

The Cambridge Guide to

OET Nursing

Student's Book



With Audio and
Resources Download

Catherine Leyshon | Gurleen Khaira | Virginia Allum

OET is owned by Cambridge Boxhill Language Assessment,
a venture between Cambridge Assessment English and
Box Hill Institute, Australia.



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Cambridge University Press
www.cambridge.org/elt

Cambridge Assessment English
www.cambridgeenglish.org

Information on this title: www.cambridge.org/9781108881647

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First published 2020

20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

Printed in Italy by Rotolito S.p.A

A catalogue record for this publication is available from the British Library

ISBN 978-1-108-88164-7 Student's Book

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Acknowledgements

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Cover photography by vm/E+/Getty Images.

Audio

dsound recording Ltd.

Design and Typeset

Q2A Media Services Pvt Ltd.

INTRODUCTION



This book has been designed to provide candidates preparing for OET Nursing with better knowledge of the test, along with the strategies and language skills required to succeed. Whether you are a candidate studying independently for the test or a teacher preparing students in a classroom setting, you will find ample test knowledge and skills practice here to help achieve the score you need.

How the book is organised

The book is divided into six sections aimed at improving relevant skills, and knowledge of test format and strategies. There are also sample practice tests that give learners the opportunity to apply what they have learned.

Section I: Introduction

'OET Fact File' covers the format of the test and essential information about OET that every test taker should know.

Sections II and III: Listening and Reading

These sections are divided into chapters that correspond to the three parts of the Listening and Reading sub-tests (Parts A, B and C). In each part, you will gain an understanding of the types of audio and text extracts that you can expect to listen to and read, and acquire strategies and skills that you can use to approach the tasks, and the extracts on which they are based. For example, 'Reading Part A' includes a complete set of 20 questions based on four extracts, just like in the test. However, instead of just having you complete the test, the questions and extracts are analysed, to help you develop strategies for approaching them on Test Day.

There are also some tasks in these sections that are not like those in the OET test. These are designed to help you acquire the skills you need to approach the test questions. Some may appear before a sample test question, while others may need to be done after completing a question. For example, you may be asked to think actively about the context of a Listening extract or reflect on how you arrived at an answer in Reading, to help you answer other questions. Most of the answers are explained either in the chapter or in the answer key. Reading these explanations is important because they help you understand the rationales behind the correct answers, and the misconceptions behind the incorrect ones.

Sections IV and V: Writing and Speaking

These sections are divided into two parts. In 'Preparing to Write the Letter' and 'Preparing for the Speaking Sub-test', the sub-skills required to meet the assessment criteria are discussed and demonstrated, and opportunities provided to practise these sub-skills in healthcare scenarios typical of OET.

In Speaking, you practise sub-skills that correspond directly to the linguistic and communication criteria. Some tasks involve listening to audio recordings of parts of role plays to help you understand the criteria better, and practise the relevant sub

In Writing, you are provided with exercises that focus on a sub-skill of writing relevant across the different assessment criteria. There are examples of various different kinds of letters, each based on specific case notes. The answer key contains additional explanations as well as sample answers.

In the Writing and Speaking sections, the practice sub-test appears at the end. This is to provide you with the opportunity to practise and develop the relevant subskills by doing a series of smaller tasks, before you undertake the complete test. It will also enable you to assess the progress you have made as a result of working through these sections. Answers for the sample practice sub-tests are provided in the answer key.

Section VI: Practice Tests

There are two practice tests, which are complete OET sub-tests for Listening, Reading, Writing and Speaking. The answer key is available online and you can check your answers there.

Features common to all sections

Here are the features that are common to all four main sections of this book (Listening, Reading, Writing and Speaking).

An introduction: Since OET is a profession-specific test, candidates need to understand the reasoning behind the format of the sub-tests and the tasks. The introduction to each sub-test section provides insights into why the format and the skills being tested are relevant, and how they are directly applicable to workplace contexts. It also explains the healthcare settings for all tasks, the distribution of marks and the allotted time. The introductions to the Writing and Speaking sections give more information on the assessment criteria, to help you understand how your performance is marked and what you can do to improve criteria-specific scores.

Tips for scoring: These will provide you with simple strategies you can use while preparing and on Test Day, to help achieve higher grades.

Frequently Asked Questions (FAQs): Candidates usually have a lot of questions about the sub-tests. These FAQs help address some common questions and misconceptions.

How to use this book

This book can be used both by candidates working independently to prepare for the test and, in a classroom situation, by teachers who are helping students prepare for the test.

If you are a candidate working independently, the tasks in each section will help build the skills you need for successful OET scores. For Listening and Reading, answers are explained thoroughly within the section or in the answer key, which may also contain additional explanations. For Writing and Speaking, sample answers to practice tests and other tasks are provided in the answer key.

If you are a teacher helping students prepare, you can use the tasks to help them build essential language skills and test-taking strategies. This book can also be used to supplement existing material you may be using.

There is no recommended order for completing the sections; you can start with any sub-test. However, it is recommended that test-takers read 'OET Fact File' before beginning their preparation, in order to understand the purpose of OET. The practice tests in Section VI can be done at intervals rather than all at once. This will help you monitor progress over a period of time.

Online resources

The online resources can be accessed using the code provided on the inside front cover of this book. The online pack contains the following:

- Audio tracks used in the Listening and Speaking sections, and in the Practice Tests
- Transcripts of all audio tracks
- Answer key for all sections (including sample answers for Speaking and Writing)

There are several ways to make the most of these online resources. Teachers using the book can play the audio tracks in class for practice, as well as when administering the sample tests. Transcripts of the Listening audio extracts can be used to analyse answers and understand the structure of the consultation, presentation, interview, etc. Teachers could also use transcripts and audio recordings to design other activities to practise the sub-skills required to meet the communication or clinical criteria in Speaking. However, when using an audio recording to administer a test task, it is recommended that it be played only once, and that students should be hearing it for the first time. After that, it can be used for other activities.

Understanding what OET is all about and how it is structured will help you perform better in the test. This section contains basic information about OET that every test taker should know.

What is OET?

OET is an internationally recognised English language proficiency test developed specifically for healthcare professionals. It tests your ability to communicate effectively in an English-speaking healthcare workplace through four skills: Listening, Reading, Writing and Speaking. The test materials and tasks reflect real-life situations you are likely to face when you enter the workplace.

OET caters to 12 healthcare professions:

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

OET comprises four components or sub-tests. The Listening and Reading sub-tests are the same for candidates from all professions, while the Writing and Speaking sub-tests have been made profession-specific in order to ensure that OET is a test of language proficiency and not of medical knowledge.

How is OET beneficial?

Successfully completing OET not only ensures recognition from healthcare organisations, but also gives you an increased sense of confidence in your own ability in English. The skills you learn while preparing for OET will be useful for the rest of your professional life. As you prepare for and then take the test, you are very likely to see your confidence increasing because you will be able to gauge how well you are communicating when performing everyday tasks at work.

How is OET different from other general and academic English tests?

While a general or academic English test assesses you on everyday English or academic skills, OET tests your ability to use English for a specific purpose in a healthcare setting. OET uses real workplace scenarios typical of those that healthcare professionals in English-speaking countries would encounter, and expects you to be proficient in the skills required to communicate successfully in those situations. That is why the Writing and Speaking sub-tests are designed differently for each of the 12 professions that OET tests.

Who marks or scores OET test papers?

OET is scored by trained Assessors and by computers. The Assessors mark Listening Part A and Reading Part A with a detailed marking guide. Answer booklets are assigned to them at random, which helps to ensure that results are fair. Answers to Reading and Listening Parts B and C are scanned and automatically scored by a computer.

OET has a strict process for scoring that ensures that test results in Speaking and Writing are objective and unbiased. In the Speaking sub-test, the test-day interlocutor (the person who plays the role of the patient in the test) does not take part in the assessment process. Each Speaking sub-test is recorded and these recorded audio files are scored by at least two trained Assessors. Similarly, Writing sub-test answer scripts are scored by at least two trained Assessors. In the event that the two Assessors assign different scores, the audio files and answer scripts will be marked by a third senior Assessor who has not previously been involved with the assessment.

What is the application process?

You can apply for OET on the website www.occupationalenglishtest.org. Ensure that you check the test dates for your chosen profession before you register for the test. If you are a candidate with health-related or any other special needs, you can make requests for requirements on the *Help and Information* section of the OET website when you apply. You will need to apply before the application closing date mentioned on the website.

Where is OET conducted?

OET is available at several locations globally. The website lists the available test dates in different locations throughout the year.

What is the best way to prepare?

Your preparation should focus on two equally important aspects:

- Improving language proficiency through regular practice: Work at your English skills daily as soon as you decide that you want to take OET. Language proficiency cannot be developed in a week or two, so practise every day, right from the start.
- Familiarising yourself with test structure and task types: Understand what skills the different sub-tests assess, and how to approach the various types of tasks/questions. Sample question papers are available for further practice, and it is valuable to do several of these to reinforce your learning and your familiarity with the format of the questions. These can be accessed from the OET website.

What happens on Test Day?

OET has a list of regulations that detail what you must and must not bring with you into the venue on Test Day. For example, MP3 players and mobile phones are not permitted, whereas you must bring the national identity document that you used in your application. It is very important to read the latest version of these regulations on the OET website well in advance of Test Day.

You'll receive information from the Test Venue prior to Test Day telling you when you should arrive at the venue for registration. Remember that the registration time is not the same as your test time, so be prepared to arrive earlier. The exact timings of sub-tests are available in the timetable that you will receive by email after you apply and pay for OET. You can also view your timetable online in your OET profile.

Where are results published?

You can view your scores and download official copies of the *Statement of Results* from your online profile on the OET website. You can also give verification institutions permission to view your results through the online portal.

Summary of OET

As stated earlier, OET tests the four language skills of Listening, Reading, Writing and Speaking. Each skill has a separate sub-test. While the Listening and Reading sub-tests are the same for all the OET professions, the Writing and Speaking sub-tests are designed to test your ability in a profession-specific context.

Let's look at an overall description of the four separate components of OET.

Sub-test	Duration	Number of tasks	Task content	Number of test items or questions
Listening	Approximately 40 mins	3	<ul style="list-style-type: none">• Two consultations• Six short monologues or dialogues• Two talks/presentations/interviews	42
Reading	60 mins	3	<ul style="list-style-type: none">• Four short texts• Six short extracts from the workplace• Two comprehensive texts	42
Writing	Reading time: 5 mins Writing time: 40 mins	1	<ul style="list-style-type: none">• Letter writing specific to each profession	1
Speaking	20 mins	2	<ul style="list-style-type: none">• Two role plays between a patient and healthcare practitioner	2

It is also important to know what each sub-test consists of and requires of you. Here is a summary of each sub-test.

Listening

The Listening sub-test consists of three parts (A, B and C), each based on topics of general medical interest that can be understood by candidates from all 12 OET professions. The total test duration is approximately 40 minutes, which includes pauses for you to check your answers.

There is a total of 42 questions and each question carries one mark, so the maximum score for the Listening sub-test is 42 marks. In order to obtain a B score, you typically need to score at least 30 marks (out of 42).

Recordings are played *only once*, and you must write your answers while listening. You have two minutes at the end of the test to check your answers.

Part A: Professional–patient consultation extracts

You will hear two consultations involving a healthcare professional and a patient. In this part, your ability to identify specific information is assessed, as you complete the healthcare professional's notes by filling in the blanks. There are headings to help you. Each extract is about five minutes long.

Part B: Short dialogues or monologues in a healthcare setting

You will hear six recordings of about a minute each. These will either be dialogues between professionals or between a professional and a patient, or monologues in which one healthcare professional talks. This part tests your ability to identify purpose or opinion, and listen for gist and detail. For each extract, there is one multiple-choice question. You need to identify the correct answer from the three options given.

Part C: Presentations, talks or interviews with healthcare professionals

You will hear two short presentations or interviews of about five minutes each. This section tests your ability to understand the kind of discussions on medical topics that you may typically hear at the workplace. There are six multiple-choice questions for each extract, each with three answer options.

Listening sub-test overview				
Part	Task	Question type	Duration	Marks
Part A	Two consultations involving a healthcare professional and patient	Fill in the blanks guided by headings	15 mins	24
Part B	Six short dialogues or monologues in workplace contexts	Multiple choice	15 mins	6
Part C	Talk/presentation by a healthcare professional	Multiple choice	15 mins	12

Reading

The Reading sub-test has three parts: A, B and C. You can expect a variety of text types, from policy documents to dosage charts. The whole Reading test is 60 minutes; this includes time for reading the questions, answering them, and checking your answers. The test carries a total of 42 marks with Part A accounting for 20 marks, Part B for 6 marks and Part C for 16 marks. If you want a grade B, you typically need to score a minimum of 30 marks in this section.

Part A: Fast reading

Part A tests your ability to skim different types of texts and extract key information. So you will read four short texts of a type that you would typically encounter while treating patients, such as dosage charts, instructions on how to administer medication, or advice to give patients. One of these texts will include visual or numerical information. There is a total of 20 questions to answer in 15 minutes. These can be in the form of matching exercises, sentence completion tasks or short answer (one-word or short phrase) questions. You need to write your answers in a separate answer booklet for Part A, which is collected at the end of the 15 minutes. So you need to use this allocated time for Part A efficiently, as you won't get an opportunity to check your answers for this part later in the test.

Part B: Careful reading based on workplace extracts

Part B tests your ability to identify the gist, main point or details of these texts. So you will read six short texts (100–150 words each) based on different workplace documents such as guidelines, manuals, policy documents, emails and memos. There is one multiple-choice question per text, each with three options to choose from.

Part C: Careful reading based on longer, comprehensive texts

Part C tests your ability to comprehend slightly more dense sources of information, identify opinions and infer meaning. So you will read two texts (800 words each) based on healthcare topics similar to those found in academic or professional journals. For each text there are eight multiple-choice questions, each with four possible answers.

You will record your answers to the questions for Parts B and C in the same answer booklet, by shading the circle next to the correct option.

Reading sub-test overview				
Part	Task	Question type	Duration	Marks
Part A	Fast reading of four texts	Short answer, matching, sentence completion, etc.	15 mins	20
Part B	Six workplace extracts	Three-option multiple choice	45 mins	6
Part C	Two comprehensive extracts from medical/professional journals	Four-option multiple choice		16

Writing

There is a specific Writing sub-test for each of the 12 professions covered by OET. In the case of OET Nursing, the task involves writing a letter (of discharge, referral, transfer or advice) to another health professional or client after reading the 'stimulus material', which is typically a set of patient case notes and/or other related documentation. The letter should be approximately 180–200 words in length.

The total duration of the sub-test is 45 minutes: five minutes at the beginning to read the material and the remaining 40 minutes to compose the letter. You won't be allowed to write anything on the question paper during the initial five minutes, so use this time to read the case notes carefully.

In order to succeed at the task, you need to select relevant parts of the stimulus material and construct a logical, structured letter keeping in mind the target reader. You will be assigned a band score for each of the following criteria:

- Purpose
- Content
- Conciseness and clarity
- Genre and style
- Organisation and layout
- Language

Each criterion is assigned a band score from 0–7, except *Purpose*, which has a band score of 0–3. If you want to achieve a higher grade such as a B, you should aim for higher band scores. It is very important to study the assessment criteria and level descriptors for the sub-test thoroughly so that you know what the Assessors are looking for in your answer, and what might cause you to lose marks. On the following pages you will find summaries of these criteria and level descriptors, as well as glossaries that explain the terminology used in them. These are also available at www.occupationalenglishtest.org.

WRITING Assessment Criteria and Level Descriptors

PUBLIC VERSION

Band	Purpose	Band	Content	Conciseness & Clarity	Genre & Style	Organisation & Layout	Language
3	Purpose of document is immediately apparent and sufficiently expanded as required	7	Content is appropriate to intended reader and addresses what is needed to continue care (key information is included; no important details missing); content from case notes is accurately represented	Length of document is appropriate to case and reader (no irrelevant information included); information is summarised effectively and presented clearly	Writing is clinical/factual and appropriate to genre and reader (discipline and knowledge); technical language, abbreviations and polite language are used appropriately for document and recipient	Organisation and paragraphing are appropriate, logical and clear; key information is highlighted and sub-sections are well organised; document is well laid out	Language features (spelling/punctuation/vocabulary/ grammar/ sentence structure) are accurate and do not interfere with meaning
		6	Performance shares features of bands 5 and 7				
2	Purpose of document is apparent but not sufficiently highlighted or expanded	5	Content is appropriate to intended reader and mostly addresses what is needed to continue care; content from case notes is generally accurately represented	Length of document is mostly appropriate to case and reader; information is mostly summarised effectively and presented clearly	Writing is clinical/ factual and appropriate to genre and reader with occasional, minor inappropriacies; technical language, abbreviations and polite language are used appropriately with minor inconsistencies	Organisation and paragraphing are generally appropriate, logical and clear; occasional lapses of organisation in sub-sections and/ or highlighting of key information; layout is generally good	Minor slips in language generally do not interfere with meaning
		4	Performance shares features of bands 3 and 5				
1	Purpose of document is not immediately apparent and may show very limited expansion	3	Content is mostly appropriate to intended reader; some key information (about case or to continue care) may be missing; there may be some inaccuracies in content	Inclusion of some irrelevant information distracts from overall clarity of document; attempt to summarise only partially successful	Writing is at times inappropriate to the document or target reader; over-reliance on technical language and abbreviations may distract reader	Organisation and paragraphing are not always logical, creating strain for the reader; key information may not be highlighted; layout is mostly appropriate with some lapses	Inaccuracies in language, in particular in complex structures, cause minor strain for the reader but do not interfere with meaning
		2	Performance shares features of bands 1 and 3				
0	Purpose of document is partially obscured/ unclear and/or misunderstood	1	Content does not provide intended reader sufficient information about the case and what is needed to continue care; key information is missing or inaccurate	Clarity of document is obscured by the inclusion of many unnecessary details; attempt to summarise not successful	The writing shows inadequate understanding of the genre and target reader; mis- or over-use of technical language and abbreviations cause strain for the reader	Organisation not logical, putting strain on the reader or heavy reliance on case note structure; key information is not well highlighted and the layout may not be appropriate	Inaccuracies in language cause considerable strain for the reader and may interfere with meaning
		0	Performance below Band 1				

Source: www.occupationalenglishtest.org

WRITING Assessment Criteria and Level Descriptors

PUBLIC VERSION

Criterion	Description
Purpose <ul style="list-style-type: none"> Helps the reader get a quick and precise sense of what is asked of them 	<p>Due to time constraints, health professionals want to understand the purpose behind a written handover document (e.g. referral letter) very quickly and efficiently. This criterion therefore examines how clearly the writing communicates the purpose of the document to the reader. The purpose for writing should be introduced early in the document and then clearly expanded on later (often near the end of the document). The purpose should be easily and immediately identifiable to the reader, so there is no need to search for it.</p> <p>For example, a writer might at the beginning of the letter write, 'I'm writing to you today to refer patient X who is now being discharged from hospital into your care'. Later in the letter, specific instructions for the health care professional on continuing care should be listed.</p>
Content <ul style="list-style-type: none"> Considers necessary information (audience awareness: what does the reader need to know?) Considers accuracy of information 	<p>The content criterion examines a number of aspects of the content:</p> <ul style="list-style-type: none"> all key information is included information is accurately represented <p>Audience awareness is key here. The writing needs to be appropriate to the reader (and their knowledge of the case) and what they need to know to continue care.</p>
Conciseness & Clarity <ul style="list-style-type: none"> Considers irrelevant information (audience awareness: what doesn't the reader need to know?) Considers how effectively the case is summarised (audience awareness: no time is wasted) 	<p>Health professionals value concise and clear communication. This criterion, therefore also considers:</p> <ul style="list-style-type: none"> whether unnecessary information from the notes is included and how distracting this may be to the reader, i.e. Does this affect clarity? Is there any information that could be left out? how well the information (the case) is summarised and how clearly this summary is presented to the reader.
Genre & Style <ul style="list-style-type: none"> Considers the appropriateness of features such as register and tone to the document's purpose and audience 	<p>Referral letters and similar written handover documents need to show awareness of genre by being written in a clinical/factual manner (e.g. not including personal feelings and judgements) and awareness of the target reader through using professional register and tone. The use of abbreviations should not be overdone thereby assuming common prior knowledge. If written to a medical colleague in a similar discipline, then judicious use of abbreviations and technical terms would be entirely appropriate, but if the medical colleague was in a totally different discipline, or a letter was from a specialist to a GP, more explanation and less shorthand would be desirable. If the target readership includes the patient, the information must be worded appropriately, e.g. minimising medical jargon.</p>
Organisation & Layout <ul style="list-style-type: none"> Considers organisational features of the document 	<p>Health professionals value documents that are clearly structured so it is easy for them to efficiently retrieve relevant information. This criterion examines how well the document is organised and laid out. It examines whether the paragraphing is appropriate, whether sub-sections within the document are logically organised, and whether key information is clearly highlighted to the reader so that it is not easily missed. The criterion also considers whether the layout of the document is appropriate.</p>
Language <ul style="list-style-type: none"> Considers aspects of language proficiency such as vocabulary, grammar, spelling, punctuation 	<p>Health professionals are concerned with linguistic features only to the extent that they facilitate or obstruct retrieval of information. This criterion examines whether the language is accurate, used appropriately and whether it interferes with reading comprehension or speed.</p>

You will write your answer in pen or pencil in the space given in the answer booklet. There is space at the back of the booklet which you may use to make notes and plan your answer.

Writing sub-test overview				
Part	Task	Question type	Duration	Marks
Only one task	Letter of discharge/ referral or advice based on a specific workplace requirement	Write your answer in the booklet	Reading time: 5 mins Writing time: 40 mins	Band scores based on six criteria

Speaking

Like Writing, the Speaking sub-test is also specific to each profession. It tests your ability to communicate effectively in a consultation typical of your profession. There are two role plays between a patient and a health professional. The interviewer plays the role of the patient, relative or caregiver, while you play the role of the health professional.

Before the role plays begin, the interlocutor checks your identity and profession and engages in a short warm-up conversation about your professional background. This part is not assessed. You are then given your role play card, which states the setting, and provides a brief background and a set of instructions about your role in the consultation. You have three minutes to prepare for each role play, during which you may make notes on your card. If you have any questions about the content or the format of a role play, you can ask the interlocutor.

It is important to remember that the Speaking sub-test does not test your medical knowledge. Instead, an audio recording of your role plays is made, and assigned a band score from 0–6 based on the following linguistic criteria:

- Intelligibility
- Fluency
- Appropriateness of language
- Resources of grammar and expression

There are also five clinical communication criteria on which you are assessed. Your performance on these is given a band score from 0–3. These criteria are:

- Relationship building
- Understanding and incorporating the patient’s perspective
- Providing structure
- Information gathering
- Information giving

If you want a grade B, you need to achieve the highest score in all the descriptors for each criterion. Candidates who get a grade B mostly achieve scores of 5 out of 6 in each linguistic criterion, and 2 out of 3 in each clinical communication criterion.

Here is a closer look at the Speaking assessment criteria and level descriptors.

SPEAKING Assessment Criteria and Level Descriptors (from September 2018)

PUBLIC VERSION

I. Linguistic Criteria

Band	Intelligibility	Fluency	Appropriateness of Language	Resources of Grammar and Expression
6	<ul style="list-style-type: none"> Pronunciation is easily understood and prosodic features (stress, intonation, rhythm) are used effectively. L1 accent has no effect on intelligibility. 	<ul style="list-style-type: none"> Completely fluent speech at normal speed. Any hesitation is appropriate and not a sign of searching for words or structures. 	<ul style="list-style-type: none"> Entirely appropriate register, tone and lexis for the context. No difficulty at all in explaining technical matters in lay terms. 	<ul style="list-style-type: none"> Rich and flexible. Wide range of grammar and vocabulary used accurately and flexibly. Confident use of idiomatic speech.
5	<ul style="list-style-type: none"> Easily understood. Communication is not impeded by a few pronunciation or prosodic errors and/or noticeable L1 accent. Minimal strain for the listener. 	<ul style="list-style-type: none"> Fluent speech at normal speed, with only occasional repetition or self-correction. Hesitation may occasionally indicate searching for words or structures, but is generally appropriate. 	<ul style="list-style-type: none"> Mostly appropriate register, tone and lexis for the context. Occasional lapses are not intrusive. 	<ul style="list-style-type: none"> Wide range of grammar and vocabulary generally used accurately and flexibly. Occasional errors in grammar or vocabulary are not intrusive.
4	<ul style="list-style-type: none"> Easily understood most of the time. Pronunciation or prosodic errors and/or L1 accent at times cause strain for the listener. 	<ul style="list-style-type: none"> Uneven flow, with some repetition, especially in longer utterances. Some evidence of searching for words, which does not cause serious strain. Delivery may be staccato or too fast/slow. 	<ul style="list-style-type: none"> Generally appropriate register, tone and lexis for the context, but somewhat restricted and lacking in complexity. Lapses are noticeable and at times reflect limited resources of grammar and expression. 	<ul style="list-style-type: none"> Sufficient resources to maintain the interaction. Inaccuracies in vocabulary and grammar, particularly in more complex sentences, are sometimes intrusive. Meaning is generally clear.
3	<ul style="list-style-type: none"> Produces some acceptable features of spoken English. Difficult to understand because errors in pronunciation/stress/intonation and/or L1 accent cause serious strain for the listener. 	<ul style="list-style-type: none"> Very uneven. Frequent pauses and repetitions indicate searching for words or structures. Excessive use of fillers and difficulty sustaining longer utterances cause serious strain for the listener. 	<ul style="list-style-type: none"> Some evidence of appropriate register, tone and lexis, but lapses are frequent and intrusive, reflecting inadequate resources of grammar and expression. 	<ul style="list-style-type: none"> Limited vocabulary and control of grammatical structures, except very simple sentences. Persistent inaccuracies are intrusive.
2	<ul style="list-style-type: none"> Often unintelligible. Frequent errors in pronunciation/stress/intonation and/or L1 accent cause severe strain for the listener. 	<ul style="list-style-type: none"> Extremely uneven. Long pauses, numerous repetitions and self-corrections make speech difficult to follow. 	<ul style="list-style-type: none"> Mostly inappropriate register, tone and lexis for the context. 	<ul style="list-style-type: none"> Very limited resources of vocabulary and grammar, even in simple sentences. Numerous errors in word choice.
1	<ul style="list-style-type: none"> Almost entirely unintelligible. 	<ul style="list-style-type: none"> Impossible to follow, consisting of isolated words and phrases and self-corrections, separated by long pauses. 	<ul style="list-style-type: none"> Entirely inappropriate register, tone and lexis for the context. 	<ul style="list-style-type: none"> Limited in all respects.
0	<ul style="list-style-type: none"> Candidate does not provide any response. 			

II. Clinical Communication Criteria

In the role play, there is evidence of the test taker ...

A. Indicators of relationship building	
A1	initiating the interaction appropriately (greeting, introductions, nature of interview)
A2	demonstrating an attentive and respectful attitude
A3	adopting a non-judgemental approach
A4	showing empathy for feelings/predicament/emotional state

B. Indicators of understanding & incorporating the patient's perspective	
B1	eliciting and exploring the patient's ideas/concerns/expectations
B2	picking up the patient's cues
B3	relating explanations to elicited ideas/concerns/expectations

C. Indicators of providing structure	
C1	sequencing the interview purposefully and logically
C2	signposting changes in topic
C3	using organising techniques in explanations

D. Indicators for information gathering	
D1	facilitating the patient's narrative with active listening techniques, minimising interruption
D2	using initially open questions, appropriately moving to closed questions
D3	NOT using compound questions/leading questions
D4	clarifying statements which are vague or need amplification
D5	summarising information to encourage correction/invite further information

E. Indicators for information giving	
E1	establishing initially what the patient already knows
E2	pausing periodically when giving information, using the response to guide next steps
E3	encouraging the patient to contribute reactions/feelings
E4	checking whether the patient has understood information
E5	discovering what further information the patient needs

A. Relationship building
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

B. Understanding & incorporating the patient's perspective
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

C. Providing structure
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

D. Information gathering
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

E. Information giving
3 – Adept use
2 – Competent use
1 – Partially effective use
0 – Ineffective use

You can prepare better if you understand what each criterion means and what Assessors will look out for when marking you on the linguistic and clinical communication criteria.

Speaking assessment criteria glossary

SPEAKING Assessment Criteria Glossary (from September 2018)

PUBLIC VERSION

I. Linguistic Criteria

Intelligibility

This criterion refers to the ability to produce comprehensible speech. It includes such features as pronunciation, intonation, stress, rhythm and accent. Assessors consider whether the candidate

- pronounces words/sounds clearly (especially final consonants, recognisable vowels, correct word stress)
- projects/pitches the voice appropriately, without mumbling or slurred speech
- uses intonation and selective stress effectively/appropriately (to enhance meaning)
- produces a natural English sentence rhythm.

NB While L1 accent is to be expected in even the most able candidate, the main point to consider is the extent to which this causes strain for the listener. In many cases, accent poses no impediment to communication.

Fluency

This criterion refers to the rate and flow of speech. Assessors consider whether the candidate speaks

- at a normal rate (not too fast or too slow) that can be easily understood
- continuously and smoothly, with pauses or hesitations that are situationally appropriate, rather than a sign of searching for words or structures (indicated by disruptive false starts, excessive use of fillers, or unnecessary repetition of words or phrases).

Appropriateness of Language

This criterion refers to the ability to use language, register and tone that are suitable for the situation and the patient. In particular, assessors consider whether the candidate

- uses expressions comprehensible to a lay person in explaining technical procedures or medical conditions (are inappropriate choices a barrier to communication?)
- adopts a tone of voice suitable to the situation, with the flexibility to adapt as necessary.

Resources of Grammar and Expression

This criterion refers to the range and accuracy of the candidate's linguistic repertoire. Assessors consider whether

- the candidate's vocabulary and control of grammatical expression are adequate to express necessary ideas clearly and unambiguously, and whether any deficits form a barrier to communication
- the candidate can paraphrase when required
- the candidate has the capacity to maintain longer utterances rather than single sentences, with appropriate use of cohesive devices
- can use idiomatic expressions accurately.

II. Clinical Communication Criteria

A. Indicators of relationship building		
A1	Initiating the interaction appropriately (greeting, introductions, nature of interview)	Initiating the interview appropriately helps establish rapport and a supportive environment. Initiation involves greeting the patient, introducing yourself, clarifying the patient's name and clarifying your role in their care. The nature of the interview can be explained and, if necessary, negotiated.
A2	Demonstrating an attentive and respectful attitude	Throughout the interview, demonstrating attentiveness and respect establishes trust with the patient, lays down the foundation for a collaborative relationship and ensures that the patient understands your motivation to help. Examples of such behaviour would include attending to the patient's comfort, asking permission and consent to proceed, and being sensitive to potentially embarrassing or distressing matters.
A3	Demonstrating a non-judgemental approach	Accepting the patient's perspective and views reassuringly and non-judgementally without initial rebuttal is a key component of relationship building. A judgemental response to patients' ideas and concerns devalues their contributions. A non-judgemental response would include accepting the patient's perspective and acknowledging the legitimacy of the patient to hold their own views and feelings.
A4	Showing empathy for feelings/predicament/emotional state	Empathy is one of the key skills of building the relationship. Empathy involves the understanding and sensitive appreciation of another person's predicament or feelings and the communication of that understanding back to the patient in a supportive way. This can be achieved through both non-verbal and verbal behaviours. Even with audio alone, some non-verbal behaviours such as the use of silence and appropriate voice tone in response to a patient's expression of feelings can be observed. Verbal empathy makes this more explicit by specifically naming and appreciating the patient's emotions or predicament.
B. Indicators of understanding & incorporating the patient's perspective		
B1	Eliciting and exploring patient's ideas/concerns/expectations	Understanding the patient's perspective is a key component of patient-centred health care. Each patient has a unique experience of sickness that includes the feelings, thoughts, concerns and effect on life that any episode of sickness induces. Patients may either volunteer this spontaneously (as direct statements or cues) or in response to health professionals' enquiries.
B2	Picking up the patient's cues	Patients are generally eager to tell us about their own thoughts and feelings but often do so indirectly through verbal hints, or changes in non-verbal behaviour (such as vocal cues including hesitation or change in volume). Picking up these cues is essential for exploring both the biomedical and the patient's perspectives.

		Some of the techniques for picking up cues would include echoing, i.e. repeating back what has just been said and either adding emphasis where appropriate or turning the echoed statement into a question, e.g. ' <i>Something could be done...?</i> '. Another possibility is more overtly checking out statements or hints, e.g. ' <i>I sense that you are not happy with the explanations you've been given in the past</i> '.
B3	Relating explanations to elicited ideas/concerns/expectations	One of the key reasons for discovering the patient's perspective is to incorporate this into explanations often in the later aspects of the interview. If the explanation does not address the patient's individual ideas, concerns and expectations, then recall, understanding and satisfaction suffer as the patient is worrying about their still unaddressed concerns.

C. Indicators of **providing structure**

C1	Sequencing the interview purposefully and logically	It is the responsibility of the health professional to maintain a logical sequence apparent to the patient as the interview unfolds. An ordered approach to organisation helps both professional and patient in efficient and accurate data gathering and information giving. This needs to be balanced with the need to be patient-centred and follow the patient's needs. Flexibility and logical sequencing need to be thoughtfully combined. It is more obvious when sequencing is inadequate: the health professional will meander aimlessly or jump around between segments of the interview, making the patient unclear as to the point of specific lines of enquiry.
C2	Signposting changes in topic	Signposting is a key skill in enabling patients to understand the structure of the interview by making the organisation overt: not only the health professional but also the patient needs to understand where the interview is going and why. A signposting statement introduces and draws attention to what we are about to say. For instance, it is helpful to use a signposting statement to introduce a summary. Signposting can also be used to make the progression from one section to another and explain the rationale for the next section.
C3	Using organising techniques in explanations	A variety of skills help to organise explanations in a way that leads particularly to increased patient recall and understanding. Skills include: <u>categorisation</u> in which the health professional informs the patient about which categories of information are to be provided <u>labelling</u> in which important points are explicitly labelled by the health professional; this can be achieved by using emphatic phrases or adverb intensifiers <u>chunking</u> in which information is delivered in chunks with clear gaps in between sections before proceeding <u>repetition and summary</u> of important points.

D. Indicators for information gathering

D1	Facilitating the patient's narrative with active listening techniques, minimising interruption	<p>Listening to the patient's narrative, particularly at the beginning of an interview, enables the health professional to more efficiently discover the story, hear the patient's perspective, appear supportive and interested and pick up cues to the patient's feelings. Interruption of the narrative has the opposite effect and, in particular, generally leads to a predominantly biomedical history, omitting the patient's perspective.</p> <p>Observable skills of active listening techniques include:</p> <p><u>the use of silence and pausing</u></p> <p><u>verbal encouragement</u> such as <i>um, uh-huh, I see</i></p> <p><u>echoing and repetition</u> such as <i>'chest pain?' or 'not coping?'</i></p> <p><u>paraphrasing and interpretation</u> such as <i>'Are you thinking that when John gets even more ill, you won't be strong enough to nurse him at home by yourself?'</i></p>
D2	Using initially open questions, appropriately moving to closed questions	<p>Understanding how to choose between open and closed questioning styles at different points in the interview is of key importance. An effective health professional uses open questioning techniques first to obtain a picture of the problem from the patient's perspective. Later, the approach becomes more focused with increasingly specific, though still open, questions and eventually, closed questions to elicit additional details that the patient may have omitted. The use of open questioning techniques is critical at the beginning of the exploration of any problem, and the most common mistake is to move to closed questioning too quickly.</p> <p><u>Closed questions</u> are questions for which a specific and often one-word answer is elicited. These responses are often <i>'yes/no'</i>.</p> <p><u>Open questioning techniques</u> in contrast are designed to introduce an area of enquiry without unduly shaping or focusing the content of the response. They still direct the patient to a specific area but allow the patient more discretion in their answer, suggesting to the patient that elaboration is both appropriate and welcome.</p>
D3	NOT using compound questions/leading questions	<p>A compound question is when more than one question is asked without allowing time to answer. It confuses the patient about what information is wanted and introduces uncertainty about which of the questions asked the eventual reply relates to.</p> <p>An example would be <i>'have you ever had chest pain or felt short of breath?'</i>.</p> <p>A leading question includes an assumption in the question, which makes it more difficult for the respondent to contradict the assumption, e.g. <i>'You've lost weight, haven't you?' or 'You haven't had any ankle swelling?'</i>.</p>
D4	Clarifying statements which are vague or need amplification	<p>Clarifying statements which are vague or need further amplification is a vital information gathering skill. After an initial response to an open-ended question, health professionals may need to prompt patients for more precision, clarity or completeness. Often patients' statements can have two (or more) possible meanings: it is important to ascertain which one is intended.</p>