given about the patient and the situation?
  - What are you required to do?

- What is the main purpose of the conversation (e.g. explain, find out, reassure, persuade)?
- What other elements of the situation do you know about? (e.g. the patient appears nervous or angry, you don't have much time.)
- What information do you need to give the patient? (Remember, though, this is not a test of your professional skills.)
- Consider how you would act if this was a real situation you encountered while doing your job.
- Be ready to start off the role-play yourself – the interlocutor will indicate that preparation time is over, but you need to begin the conversation.
- Introduce yourself if it is appropriate (but not if it is clear that you know the patient already).
- Focus on the issue described in the role-play information.
- Don't take a full history of the patient unless the notes require this.
- Behave as you do as a professional in real life:
  - If you don't understand something the patient says, ask him/her to repeat or explain it.
  - If you notice a misunderstanding between you and the patient, try to resolve it.
  - If the patient seems upset or confused, try to find out why.
- Don't worry if the interlocutor stops the role-play after about five minutes – it's time to move on even if you haven't completed the task.

### References:

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OET website [www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)



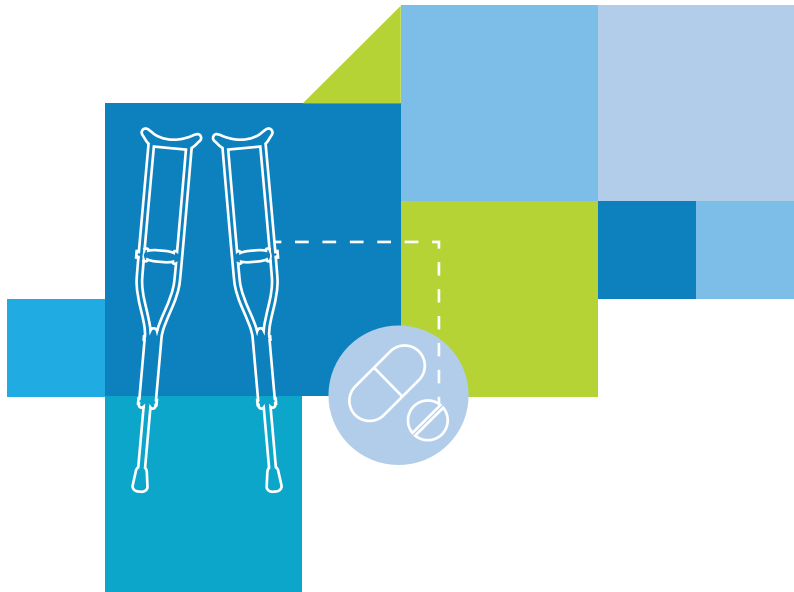
## Find out what OET can do for you

To find out more about OET and how it can help you select healthcare professionals with the right level of English language proficiency, contact:

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