CliniVerba

OET HQ BY DR. NASIR

OET SPEAKING SUB-TEST

PHARMACY

Free Sample · Cards 1–2 of 8 · (Roleplayer + Candidate)

2026 EDITION FREE SAMPLE

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Free sample

Cards 1–2 of 8 · full set at cliniverba.com

CARD	SCENARIO / SETTING	WHAT IT TESTS
No. 1	Community Pharmacy – requesting antibiotics for a viral sore throat / cold	Symptom history; explaining viral vs. bacterial illness; antibiotic stewardship and resistance; symptomatic relief; safety-net advice.
No. 2	Community Pharmacy – overusing the blue reliever inhaler (asthma)	Reliever vs. preventer; frequent reliever use as a red flag; inhaler technique and spacer; urgent asthma review.

How to use these cards

- Each role play lasts about **5 minutes**, with **3 minutes** of preparation time first. The candidate reads only the **Candidate Card**; the interlocutor (teacher/partner) uses the **Roleplayer Card** and plays the client, patient or parent.
- The candidate is the **pharmacist** at all times. All the clinical information needed is given on the Candidate Card in brackets (e.g., …) – the candidate only has to communicate it clearly, in the right order, with empathy.
- Cover all the TASK points, but let the client's concerns lead the conversation: open the interaction, listen, acknowledge feelings, explain in plain language (avoid jargon), check understanding, and close by agreeing a clear plan.
- Assessment criteria to practise: **Intelligibility, Fluency, Appropriateness of language, Resources of grammar and expression**, and the clinical communication criteria (**relationship building, understanding the patient's perspective, providing structure, information gathering, information giving**).

ROLEPLAYER CARD NO. 1 — PHARMACY

SETTING: Community Pharmacy

CLIENT

You are 40 years old and have had a sore throat, a runny nose and a mild fever for two days. A friend told you that antibiotics will clear it up quickly, and you have a very busy week at work and cannot afford to be unwell. You have come to the pharmacy to ask for antibiotics.

TASK

- When asked, say you want antibiotics for your sore throat and cold, which you have had for two days.
- Say antibiotics have worked for you before and you cannot afford to be ill this week.
- Be reluctant to accept that you may not need antibiotics.
- Ask what you can take instead to feel better, and when you would need to see a doctor.
- Agree to try the pharmacist's advice.

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CANDIDATE CARD NO. 1 — PHARMACY

SETTING: Community Pharmacy

PHARMACIST

Your client is 40 years old with a two-day history of sore throat, runny nose and mild fever – features of a viral upper respiratory infection. He/she is requesting antibiotics. There are no warning features.

TASK

- Find out the reason for the request and ask about symptoms (e.g., how long, fever, difficulty swallowing or breathing, etc.).
- Explain that most sore throats and colds are viral and that antibiotics do not work against viruses or speed up recovery (e.g., the illness is self-limiting and usually settles within about a week, etc.).
- Explain the downsides of taking antibiotics unnecessarily (e.g., side effects such as diarrhoea and thrush, and antibiotic resistance, etc.).
- Recommend symptomatic relief (e.g., paracetamol or ibuprofen, plenty of fluids, rest, salt-water gargles, lozenges, etc.).
- Give safety-net advice on when to see a doctor (e.g., symptoms worsening or lasting more than a week, high fever, difficulty breathing or swallowing, severe one-sided pain, etc.). Find out any other concerns.

ROLEPLAYER CARD NO. 2 — PHARMACY

SETTING	Community Pharmacy
PATIENT	You are 28 years old and have asthma. Lately you have been using your blue reliever inhaler several times a day and are going through it quickly. You rarely use your brown preventer inhaler because you feel fine when you are not wheezy. You have come to buy another blue inhaler.
TASK	• Ask to buy another blue reliever inhaler; say you use it several times a day and it runs out fast. • Admit that you do not really use the brown preventer inhaler because you only feel bad sometimes. • Ask why the preventer matters if the blue inhaler already relieves your symptoms. • Ask whether there is anything wrong if you just keep using the blue one. • Agree to use your preventer as advised and to see the GP or asthma nurse.

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CANDIDATE CARD NO. 2 — PHARMACY

SETTING	Community Pharmacy
PHARMACIST	This 28-year-old patient with asthma is requesting another salbutamol reliever inhaler and reports using it several times a day and getting through inhalers quickly. He/she is not using the preventer (inhaled corticosteroid) regularly. Frequent reliever use is a sign of poorly controlled asthma.
TASK	• Find out how often the reliever is used, whether the preventer is used, and about symptoms and night waking (e.g., puffs per day, exercise or night-time symptoms, etc.). • Explain the difference between the two inhalers (e.g., the blue reliever eases symptoms quickly but does not treat the underlying inflammation; the brown preventer, taken every day, reduces inflammation and prevents attacks, etc.). • Explain why frequent reliever use is a warning sign (e.g., needing it often means the asthma is not controlled and there is a higher risk of a serious attack, etc.). • Check inhaler technique and mention a spacer if helpful (e.g., correct steps, using a spacer to improve delivery, etc.). • Strongly advise an urgent asthma review with the GP or asthma nurse and continued daily use of the preventer. Answer any questions.

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