Speaking

Sample Test 5 — Aarav Mehta · Receipt No: 000001

ESTIMATED SCORE	ESTIMATED GRADE	CRITERIA TOTAL
480 /500	A	35 / 39

Grade B is 23 of 39 on this scale. This role-play is at or above that.

Where your marks went

Language -1: Intelligibility -1

Clinical communication -3: Relationship building -1 · Understanding & incorporating the patient's perspective -1 · Information giving -1

This role-play is at grade A on this marking.

Where you sit on the grade line



You scored 35 of 39. Grade B reached. Grade A reached.

Your nine criteria at a glance

Language — 23 of 24 (96%)

Intelligibility	5/6
Fluency	6/6
Appropriateness of Language	6/6
Resources of Grammar and Expression	6/6

Clinical communication — 12 of 15 (80%)

Relationship building	2/3
Understanding & incorporating the patient's perspective	2/3
Providing structure	3/3
Information gathering	3/3
Information giving	2/3

Fix these first

1. Relationship building (-1, 67% of its marks) — How the interaction is opened, and the attitude shown to the patient throughout.
2. Understanding & incorporating the patient's perspective (-1, 67% of its marks) — Whether the patient's own ideas, concerns and expectations are drawn out, noticed when hinted at, and used in what is said back.
3. Information giving (-1, 67% of its marks) — How information is pitched, paced and checked, rather than delivered in one block.

Language

Intelligibility — 5 / 6

How much effort a listener spends understanding the words: pronunciation, and the prosodic features — stress, intonation and rhythm — that carry meaning.

Clear and easy to follow throughout; a few words in the safety-netting turn ran together.

Listener effort: easily understood

Fluency

6 / 6

The flow of the speech: its speed, and whether hesitation, repetition and self-correction show the speaker searching for words or structures.

Steady pace with a few short pauses; two fillers in the pain-relief turn.

Flow and pace: fluent · **Word-searching: occasional**

Appropriateness of Language

6 / 6

Whether the register, tone and word choice suit a health professional speaking to this patient, including explaining technical matters in lay terms.

Warm, plain language for an anxious patient: "call the ward if the wound becomes red, hot or leaks fluid".

Register and tone: entirely · **Explaining in lay terms: mostly clear**

Resources of Grammar and Expression

6 / 6

The range of grammar and vocabulary available to the speaker, and how accurately and flexibly it is used.

Wide range of everyday and clinical vocabulary; grammar accurate with small slips.

Range and flexibility: wide · **Accuracy: accurate**

Clinical communication

Marked on the moves made in the conversation — the patient answered what was asked and waited, rather than interrupting as a trained interlocutor would.

Relationship building

2 / 3

How the interaction is opened, and the attitude shown to the patient throughout.

Introduced herself and named the patient's fear before moving on.

A1: competent · **A2: competent** · **A3: competent** · **A4: competent**

Understanding & incorporating the patient's perspective

2 / 3

Whether the patient's own ideas, concerns and expectations are drawn out, noticed when hinted at, and used in what is said back.

Asked what worries him most and acknowledged how frightening a fall would be.

B1: competent · **B2: competent** · **B3: competent**

Providing structure

3 / 3

Whether the interview has a shape the patient can follow, and is signposted as it moves.

Clear order: concerns, pain, showering, warning signs; each turn signposted.

C1: adept · **C2: adept** · **C3: adept**

Information gathering

3 / 3

How questions are asked, and how the patient's account is listened to, clarified and summarised.

Open question first, then focused ones on falls; one closed question too many on the night pain.

D1: adept · **D2: adept** · **D3: adept** · **D4: competent** · **D5: competent**

Information giving

2 / 3

How information is pitched, paced and checked, rather than delivered in one block.

Explained pain relief and warning signs in small chunks and offered to write them down.

E1: competent · **E2: competent** · **E3: competent** · **E4: competent** · **E5: competent**

Clinical indicators at a glance

Adept: 6 of 20 | Competent: 14 of 20 | Partial: 0 of 20 | Absent: 0 of 20

Done well (adept): C1; C2; C3; D1; D2; D3.

Delivery scorecard — 4 measures with a target

ON TARGET
4 of 4

CLOSE
0 of 4

WORK ON IT
0 of 4

How you spoke

Measured from your recording itself. Fluency was marked from the timing figures and Intelligibility from the share a listener would follow; the rest is here so you can hear what the marker heard.

SPEAKING RATE — STRONG
132 words a minute
Target: 120-150
Within natural conversation, which runs about 120 to 150. Fluency loses a mark below 90 or above 190.

PAUSES — STRONG
2.8 a minute
Target: under 12 a minute
7 pauses of half a second or more, the longest 1.5 seconds. At 12 or more a minute, Fluency loses a mark.

FILLERS (UM, ER) — STRONG
2 in total
Target: under 6 a minute
That is 0.8 a minute. At 6 or more a minute, Fluency loses a mark.

REPEATED WORDS
1 times
Words said twice in a row (“I I think”), a sign you were searching for the next word.

TIME SPENT SILENT
14 %
Share of your speaking time with no sound. High means the delivery felt disjointed.

WORDS BETWEEN INTERRUPTIONS — STRONG
14.2 words
Target: 10 or more
A fluent speaker sustains ten or more words between pauses and fillers. Below 8, Fluency loses a mark.

SPEAKING SPAN
152 seconds
286 words from your first word to your last.

Your conversation

Counted from the transcript of the role-play. Display only; it does not move a mark.

TURNS YOU TOOK
8
Each time you spoke before the patient replied.

WORDS PER TURN
25 on average
Your longest turn was 39 words.

WORDS YOU SPOKE
198 words
The patient spoke 89.

YOUR SHARE OF THE TALKING
69 %
Counted in words. OET wants you to lead the consultation, so a very small share can mean too few questions or explanations.

How you ran the consultation

Counted from the transcript, so treat them as a guide. They do not move a mark.

QUESTIONS YOU ASKED

6

About 3 open (what, how, tell me…) and 3 closed (do you, have you…). Open questions draw out the patient's story; closed ones confirm detail.

EMPATHY PHRASES

4 times

Phrases such as “I understand”, “that must be…” or “sorry to hear”. Clinical communication rewards recognising how the patient feels.

SIGNPOSTING PHRASES

0 times

Phrases such as “I'd like to…”, “let me explain” or “just to check”. They tell the patient what is coming and check understanding.

DIFFERENT WORDS USED

122 words

Of 198 words you spoke, 62% were different. A lower share means you repeated the same words often.

What the marker recorded, criterion by criterion

Intelligibility	
Listener effort	**easily understood**

Fluency	
Flow and pace	**fluent**
Word-searching	**occasional**

Appropriateness of Language	
Register and tone	**entirely**
Explaining in lay terms	**mostly clear**

Resources of Grammar and Expression	
Range and flexibility	**wide**
Accuracy	**accurate**

Relationship building	
A1	**competent**
A2	**competent**
A3	**competent**
A4	**competent**

Understanding & incorporating the patient's perspective	
B1	**competent**
B2	**competent**
B3	**competent**

Providing structure	
C1	**adept**
C2	**adept**
C3	**adept**

Information gathering	
D1	**adept**
D2	**adept**
D3	**adept**
D4	**competent**
D5	**competent**

Information giving	
E1	**competent**
E2	**competent**
E3	**competent**
E4	**competent**
E5	**competent**

What worked

- You opened with a question about the patient's worry before you gave any information.
- You gave the warning signs in short chunks and offered a written list.
- Plain words for the lay patient, with no unexplained medical terms.

What to change next time

- Ask the patient what they already know about pain relief before you explain it.
- Check understanding after the warning signs with a question, not only an offer to write them down.
- Reduce fillers such as "um" at the start of explanations.

Turn by turn — 303 words

Turn	Your words	Fillers	Repeats	Patient words	Length of your turn
1	18	0	0	12	
2	16	0	0	20	
3	17	0	0	12	
4	31	1	0	14	
5	28	0	0	7	
6	24	0	0	12	
7	39	0	0	6	
8	25	0	0	6	

Red marks a filler (um, er) and orange a word said twice in a row. Counted from the transcript.

You: Good morning, Mr Qureshi. I'm Rani, one of the nurses on the ward. How are you feeling today?
Patient: Morning. The hip is sore, but it's going home that worries me.

You: I'm sorry to hear that. Can you tell me what worries you most about going home?
Patient: I'm afraid I will fall. My wife has a bad back, so she can't lift me if I go down.

You: That sounds frightening, and it's understandable after an operation. Have you had any falls since the surgery?
Patient: No, not here. But I do feel unsteady when I stand up.

You: Thank you for telling me. **Um,** before you leave, the physiotherapist will check that you can use your frame safely on the stairs and in the bathroom. How does that sound?
Patient: That would help. What should I take if the pain is bad at night?

You: You will go home with paracetamol to take regularly and a stronger tablet for the nights. Take it with food, and don't wait until the pain is severe.
Patient: And who will help me with showering?

You: A community nurse will visit daily for the first week and help you wash. We will also arrange a shower stool before you leave.
Patient: That's a relief. What should I look out for after I leave?

You: Please call the ward if the wound becomes red, hot or leaks fluid, if you have a fever, or if your calf becomes swollen or painful. If you fall or can't put weight on the leg, call an ambulance.
Patient: Right. I will tell my wife.

You: Would you like me to write all of that down for you and your wife? And is there anything else you would like to ask?
Patient: That would help. Thank you, nurse.

How to improve

Written from your own role-play. None of it changed your score.

Do this next time

1. After explaining the warning signs, ask Mr Qureshi to say back what he will do.
2. Find out what he already knows about his pain tablets before you explain them.
3. Drop "um" at the start of explanations: pause silently instead.

Your words, stronger

You will go home with paracetamol to take regularly and a stronger tablet for the nights.

What have they told you about your tablets so far? Then I can tell you what is different at home.

Invites the patient's own understanding before you give information.

Phrases to have ready

“Can you tell me more about that?”
Opening up a worry without leading.

“Let me check I have explained that clearly.”
After giving information in a long turn.

“What would help you most?”
Moving from concerns to a plan.

This role-play's nine criteria and their boundaries are OET's own; the 0-500 figure between them is EEC's. Intelligibility here is inferred from how clearly the transcriber resolved your words — a fair guide to how much effort a listener spends, but not a measurement of it, and either way it cannot award the top band, which asks for stress and intonation used effectively. The 0–500 score and grade are EEC's estimate of what OET would report, not an OET result. OET marks each paper twice, combines the two marks statistically and adjusts every test date for how hard that paper turned out to be — none of which is published. The grade boundaries themselves (450 for A, 350 for B) are OET's own.