



## **KEP 40: OET Speaking: The #1 Mistake That Costs Candidates Marks (And How to Fix It)**

Hello, hello, it's Kevin here, the English native, Kev's English podcast, etc. Episode number 40, I think. So, plenty of stuff to talk about for today.

So, the title of this episode is The Biggest OET Speaking Mistake, Not Responding to the Patient. So this is, in particular, talking about, or talking to, my students who are taking the occupational English test for doctors, nurses, etc. So, just in case you haven't heard me before, I'm Kevin, online IELTS and OET teacher on italki.

I try and do an episode a week, if possible, but very busy with all my, you know, teaching activities, and also my research. I'm an independent researcher, extending my professional development. So, I've been taking a lot of courses, especially in artificial intelligence.

I took the Google training course from Microsoft, one about AI, because I'm using it every day now in my teaching, and I spoke about it in the previous episode, so I won't say too much about it now. Anyway, so, back to OET. So, because I work with students every week on italki, I've got hundreds of sessions, because what I do now, I make an audio recording, and I do this for IELTS as well.

I make an audio recording of the speaking, whether it's for OET or TOEFL or IELTS, and I do an analysis with artificial intelligence. I get a transcript, and this is so the learner can hear the recording, they can see the exact words that they said, and they can understand, according to the scoring, why or why not answers were or were not acceptable for the examination criteria. Anyway, IELTS and TOEFL, I'll talk about that another time, but for OET, one thing that I've noticed time and time again, candidates fail to respond to the patient.

So, OET, you've got the linguistic criteria, pronunciation, vocab, grammar, etc., fluency, coherence, and you've got the critical communication skills, right, A to E, stuff like incorporating patient's perspective, showing empathy, how you give information, how you gather information, relating it back to the patient, etc. So, in this episode, I'm going to tell you exactly what that means and why it costs you marks in multiple OET criteria, and how you can fix it with real examples from my students. Now, I'm going to make a video on the same topic, maybe today, if I get time.

So, the video is going to have some slides, it's a presentation, it's got visuals, so you can see precisely what I'm talking about, but for the moment. So, why is responsiveness important in OET? Well, OET speaking test, it's not just a language test, it's not like IELTS or TOEFL, it's not where they want to know can you speak English or not, though obviously that's a part of it. It's a simulation of a real consultation, examiners are listening because they can't see you.

Whether you notice patient concerns, criteria B2. Explore concerns, criteria B1. Respond with empathy, criteria A4.

Signpost and clearly guide, criteria on C2. Check understanding, invite feedback, E3, E4. If you don't do these things, perfect grammar and vocab won't save you, and in real life, in your actual clinical practise, ignoring cues can miss red flags and harm patient safety.

So, the box ticking trap, what do I mean? Well, as you'll see when you watch the video, every role-play card has a list of tasks, maybe four, five or six. And many candidates just think that the object of the exercise is to get through the tasks, right? Give diagnosis, give advice, talk about side effects, goodbye. That's ticking the boxes.

So, you've done the job, and actually, I should point out, OET themselves say there's no task achievement score in the speaking. It's not like in the writing. There's no task achievement score.

If you check out their blog on oet.com, they actually say this. You don't have to finish. It's good if you do, but it's not required.

There's no penalty. So, if you're ticking your boxes, task, task, task, task, task, but you're not listening nor responding to what they say, and I'll give some examples, you're not going to get a high score. As one examiner wrote on a C-grade script, most of the patient's perspective is provided by the patient, and it is never explored further once stated.

That sentence explains why candidates get stuck at a borderline score. They're just not listening. They're not responding to what the interlocutor or patient is actually saying.

They're simply going through the tasks, not listening. If you do that, guaranteed to fail. So, example one, okay, fear after a heart attack, okay? So, this covers criteria B1, B2, and B3.

So, the patient says, oh, doctor, I'm scared any effort might bring on another attack. A bad answer, you should start exercising to get stronger. Well, that misses B1, eliciting ideas.

B2, ignoring the emotional cue, I'm scared. B3, doesn't connect advice. A better example, right, so he says, I'm scared any effort might bring on another attack.

He says, oh, it sounds as though this fear has been playing on your mind. Could you tell me a bit more about what you've been thinking when you try to do something physical? Okay, so that's better. Instead of just ignoring, dismissing, I'm scared any effort, oh, you should start exercising.

Or, what people often do, I understand, then they move on to the next task, or they say, oh, I see your concerns, ignore the concerns, just say, I see them, I understand them, then move on to the next task. That doesn't work. Another one, patient's anxious about recurrence.

You know, he's been in hospital, doesn't want to go back. So this is B2 and C2. I'm very worried this might happen again, doctor.

I've heard of people dying from perforations. Bad. Don't worry, it won't happen again.

Good. I can hear how worried you've been. Here's what we'll do today.

I'll explain what the and your antibiotics. Does that sound okay? Okay, so that's much better. Acknowledging the concern, asking them to talk it through, and giving some structure about what we're going to do to alleviate that fear.

Much better. Another one. Oh, and all these are taken from official roleplaycarsandoet.com, okay.

So, returning to work, so B3 and D3. The patient, oh, I'm worried I won't be able to go back to work soon. Bad.

Most people go back in four weeks. Good. Well, since you have a desk job, most people can return in about four to six weeks once they feel ready.

What are your thoughts about that timeframe? Okay, so informing, explaining, incorporating the patient's perspective. What are your thoughts about that? Okay. Example four, parent with sick child, A4, E4.

So, the parent, I'm worried this fever means something serious, doctor. Oh, it's just a fever, nothing to worry about. Dismisses concern.

A better way. Oh, I can see why you'd be concerned. Let me explain what usually causes this kind of fever and what warning signs we need to watch for.

Would that reassure you? So, empathy, A4, checks understanding, E4. So, instead of just like saying, you know, oh, I understand, I see your concern and not taking it further. In other words, missing an opportunity.

A better response. Acknowledge their concern and try and explain why they need to be concerned and ask if they need any information to assist them. Okay, so that is better.

If we think of being resistant to a change of lifestyle. So, B1, B3. The patient says, I don't think I can give up my evening drinks.

Well, you must stop drinking or it won't work. A better one. Oh, it sounds like stopping completely would be difficult for you.

Could you tell me how many drinks you usually have so we can see if there's a realistic first step? Okay, now that's better. Incorporating the patient's perspective, trying to get them in, joint decision. Could you tell me so we can see? Instead of saying, you must stop.

So, let's see what we can do. Much better. Another one, missing a cue.

I can't sleep because I keep thinking about the diagnosis, doctor. Take this medicine and sleep will improve. A better way.

Oh, it must be exhausting not getting enough rest. Apart from worrying about the diagnosis, is anything else affecting your sleep? Much better. Gathers more information, acknowledges the emotional impact and may uncover new issues.

So, instead of just saying, oh, take this medicine, I'll give you something and you will be fine. Oh, it must be exhausting. Apart from this, is there anything else that's concerning you? Much better.

Much better. So, how to fix it. Right.

So, your three key components. Listen for cues. So, the OET criteria specifically says, and you can find this in the speaking guide to clinical communication skills.

You've got to listen for cues. It might not be obvious. They might not say, I'm worried about this.

It might be something else. Oh, I can't sleep. I'm having some trouble.

Acknowledge. Explore. B2, A4, B1.

Reflect their emotion. Ask for more. Signpost.

Guide them step by step. Now that we've talked about your tiredness, let's move on to exercise. Before we finish, I want to explain what to do if the pain comes back.

So, never miss an opportunity. Empathy. Delivery matters.

Intonation. So, you can slow down. Drop your tone when you're showing empathy.

I've had quite a few students and they came from countries where they don't have time for all this stuff. Actually, this is an interesting point. Because the OET is specific for non-native speakers to work in the native speaking, usually Western environment.

England, America, Canada, Australia, New Zealand. In some countries, their healthcare system doesn't work. They don't do the empathy thing.

It's, I'm a doctor, you're the patient, and their tone is, you must do this, you must do that. You can't do it in OET. It's pretty Western-centric.

So, intonation. Slow down when you're showing empathy.  
Match the tone.

I had someone a while back and the patient is coming in for some bad news and she went, hello, Mr. Dean. Good to see you again. How are you today? I was like, um, are you sure that's a useful tone? The patient's come in and you've got to tell them some serious information.

Hello, good to see you. I said, well, actually, wouldn't it be better if you didn't see them? Because that would mean that they were not sick, you know? So, matching tone, very important. You can, Mr. Patient, I'm afraid I've got some bad news for you.

The, ha, Mr. Patient, I've got some bad news for you. Watch your tone. Now, pause.

Everything that you say, again, OET explains this. It's meant to be ABABAB. Dialogue.

You, them, you, them, you, them. So, once you've done your bit, once you've said your piece, pause. Because often, if you take a look at the interlock user card, their card says, when asked, say, blah, blah, blah, blah, blah, blah.

If you don't pause, if you don't give me space, if you ask me, the interlocutor's not supposed to volunteer information. The interlocutor, their guidance is, if you ask them, they can make up some detail, but they're not allowed to volunteer. So, pause.

Wait for them. Now, rotate your phrases. Now, I've spoken about this before, about how you need a repertoire.

What does that mean? I see your concerns. I show your concerns, concerns, concerns, concerns. This is the most overused phrase in OET speaking.

All my students do it until I tell them otherwise. Rotate your phrases, right? You need a repertoire. You need a bank of phrases to sound natural.

So, it's not the same, I see your concerns, you must be concerned, you're concerned about, I understand, I see, oh dear, that sounds... Right, now, a better way is to either echo, oh, I see you're concerned about so-and-so, let's talk about that, you know. So, take what they say and turn it back, all right. Repeat, echoing, emphasis, these all work.

Say, oh, doctor, you know, I'm having a lot of trouble with my stomach, legs, ass, whatever. Oh dear, that sounds like it must be most concerning. Would you like to tell me more? You know, instead of saying, I understand, I see, or even worse, just okay and moving on.

Never let an opportunity pass. So, let's see some role play. Now, I'm not going to do it here because I'm not going to do it, you know, patient, interlocutor.

I'm going to put that up on a separate video. So, wherever you're listening to this, check at the bottom and there'll be a link. I've just started using a learning management system, an LMS Notion, and I'm putting all my material onto a single page.

So, all the files, you know, videos, audios, etc. So, you can find it there. So, I have done several comparisons, you know, with good and bad responses.

So, I'll probably make a second video for that once I, if I get the time. Students coming all day, I'm actually recording this now in the morning before breakfast because I've got lessons all day. IELTS, OET, TOEFL.

So, anyway, now how you can practise this, right? So, if you're one of my students, you already know because I've told you and we've gone into this. So, what I do, right, so I make recordings. I print the transcripts, highlight the patient cues, and I say to them, right, take this as an exemplar.

Analyse the card. Analyse what you've said and rewrite the responses in your own words, incorporating A, B, C, D, E, the criteria. So, I give them model examples, exemplars, because I've made several of those.

And then every time we have a lesson, they should have some idea of what to say. They can re-record the sessions. There's a self-check grid or table which I give them.

Anyway, so there is some ways and means that we can work on this or you can work on it yourself. If you want more information, contact me and we'll talk about that. So, in conclusion, right, don't be a box ticker.

Don't be ticking your boxes. Respond. The number one thing that all OET teachers should be

teaching, according to OET, the number one thing is to be responsive.

That's what they want. They don't want some automaton, you know, tick, tick, tick, tick, tick. They want you to respond.

So, don't miss your patient cues. Never miss an opportunity to explore them. Always signpost.

So, let's do this. I think we should talk about that. The next thing is always check understanding.

Is it okay? Is that clear? Would you like me to explain further? Okay. So, this isn't just about passing OET. Well, it kind of is.

It's also about sounding like the kind of medical professional that we'd all want to visit. That's what patients kind of want. There's other things too about how to conclude, but I've spoken about that in other episodes.

So, key, be responsive. Don't miss an opportunity. Okay.

So, hope that helps. I'll have to call it quits here. I've got many things to be getting on with.

So, see you for the next episode. Check out my YouTube channel. There's going to be some videos on this.

Links below, etc., if you're on Spotify, italki or whatever. Okay. See you next time.