E2 TEST PREP

OET Speaking Criteria Checklist

Clinical Communication Indicators

1. Introduce yourself in a polite and friendly way and build a relationship with the patient using sympathetic language and tone of voice. ☐
2. Enquire about your patient's condition, listen to their concerns and be responsive to their questions to better understand their perspective or circumstances. ☐
3. Gather information throughout the conversation moving from open questions to closed questions, summarise and give clarifications when necessary, to make sure the patient is understanding you. ☐
4. Give information and advice that is clear and concise, give simple instructions and advice, avoiding the use of overly technical medical language. ☐

Linguistic Indicators

5. Use clear speech and pronunciation. ☐
6. Use smooth (fluent) speech without hesitation. ☐
7. Explain technical concepts in a way that is easy to understand. ☐
8. Use a wide range of grammar and vocabulary. ☐

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High Scoring OET Sample Roleplay Transcript

NURSE: Hello, you must be Paul? Is it OK if I use your first name?

PATIENT: Hello, yes, please call me Paul.

NURSE: Pleased to meet you, I'm Sally, I'm a registered surgical nurse here. I'll explain a few things about your operation and give you some information about what to do when you go home. Please feel free to ask any questions you might have. I'll try my best to answer them.

PATIENT: Thank you. Nice to meet you Sally.

NURSE: So, as you know, you have your hernia operation tomorrow. Tell me, how are you feeling?

PATIENT: I'm a bit sore but coping all right.

NURSE: The hernia is a bit painful, isn't it? Are you familiar with what a hernia operation is?

PATIENT: Yes, my GP explained that to me already.

NURSE: OK, that's good. Let's talk about your operation now. Your surgeon will use something called a laparoscope. A laparoscope is a very small camera she uses to see your hernia. She also uses it to push the hernia back into your stomach. After she does that, she'll cover the hole caused by the hernia with a surgical mesh. The mesh will help make the weak place stronger. Do you have any questions, Paul?

PATIENT: OK, so am I going to have a big cut?

NURSE: No, you won't. This procedure is less intrusive than open surgery, and it's quicker to perform too, which is good. Your surgeon will put 3 or 4 small holes in your groin. These are holes to put the laparoscope in, they'll be smal l, and a special glue is used for closing the holes after the operation is done. No stitches. Your surgeon will finish by putting a dressing on the small wounds and, if all is good, you can go home. Am I explaining clearly?

PATIENT: Yes, I think I've got it

PATIENT: OK, what about after the operation? I can't believe that I have an operation and just go home?

NURSE: If everything is OK, yes, you can go home. A few things you need to know are that, most importantly, you need to rest and take things slowly for about 2 weeks so that you recover more quickly. You can start working again two weeks after the operation, but you need to make sure not to strain yourself for four weeks, especially heavy lifting. It takes about 6 weeks to fully recover. Is this going to be a problem for you at work?

PATIENT: Oh, I can get 2 weeks off work, my boss has already said that, but I'm not sure about the straining part, that's going to be hard. I can't go back to work and not stack shelves, you know. It's part of my job.

NURSE: Right, I understand, but it's also very important not to lift heavy things. Maybe you speak with your employer, or you can work together with a colleague?

PATIENT: You mean get help lifting? I'll try, but it'll be difficult.

NURSE: I suggest you talk to your boss again and do the best you can to avoid lifting.

NURSE: OK, there are a few things I need to tell you about caring for the dressing. After you're discharged, you're OK to leave it for a few days. You can shower because it's waterproof. But you should only take showers, not baths.

PATIENT: OK, a shower, not a bath

NURSE: Yes, and there's no need to change the dressing. Just take it off after 2 or 3 days. After you do that, it's important to keep the wound clean and dry. Don't worry about the glue, it will disappear as the wound heals. What you must check is if the wound is showing signs of infection. Signs of infection are if the wound begins to look more swollen or red and if you start feeling any pain. If this happens, you need to go see your GP immediately, OK?

PATIENT: OK, I understand.

NURSE: It might be a little painful at first but you can use pain-killers. Ordinary pain killers are usually OK. When you go home you'll need to be a little careful. For example, when you go to the toilet you shouldn't strain, so you need to make sure you are not constipated. Uhm, it's a good idea if you eat food with more fibre, more fruit, just to make sure.

PATIENT: OK, but I don't usually have a problem with constipation.

NURSE: That's good, OK, uhm, hmmm, do you have any questions?

PATIENT: No, I think it's clear now.

NURSE: That's good, ok then, just be careful about your wound after the operation.

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