

# SPEAKING: ROLE-PLAY BOOKLET

CANDIDATE NAME: \_\_\_\_\_

D.O.B.:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

PROFESSION: \_\_\_\_\_

VENUE: \_\_\_\_\_

TEST DATE: \_\_\_\_\_

Starting at the left, print your Candidate Number and fill in the corresponding circle below each number using a 2B pencil.

Example:

2	5
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

CANDIDATE NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

## CANDIDATE DECLARATION

By signing this, you agree not to disclose or use in any way (other than to take the test) or assist any other person to disclose or use any OET test or sub-test content. If you cheat or assist in any cheating, use any unfair practice, break any of the rules or regulations, or ignore any advice or information, you may be disqualified and your results may not be issued at the sole discretion of CBLA. CBLA also reserves its right to take further disciplinary action against you and to pursue any other remedies permitted by law. If a candidate is suspected of and investigated for malpractice, their personal details and details of the investigation may be passed to a third party where required.

CANDIDATE SIGNATURE: \_\_\_\_\_

## INSTRUCTION TO CANDIDATES

Please confirm with the Interlocutor that your roleplay card number and colour match the Interlocutor card before you begin.

### Interlocutor to complete only

ID No: \_\_\_\_\_ Passport: ☐ National ID: ☐ Alternative ID approved: ☐

#### Speaking sub-test:

ID document sighted? ☐ Photo match? ☐ Signature match? ☐ Did not attend? ☐

Interlocutor name: \_\_\_\_\_

Interlocutor signature: \_\_\_\_\_

## ROLEPLAYER CARD NO. 4

## MEDICINE

## SETTING

Emergency Department

## PARENT

You are the parent of a four-year-old boy who came to the Emergency Department two hours ago, after 36 hours of recurrent vomiting and stomach pain. The doctor told you that your son had viral gastroenteritis. He was kept in for two hours on oral re-hydration fluids. Your son is not present for your discussion with the doctor.

## TASK

- When asked, say you still don't really understand what viral gastroenteritis is.
- Say you don't know how your son got viral gastroenteritis.
- Say your son looks very weak; you really think he needs to be kept in hospital.
- When asked, say you're concerned about taking your son home; you just don't know what to do if he starts to feel worse at home.
- Say you feel better about taking your son home now that you know what to look for and when to come back to the Emergency Department.

## CANDIDATE CARD NO. 4

## MEDICINE

## SETTING

Emergency Department

## DOCTOR

The parent presented two hours ago at the Emergency Department with his/her four-year-old son. The child had a 36-hour history of recurrent vomiting and stomach pain which was diagnosed as viral gastroenteritis. He was given oral re-hydration fluids and observed for two hours. He is now ready to be discharged. The child is not present for your discussion with the parent.

## TASK

- Confirm child is ready to be discharged. Find out about parent's concerns.
- Explain viral gastroenteritis (e.g., irritation of stomach or intestines due to viral infection, etc.).
- Give information about how gastroenteritis is spread (e.g., contact with vomit/faeces of infected person: shaking hands, contaminated foods/objects, etc.).
- Resist request to keep child in hospital (e.g., oral re-hydration therapy usually effective, etc.). Advise on hydration and appropriate clear fluids (e.g., watered down unsweetened fruit juice, electrolyte drinks, etc.). Find out any other concerns.
- Advise when to seek medical advice (e.g., signs of severe dehydration: extreme thirst, lethargy, irritability, pale/sunken eyes, etc.).