

OET 2.0 PRACTICE
TESTS
LISTENING



Practice Test 1.

Occupational English Test

Listening Test

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: --beep---

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answers.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1 – 24**, complete the notes with the information you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1 – 12

You hear an obstetrician talking to a patient called Melissa Gordon. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Melissa Gordon

- works as a **(1)**

Medical history

- has occasional **(2)**
- is allergic to **(3)**
- has a **(4)** diet
- non-smoker
- this will be her second child
- needed **(5)** treatment before first pregnancy
- first baby presented as **(6)**
 - **(7)** required during intervention
- after giving birth, had problems with **(8)**
 - helped by midwife

Baby's father

- family history of **(9)**
- child from previous marriage has **(10)**

Points raised

- not keen on amniocentesis
- enquired about the possibility of **(11)** testing
- provided her with a leaflet on preparing **(12)** for new baby

Extract 2: Questions 13 – 24

You will hear a GP talking to a new patient called Mike Royce. For **questions 13 – 24**, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

Patient

Mike Royce

New patient transferring from another practice

Description of initial symptoms

- severe left knee pain in **(13)** area
- worsened after an accident at work
- developed **(14)** on back of knee (described as trigger points.)

Impact on daily life

- unable to **(15)** while working (house painter)
- problems climbing ladders

Initial treatment

- exercise programme including
 - stretching exercises
 - rest
 - **(16)** for pain

Developments in condition

- GP suspected **(17)**
- prescribed hospital-based rehabilitation
- temporary improvement noted

Current conditions

- muscular problem diagnosed by **(18)**
 - was performing treatment on **(19)**

- experiencing insomnia and **(20)**
- suspects **(21)** (own research)
- has recorded experiences in **(22)**
- beginning to experience pain in both **(23)**

Suggested course of action

- recommend referral to **(24)**

That is the end of Part A. Now look at Part B.

Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25 – 30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

25. You hear a dietician talking to a patient.

What is she doing?

- A.** correcting the patient's misconception about obesity
- B.** describing the link between obesity and other diseases
- C.** stressing the need for a positive strategy aimed at weight loss

26. You hear members of a hospital committee discussing problems in the X-ray department

The problems are due to a delay in

- A.** buying a replacement machine.
- B.** getting approval for a repair to a machine.
- C.** identifying a problem with a particular machine.

27. You hear a senior nurse giving feedback to a trainee after a training exercise.

The trainee accepts that he failed to

- A.** locate the CPR board quickly enough.
- B.** deal with the CPR board on his own.
- C.** Install the CPR board correctly.

28. You hear a trainee nurse asking his senior colleague about the use of anti-embolism socks (AES) for a patient.

The patient isn't wearing the socks because

- A.** she's suffering from arterial disease in her legs.
- B.** there is sensory loss in her legs.
- C.** her legs are too swollen.

29. You hear a vet talking about her involvement in the management of the practice where she works.

How does she feel about her role?

- A.** She accepts that it's become surprisingly complex.
- B.** She wishes her boss took more interest in the finances.
- C.** She values the greater understanding it gives her of her work.

30. You hear a physiotherapist giving a presentation about a study she's been involved in.

She suggests that her findings are of a particular interest because of

- A.** the age of the subjects.
- B.** the type of disorder involved.
- C.** the length of time covered by the study.

That is the end of Part B. Now look at Part C.

Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31 – 42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear.. Complete your answers as you listen.

Now look at extract one.

Extract 1: Questions 31 – 36

You hear a sports physiotherapist called Chris Maloney giving a presentation in which he describes treating a high jumper with a knee injury.

You now have 90 seconds to read **questions 31 – 36**.

- 31.** When Chris first met the patient, he found that
- A.** she was considering retirement from her sport.
 - B.** her state of mind had aggravated the pain in her knee.
 - C.** she had ignored professional advice previously offered to her.
- 32.** During his assessment of the patient's knee, Chris decided that
- A.** her body type wasn't naturally suited to her sport.
 - B.** the pain she felt was mainly located in one place.
 - C.** some key muscles weren't strong enough.
- 33.** In the first stage of his treatment, Chris
- A.** was careful to explain his methods in detail.
 - B.** soon discovered what was causing the problem.
 - C.** used evidence from MRI scans to inform his approach.

34. Why did Chris decide against the practice known as 'taping'?
- A. The patient was reluctant to use it.
 - B. It might give a false sense of security.
 - C. The treatment was succeeding without it.
35. In the patient's gym work, Chris's main concern was to ensure that she
- A. tried out a wide range of fitness exercises.
 - B. focussed on applying the correct techniques.
 - C. was capable of managing her own training regime.
36. Why was the patient's run-up technique changed?
- A. to enable her to gain more speed before take off
 - B. to reduce the stress placed on her take-off leg
 - C. to reinforce the break from her old mindset

Now look at extract two.

Extract 2: Questions 37 – 42

You hear a clinical psychiatrist called Dr Anthony Gibbens giving a presentation about the value of individual patients' experiences and 'stories' in medicine.

You now have 90 seconds to read **questions 37 – 42**.

37. What impressed Dr Gibbens about the case study that was sent to him?
- A. where it was originally published
 - B. how controversial its contents were
 - C. his colleague's reasons for sending it to him

- 38.** Dr Giddens has noticed that people who read his books
- A.** gain insight into their mental health problems.
 - B.** see an improvement in personal relationships.
 - C.** benefit from a subtle change in behaviour.
- 39.** What disadvantage of doctors using patients' stories does Dr Gibbens identify?
- A.** evidence-based research being disregarded
 - B.** patients being encouraged to self-diagnose
 - C.** a tendency to jump to conclusions
- 40.** In Dr Gibbens' opinion, why should patient's stories inform medical practice?
- A.** They provide an insight not gained from numbers alone.
 - B.** They prove useful when testing new theories.
 - C.** They are more accessible than statistics.
- 41.** How does Dr Gibbens feel about randomised medical trials?
- A.** He questions the reliability of the method.
 - B.** He is suspicious of the way data are selected for them.
 - C.** He is doubtful of their value when used independently.
- 42.** When talking about the use of narratives in medicine in the future, Dr Gibbens reveals
- A.** his determination that they should be used to inform research.
 - B.** his commitment to making them more widely accepted.
 - C.** his optimism that they will be published more widely.

END OF THE LISTENING TEST

LISTENING SUB-TEST – ANSWER KEY

PART A: QUESTIONS 1 – 12

1. (computer) programmer
2. asthma (attacks)
3. penicillin
4. vegetarian
5. fertility
6. breech
7. forceps/forcipes
8. breastfeeding
9. epilepsy
10. Down syndrome/DS/DNS/Down's (syndrome)
11. CVS/chronic vill(o)us sampling
12. sibling(s)/brothers and/or sisters

PART A: QUESTIONS 13 – 24

13. medial meniscus OR medial
14. (very tender/tender/painful) bumps
15. squat (properly)/bend (his) knee
16. (used) ice pack(s)
17. tendonitis
18. (hospital) physio(therapist)/physio(therapist) (in the hospital)
19. hamstring(s)
20. (constant) anxiety
21. fibromyalgia
22. (a pain/pain) diary
23. (his) shoulders and elbows/(his) elbows and shoulders
24. rheumatologist

PART B: QUESTIONS 25 – 30

- 25. A – correcting patient’s misconception about obesity
- 26. B – getting approval for a repair to a machine.
- 27. A – locate the CPR board quickly enough.
- 28. B – there is sensory loss in her legs.
- 29. C – She values the greater understanding it gives her of her work.
- 30. A – the age of the subjects.

PART C: QUESTIONS 31 – 36

- 31. A – she was considering retirement from her sport.
- 32. C – some key muscles weren’t strong enough.
- 33. B – soon discovered what was causing the problem.
- 34. C – The treatment was succeeding without it.
- 35. B – focussed on applying the correct techniques.
- 36. B – to reduce the stress placed on her take-off leg

PART C: QUESTIONS 37 – 42

- 37. A – where it was originally published
- 38. A – gain insights into their mental health problems.
- 39. C – a tendency to jump to conclusions
- 40. A – They provide an insight not gained from numbers alone.
- 41. C – He is doubtful of their value when used independently.
- 42. B – his commitment to making them more widely accepted.

END OF KEY

Practice Test 2.

Occupational English Test

Listening Test

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: --beep---

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answers.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1 – 24**, complete the notes with the information you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1 – 12

You hear a consultant endocrinologist talking to a patient called Sarah Croft. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Sarah Croft

Medical history

- hypertension (recently worsened)
- 3 years of corticosteroid treatment for **(1)**
.....

General symptoms

- gradual weight gain, especially in stomach area
- **(2)** on face: embarrassing
- visible **(3)** between the shoulders
- swollen ankles
- excessive and constant **(4)**
- backache
- periods are **(5)**
- extreme tiredness

Dermatological symptoms

- tendency to **(6)**
- wounds slow to heal, **(7)** on thighs
- face appears red in colour, **(8)** area
on neck
- recent development of **(9)**

Psychological symptoms

- mildly depressed
- scared by new experience of **(10)**
- feels constantly **(11)**
- intermittent cognitive difficulties

Recommended tests

- further blood tests
- **(12)** test possibly

Extract 2: Questions 13 - 24

You hear an anaesthetist talking to a patient called Mary Wilcox prior to an operation. For **questions 13 – 24**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Mary Wilcox

Current medications

Reason for medication	Medication	Comments
High blood pressure	Thiazide	both taken this morning with (14)
	(13)
Heart attack	(15)	taken this morning
	(16)	stopped taking this 7 days ago

Medical history

- went to GP two years ago feeling **(17)** - heart attack subsequently diagnosed
- had two **(18)** inserted

Present condition

- alright with **(19)** and walking on the flat
- has swelling in one ankle following operation for **(20)**
- denies **(21)**
- reports some **(22)** at night (responds to medication)

Concerns expressed

- **(23)** following the procedure
- possible damage to crowns (both are **(24)**)

That is the end of Part A. Now look at Part B.

Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25 – 30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

25. You hear two trainee doctors doing an activity at a staff training day.

What does the activity give practice in?

- A.** Writing case notes.
- B.** Prioritising patients.
- C.** Dealing with consultants.

26. You hear a radiographer talking to a patient about her MRI scan.

What is he doing?

- A.** Clarifying the aim of the procedure.
- B.** Dealing with her particular concerns.
- C.** Explaining how the equipment works.

27. You hear two nurses discussing an article in a nursing journal.

What do they agree about it?

- A.** It's likely to lead to changes in practice.
- B.** It failed to reach any definite conclusion.
- C.** It conforms what they were already thinking.

28. You hear two hospital managers talking about a time management course for staff.

They think that few people have shown interest because

- A.** there are so many alternatives on offer.
- B.** they feel it's not relevant to them.
- C.** it hasn't been publicised enough.

29. You hear an optometrist reporting on some research he's been doing.

The aim of his research was

- A.** to develop nanoparticles for transporting drugs all over the body.
- B.** to find a way of treating infections caused by contact lenses.
- C.** to use contact lenses to administer drugs over time.

30. You hear a consultant talking to a trainee about a patient's eye condition.

What is the consultant doing?

- A.** Explaining why intervention may not be necessary.
- B.** Suggesting the diagnosis is by no means certain.
- C.** Describing a possible complication.

That is the end of Part B. Now look at Part C.

Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31 – 42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear.. Complete your answers as you listen.

Now look at extract one.

Extract 1: Questions 31 – 36

You hear an interview with a neurosurgeon called Dr Ian Marsh who specialises in the treatment of concussion in sport.

You now have 90 seconds to read **questions 31 – 36**.

- 31.** Dr Marsh says that one aim of the new guidelines on concussion is
- A.** to educate young sportspeople in how to avoid getting it.
 - B.** to correct some common misunderstandings about it.
 - C.** to provide a range of specialist advice about it.
- 32.** Dr Marsh makes the point that someone who has suffered a concussion will
- A.** be unconscious for varying amounts of time after the event.
 - B.** need a medical examination before doing any further exercise.
 - C.** have to take precautions to avoid the risk of symptoms recurring.
- 33.** Dr Marsh says returning to sport too early after a concussion is dangerous because
- A.** a subsequent episode can have a cumulative effect.
 - B.** there is a high risk of fatality in the event of a second one.
 - C.** the brains of younger people need time to return to normal size.

- 34.** Dr Marsh suggests that the risk of sustaining a concussion in sports
- A.** lies mainly in the choice of sports played.
 - B.** can be reduced by developing good playing technique.
 - C.** is greater when sports are played in less formal situations.
- 35.** What is Dr Marsh's view about providing medical support for youth sports events?
- A.** Some types of sports are risky enough to justify it.
 - B.** The organisers should be capable of dealing with any issues.
 - C.** Certain medical professionals should be encouraged to volunteer.
- 36.** Dr Marsh thinks that developments in college football in the USA
- A.** only really addresses an issue which is particular to that sport.
 - B.** are only likely to benefit the health of professional sports players.
 - C.** are a significant step forward in the prevention of concussion in all sports.

Now look at extract two.

Extract 2: Questions 37 – 42

You hear a presentation by a consultant cardiologist called Dr Pamela Skelton, who's talking about a research trial called SPRINT which investigated the effects of setting lower blood-pressure targets.

You now have 90 seconds to read **questions 37 – 42.**

- 37.** Why was the SPRINT trial stopped before it was due to end?
- A.** There was conclusive results earlier than expected.
 - B.** The high drop-out rate was likely to invalidate the data.
 - C.** Concerns were raised about possible effects on all participants.

- 38.** A few participants aged over seventy-five left the trial because
- A.** there was a negative impact on their daily life.
 - B.** they failed to take the required doses of medication.
 - C.** their health deteriorated due to pre-existing conditions.
- 39.** A significant feature of measuring blood pressure in the trial was that
- A.** the highest of three readings was recorded.
 - B.** the patient was alone when it was carried out.
 - C.** it was done manually by the participant at home.
- 40.** How did the SPRINT trial differ from the earlier ACCORD study into blood pressure?
- A.** SPRINT had fewer participants.
 - B.** SPRINT involved higher-risk patients.
 - C.** SPRINT included patients with diabetes.
- 41.** Dr Skelton's main reservation about the SPRINT trial is that
- A.** it ignores the wider implications of lower BP.
 - B.** its results go against the existing body of evidence.
 - C.** it was unduly influenced by pharmaceutical companies.
- 42.** What impact does Dr Skelton think the SPRINT trial will have in the future?
- A.** It will lead to universally applicable guidelines for BP levels.
 - B.** Increased attention will be given to the effect of lifestyle on BP.
 - C.** GPs will adopt a more active approach to lowering BP in the elderly.

END OF THE LISTENING TEST

LISTENING SUB-TEST – ANSWER KEY

PART A: QUESTIONS 1 – 12

1. asthma
2. hair (growth)
3. hump
4. sweating / perspiration / diaphoresis
5. (so) infrequent (now)
6. (easily) bruise
7. stretch marks / striae
8. dark / darkened
9. acne (vulgaris)
10. mood swings
11. irritable
12. saliva

PART A: QUESTIONS 13 – 24

13. lisinopril
14. (some) water
15. aspirin
16. clopidogrel
17. (a bit) breathless
18. stents
19. (going up/going down/up and down) stairs
20. varicose veins
21. (having) palpitations
22. heartburn / (acid) reflux
23. pain
24. central incisors

PART B: QUESTIONS 25 – 30

- 25. B – prioritising patients.
- 26. B – dealing with her particular concerns.
- 27. A – it's likely to lead to changes in practice.
- 28. B – they feel it's not relevant to them.
- 29. C – to use contact lenses to administer drugs over time.
- 30. A – explaining why intervention may not be necessary.

PART C: QUESTIONS 31 – 36

- 31. C – to provide a range of specialist advice about it.
- 32. C – have to take precautions to avoid the risk of symptoms recurring.
- 33. A – a subsequent episode can have a cumulative effect.
- 34. A – lies mainly in the choice of sports played.
- 35. B – The organisers should be capable of dealing with any issues.
- 36. A – only really address an issue which is particular to that trade.

PART C: QUESTIONS 37 – 42

- 37. A – There were conclusive results earlier than expected.
- 38. C – their health deteriorated due to pre-existing conditions.
- 39. B – the patient was alone when it was carried out.
- 40. B – SPRINT involved higher-risk patients.
- 41. B – its results go against the existing body of evidence.
- 42. C – GPs will adopt a more active approach to lowering BP in the elderly.

END OF KEY

Practice Test 3.

Occupational English Test

Listening Test

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: --beep---

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answers.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1 – 24**, complete the notes with the information you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1 – 12

You hear a pulmonologist talking to a patient called Robert Miller. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Robert Miller

Symptoms

- tired ness
- persistent **(1)** cough
- SOB
- weight loss described as **(2)** in nature.
- fingertips appear **(3)**
- nails feel relatively **(4)**

Background details

- previously employed as a **(5)** (20 yrs)
- now employed as a **(6)**
- no longer able to play golf
- keeps pigeons as a hobby

Medical history

- last year diagnosed with hypertension
- current prescription of **(7)**
- **(8)** sounds in chest reported by GP
- father suffered from **(9)**

Previous tests

- **(10)** six months ago
- chest x-ray one month ago

Future actions

- **(11)** test
- CT scan
- prescription of **(12)** (possibly)

Extract 2: Questions 13 - 24

You hear an anaesthetist talking to a patient called Mary Wilcox prior to an operation. For **questions 13 – 24**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Jasmine Burton

Patient history

- suffers from **(13)** astigmatism
- also has **(14)** (so surgery under general anaesthetic)
- eye problems may result from a lack of **(15)**
- sight problems mean **(16)** isn't an option for her
- reports some slowness to **(17)**
- has poor perception of **(18)**
- works as a **(19)**
 - reports having no issues at work
- eyes checked every few years

Surgery

- **(20)** in right eye first noted three years ago
- February this year – had surgery
- some capsular **(21)** noted post-operatively
- examination showed no sign of a **(22)**
 - follow up appointment in 6 months

Presenting with

- reported increase in number of **(23)**
- increased sensitivity to **(24)**
-

That is the end of Part A. Now look at Part B.

Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25 – 30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

25. You hear a nurse briefing a colleague at the end of her shift.

What does the colleague have to do for the patient tonight?

- A.** Remove her saline drip.
- B.** Arrange for more tests.
- C.** Monitor her blood pressure.

26. You hear part of a hospital management meeting where a concern is being discussed.

What is the committee concerned about?

- A.** Poor response to recruitment drives.
- B.** Difficulties in retaining suitable staff.
- C.** Relatively high staff absence rates.

27. You hear a GP and his practice nurse discussing a vaccination programme.

They agree that the practice should

- A.** make sure patients are aware of it.
- B.** organise it more effectively than in the past.
- C.** prepare to cope with an increasing demand for it.

28. You hear two hospital nurses discussing the assessment of a patient on their ward.

What is the problem?

- A.** The patient's documentation has been sent to the wrong place.
- B.** Nobody has taken responsibility for assessing the patient.
- C.** The duty doctor was unable to locate the patient.

29. You hear the beginning of a training session for dental students.

The trainer is explaining that the session will

- A.** focus on aspects of dental hygiene.
- B.** expand upon what they studied previously.
- C.** introduce them to a completely new technique.

30. You hear two nurses discussing the treatment of a patient with a kidney infection.

What is the female nurse doing?

- A.** Emphasising the urgency of a procedure.
- B.** Suggesting how to overcome a difficulty.
- C.** Warning him about a possible problem.

That is the end of Part B. Now look at Part C.

Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31 – 42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear.. Complete your answers as you listen.

Now look at extract one.

Extract 1: Questions 31 – 36

You hear a geriatrician called Dr Clare Cox giving a presentation on the subject of end-of-life care for people with dementia.

You now have 90 seconds to read **questions 31 – 36**.

- 31.** What problem does Dr Cox identify concerning dementia patients?
- A.** People do not want to be diagnosed with dementia.
 - B.** Their condition can develop in a number of different ways.
 - C.** It can be difficult to provide specialist advice about it.
- 32.** Why did *Dementia Australia* decide to examine the issue of end-of-life dementia care?
- A.** There was a lack of reliable information on it.
 - B.** The number of stories about poor care made it urgent.
 - C.** There was enough data on which to base an effective care plan.
- 33.** For Dr Cox, the initial results of the dementia survey reveal that palliative care
- A.** was working more effectively than people had thought.
 - B.** was more widely available than some users imagined.
 - C.** was viewed negatively by medical professionals.

- 34.** Dr Cox says that lack of knowledge of the law by care professionals
- A. proves that family members should help make pain management decisions.
 - B. could be resulting in a surprisingly high number of premature deaths.
 - C. may lead to dementia patients experiencing unnecessary distress.
- 35.** Dr Cox thinks that the statistics she quotes on refusing treatment
- A. illustrate a gap in current medical education programmes.
 - B. show how patients' wishes are too often misunderstood by carers.
 - C. demonstrate the particular difficulties presented by dementia patients.
- 36.** Dr Cox makes the point that end-of-life care planning is desirable because
- A. it reduces the complexity of certain care decisions.
 - B. it avoids carers having to speculate about a patient's wishes.
 - C. it ensures that everyone receives the best possible quality of care.

Now look at extract two.

Extract 2: Questions 37 – 42

You hear a hospital doctor called Dr Keith Gardiner giving a presentation about some research on the subject of staff-patient communication.

You now have 90 seconds to read **questions 37 – 42.**

- 37.** Dr Gardiner first became interested in staff-patient communication after
- A. experiencing poor communication as an in-patient.
 - B. observing the effects of poor communication on a patient.
 - C. analysing patient feedback data on the subject of communication.

- 38.** What point does Dr Gardiner make about a typical admission to hospital?
- A.** The information can overwhelm patients.
 - B.** Patients often feel unable to communicate effectively.
 - C.** Filling in detailed paperwork can be stressful for patients.
- 39.** Dr Gardiner uses an example of poor communication to illustrate the point that
- A.** patients should be consulted about the desirability of a hospital stay.
 - B.** specialists need to be informed if there are any mental health issues.
 - C.** relatives' knowledge of a patient's condition shouldn't be taken for granted.
- 40.** Dr Gardiner explains that a survey conducted among in-patients about communication
- A.** measured the difference between their expectations and their actual experience.
 - B.** asked their opinion about all aspects of the service they received.
 - C.** included question on how frequently they visited the hospital.
- 41.** One common complaint arising from Dr Gardiner's survey concerned
- A.** a lack of privacy for patients receiving sensitive information.
 - B.** the over-use of unclear medical terminology with patients.
 - C.** a tendency not to address patients in a respectful way.
- 42.** How does Dr Gardiner feel about the results of the survey?
- A.** Surprised by one response from patients.
 - B.** Reassured by the level of patient care identified.
 - C.** Worried that unforeseen problems were highlighted.

END OF THE LISTENING TEST

LISTENING SUB-TEST – ANSWER KEY

PART A: QUESTIONS 1 – 12

1. dry
2. (very) gradual
3. swollen / bulging (out)
4. soft
5. farm labourer
6. (night) security guard
7. beta blockers
8. crackling (accept: cracking) / crep / crepitation
9. (bad) eczema
10. echocardiogram / cardiac echo / echo
11. arterial blood gas / ABG
12. corticosteroids

PART A: QUESTIONS 13 – 24

13. myopic / short-sighted / near-sighted
14. nystagmus / (a) flicker(ing)
15. pigment (in eye)
16. driving
17. focus
18. distance
19. (hotel) receptionist
20. cataract (developed)
21. opacity / clouding
22. detached retina / retina(l) detachment
23. (eye) floaters
24. glare / bright lights

PART B: QUESTIONS 25 – 30

- 25. A – remove her saline drip.
- 26. C – relatively high staff absence rate.
- 27. C – prepare to cope with an increasing demand for it.
- 28. B – nobody has taken responsibility for assessing the patient.
- 29. B – expand upon what they studied previously.
- 30. C – warning him about a possible problem.

PART C: QUESTIONS 31 – 36

- 31. B – their condition can develop in a number of different ways.
- 32. A – there was a lack of reliable information about it.
- 33. B – was more widely available than some users imagined.
- 34. C – may lead to dementia patients experiencing unnecessary distress.
- 35. A – illustrate a gap in current medical education programmes.
- 36. B – it avoids carers having to speculate about a patient's wishes.

PART C: QUESTIONS 37 – 42

- 37. B – observing the effects of poor communication on a patient.
- 38. A – the information given can overwhelm patients.
- 39. C – relatives' knowledge of a patient's conditions shouldn't be taken for granted.
- 40. A – measured the difference between their expectations and their actual experience.
- 41. B – the over-use of unclear medical terminology with patients.
- 42. A – surprised by one response from patients.

END OF KEY

Practice Test 4.

Occupational English Test

Listening Test

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: --beep---

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answers.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1 – 24**, complete the notes with the information you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1 – 12

You hear a physiotherapist talking to a new patient called Ray Sands. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Ray Sands

18 months ago

- back injury sustained (lifting **(1)**

1 year ago

- sciatica developed

6 months ago

- clear of symptoms

Last month

- recurrence of symptoms

Patient's description of symptoms

- pain located in **(2)**
- pain described as **(3)**
- loss of mobility
- problems sleeping
- mentions inability to **(4)** as most frustrating aspect
- **(5)** sensation (calves)
- general numbness in affected area

Occupation

- **(6)** (involves travel/some manual work)

Initial treatment

- prescribed NSAIDs

- application of **(7)** (provided some relief)

Referrals

- **(8)** (briefly)
- sports injury specialist for manipulation and exercise programme

Further treatment

- epidural injections
- **(9)**
- electrical impulses
- decided not to try **(10)**
- patients attributes recovery to **(11)**

Previous diagnosis

- sciatica probably related to **(12)**
- reports no history of pain in buttocks

Extract 2: Questions 13 - 24

You hear a consultant dermatologist talking to a patient called Jake Ventor. For **questions 13 – 24**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Jake Ventor

Reason for referral

- skin lesion

Patient's description of condition

- on the **(13)** of his left hand
- preceded by **(14)**
- then **(15)** form and join up
- surrounding erythema

- GP describes appearance of lesion as
(16)
- normally resolves within two weeks

History of condition

- first experienced in 1990s when living in China
- also had a lesion on his **(17)** - never recurred there
- recurs regularly on different parts of his left hand
- not becoming more **(18)**
- no apparent link to general state of health, **(19)** or stress

Medical history

- **(20)** on lower back in 2006 – no sign of recurrence
- reports no history of **(21)**

Information given

- advised that **(22)** was unlikely to be effective
- told him to take care if the skin is **(23)**

Outcome

- says his quality of life isn't affected
- a **(24)** will be arranged

That is the end of Part A. Now look at Part B.

Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25 – 30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

25. You hear a nurse briefing a colleague about a patient.

What does she warn her colleague about?

- A.** The patient is allergic to some types of antibiotics.
- B.** Care must be taken to prevent the patient from falling.
- C.** Oxygen may be needed if the patient becomes breathless.

26. You hear the manager of a care home for the elderly talking to the nursing staff.

He says that errors in dispensing medication to patients usually result from

- A.** interruptions while calculating dosages.
- B.** a failure to check for patients' allergies.
- C.** administering drugs late in the day.

27. You hear part of a morning briefing on a hospital ward.

What is the plan for the patient today?

- A.** Her emotional state will be carefully observed.
- B.** She will be transferred to a more specialised unit.
- C.** A social worker will come to see what help she needs.

28. You hear part of an ante-natal consultation at a GP practice.

What does the patient want to know about?

- A.** The advisability of a home birth.
- B.** Ways of avoiding post-natal depression.
- C.** What painkillers might be available during labour.

29. You hear a trainee doctor telling his supervisor about a problem he had carrying out a procedure.

The trainee feels the cause of the problem was

- A.** treatment administered previously.
- B.** the patient's negative reaction.
- C.** inappropriate equipment.

30. You hear a doctor talking to a teenage boy who has a painful wrist.

The doctor wants to establish whether

- A.** a fracture may be misaligned.
- B.** the swelling may be due to a sprain.
- C.** there may be more than one bone affected.

That is the end of Part B. Now look at Part C.

Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31 – 42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear.. Complete your answers as you listen.

Now look at extract one.

Extract 1: Questions 31 – 36

You hear an interview with a cardiologist called Dr Jack Robson, who's an expert on Chagas disease.

You now have 90 seconds to read **questions 31 – 36**.

- 31.** Why does Dr Robson regard Chagas as a neglected disease?
- A.** Because of the social groups it mainly affects.
 - B.** Because patients often don't realise they're infected.
 - C.** Because its impact is severe in a relatively small number of cases.
- 32.** Dr Robson says that concerns over Chagas in the USA are the result of
- A.** a rise in the number of people at risk of being infected with the disease.
 - B.** a greater awareness of how many people there have the disease.
 - C.** an increased prevalence of the insect which carries the disease.
- 33.** A patient called Marisol recently asked Dr Robson to test her for Chagas because
- A.** she was worried about the health of any children she might give birth to.
 - B.** she wanted to know whether it was safe for her to donate blood.
 - C.** she thought she had symptoms associated with the disease.

- 34.** What problem does Dr Robson identify in the case of a patient called Jennifer?
- A. An unwillingness to accept that she was ill.
 - B. An inability to tolerate the prescribed medicine.
 - C. A delay between the initial infection and treatment.
- 35.** What does Dr Robson say about his patient called Juan?
- A. The development of his illness was typical of people with Chagas.
 - B. An incorrect initial diagnosis resulted in his condition worsening.
 - C. The medication he took was largely ineffective.
- 36.** Dr Robson thinks the short-term priority in the fight against Chagas is to
- A. increase efforts to eliminate the insects which carry the parasite.
 - B. produce medication in a form that is suitable for children.
 - C. design and manufacture a viable vaccine.

Now look at extract two.

Extract 2: Questions 37 – 42

You hear an occupational therapist called Anna Matthews giving a presentation to a group of trainee doctors.

You now have 90 seconds to read **questions 37 – 42.**

- 37.** Anna says the main focus of her work as an occupational therapist is
- A. designing activities to meet the changing needs of each patient.
 - B. making sure she supports patients in reaching their goals.
 - C. being flexible enough to deal with patients of all ages.

38. When Anna first met the patient called Ted, she was
- A. unable to identify completely with his attitude.
 - B. optimistic that he would regain full mobility.
 - C. mainly concerned about his state of mind.
39. Because Ted seemed uninterested in treatment, Anna initially decided to focus on
- A. what he could achieve most easily.
 - B. allowing him to try and help himself.
 - C. making him come to terms with his injuries.
40. Anna feels that, in the long term, her therapy helped Ted because
- A. it led him to become less emotional.
 - B. it made him appreciate the need for patience.
 - C. it showed him there was something to work towards.
41. Anna describes the day Ted had his plaster casts removed in order to
- A. demonstrate how slow any progress can seem to patients.
 - B. illustrate the problems caused by raising a patient's hopes.
 - C. give advice on what to do when patients experience setbacks.
42. Anna suggests that when patients like Ted recover enough to go home, they are often
- A. too ambitious in what they try to achieve initially.
 - B. able to build on the work of the occupational therapist.
 - C. held back by the over-protective attitude of family members.

END OF THE LISTENING TEST

LISTENING SUB-TEST – ANSWER KEY

PART A: QUESTIONS 1 – 12

1. (a) (heavy) suitcase / case
2. (his/the) right leg
3. (really) intense
4. turn over in bed / get comfortable
5. tingling
6. events organiser
7. compression packs
8. (an) osteopath
9. ultrasound
10. acupuncture
11. combination of treatments
12. slipped/herniated disc

PART A: QUESTIONS 13 – 24

13. palm
14. itching / itchiness / pruritus
15. (little) blisters
16. chaotic
17. chest
18. frequent
19. diet / anything in (his) daily life
20. (removal of) / (malignant) melanoma
21. cold sores / herpes simplex / herpes labialis
22. (an) anti(-)viral cream
23. broken
24. (a) biopsy

PART B: QUESTIONS 25 – 30

- 25. B – care must be taken to prevent the patient from falling.
- 26. A – interruptions while calculating dosages.
- 27. A – her emotional state will be carefully observed.
- 28. C – what painkillers might be available during labour.
- 29. A – treatment administered previously.
- 30. A – a fracture may be misaligned.

PART C: QUESTIONS 31 – 36

- 31. A – because of the social groups it mainly affects.
- 32. B – a greater awareness of how many people there have the disease.
- 33. A – she was worried about the health of any children she might give birth to.
- 34. C – a delay between the initial infection and treatment.
- 35. A – the development of his illness was typical of people with Chagas.
- 36. B – produce medication in a form that is suitable for children.

PART C: QUESTIONS 37 – 42

- 37. B – making sure she supports patients in reaching their goals.
- 38. C – mainly concerned about his state of mind.
- 39. A – what he could achieve most easily.
- 40. C – it showed him there was something to work towards.
- 41. A – demonstrate how slow any progress can seem to patients.
- 42. B – able to build on the work of the occupational therapist.

END OF KEY

Practice Test 5.

Occupational English Test

Listening Test

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: --beep---

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answers.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1 – 24**, complete the notes with the information you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1 – 12

You hear a gastroenterologist talking to a patient called Andrew Taylor. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Andrew Taylor

Background

- has had **(1)** over long period
- reports a frequent **(2)** sensation in the last year
- most recently **(3)** has become a problem
- words used to describe symptoms - **(4)**
- pre-existing skin condition aggravated
- frequent **(5)** -- patient didn't initially link these to bowel condition

Effects of condition on everyday life

- works as a **(6)**
- situation at work means patient is **(7)**
- complains of lack of **(8)**

Diet

- claims to be consuming sufficient **(9)**
- claims to keep hydrated
- has experimented with excluding **(10)** from diet
- very slight reduction in caffeine intake
- has undergone **(11)** - no indications of anything problematic

Medication

- has taken an anti-spasmodic – not very effective
- now trying **(12)**

Extract 2: Questions 13 – 24

You will hear a hospital neurologist talking to a new patient called Kathy Tanner. For questions 13 – 24, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

Patient

Kathy Tanner

Background to condition

- experienced discomfort and a **(13)** feeling in neck whilst driving
- osteopathy exacerbated problem
- used **(14)** to relieve symptoms in neck

Further developments in condition and diagnosis

- describes a pulling sensation (dragging her head to the right)
- doctor recommended **(15)**
- diagnosis of spasmodic torticollis (ST)
 - condition described as **(16)**
 - resulted in feelings of depression

Treatment history

(a) from home

- some months of **(17)**
- visited two neurologists without success
- prescribed **(18)** (antispasmodic)
- joined an ST support group
- brought **(19)** to provide extra support

(b) from university hospital

- treatment using **(20)** injections
 - side effects included difficulties **(21)**
- supplemented **(22)**
- experienced confusion and **(23)**

- analgesic relief; morphine self-administered via **(24)**
.....

That is the end of Part A. Now look at Part B.

Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25 – 30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

25. You hear an optometrist talking to a patient who's trying contact lenses for the first time.

What is the patient concerned about?

- A.** His blurred vision.
- B.** Soreness in his eyes.
- C.** How to remove the lenses.

26. You hear a nurse asking a colleague for help with a patient.

Why does the nurse need help?

- A.** The patient's condition has deteriorated.
- B.** The patient is worried about a procedure.
- C.** The patient is reported increased pain levels.

27. You hear a senior nurse talking about a new initiative that has been introduced on her ward.

What problem was it intended to solve?

- A.** Patients' confusion over information given by the doctor.
- B.** Relatives not being able to discuss issues with the doctor.
- C.** Patients not discussing all their concerns when meeting the doctor.

28. You hear two radiologists talking about the type of scan to be given to a patient.

They agree to choose the method which will

- A.** allow them to see the whole of the appendix.
- B.** probably give the most accurate results.
- C.** have the fewest risks for the patient.

29. You hear part of a surgical team's briefing.

The male surgeon suggests that the patient could

- A.** require specialist equipment during surgery.
- B.** benefit from a specific anaesthetic procedure.
- C.** be at risk of complications from another health issue.

30. You hear a senior research associate talking about a proposal to introduce inter-professional, primary healthcare teams.

What hasn't been established about the teams yet?

- A.** The best way for collaboration to take place.
- B.** The financial impact that they are likely to have.
- C.** The aspects of medical care they are best suited to.

That is the end of Part B. Now look at Part C.

Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31 – 42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear.. Complete your answers as you listen.

Now look at extract one.

Extract 1: Questions 31 – 36

You hear a presentation by a specialist cancer nurse called Sandra Morton, who's talking about her work with prostate cancer patients, including a man called Harry.

You now have 90 seconds to read **questions 31 – 36**.

- 31.** What does Sandra Morton see as the main aim in her work?
- A.** To inform patients about the different treatments on offer.
 - B.** To publicise the availability of tests for the condition.
 - C.** To raise awareness of the symptoms of the illness.
- 32.** When Harry was offered a routine health check at his local surgery, he initially
- A.** resisted the idea due to his wife's experience.
 - B.** felt that he was too fit and well to be in need of it.
 - C.** only agreed to attend because his doctor advised him to.
- 33.** During Harry's investigations for prostate cancer at a hospital clinic, he
- A.** felt part of the examination procedure was unpleasant.
 - B.** found it hard to cope with the wait for some results.
 - C.** was given false hope by a preliminary blood test.

- 34.** What was Harry's response to being diagnosed with prostate cancer?
- A.** He found himself reacting in a way he hadn't anticipated.
 - B.** He was unconvinced by the prognosis he was given.
 - C.** He immediately started researching treatment options online.
- 35.** What typical patient response to the illness does Sandra mention?
- A.** An unwillingness to commence appropriate medication.
 - B.** A failure to seek advice regarding different treatment options.
 - C.** A reluctance to talk about the embarrassing aspects of treatment.
- 36.** Sandra believes that community follow-up clinics are important because they
- A.** offer patients more personal aftercare.
 - B.** are proven to be less traumatic for patients.
 - C.** provide rapid treatment for patients developing new symptoms.

Now look at extract two.

Extract 2: Questions 37 – 42

You hear a neurologist called Dr Frank Madison giving a presentation about the overuse of painkillers.

You now have 90 seconds to read **questions 37 – 42.**

- 37.** In Dr Madison's experience, patients who become addicted to painkillers
- A.** are more likely to move on to hard drugs.
 - B.** come from a wide variety of backgrounds.
 - C.** usually have existing psychological problems.

- 38.** Dr Madison thinks some GPs over-prescribe opioid painkillers because these
- A.** have a long-standing record of success.
 - B.** enable them to deal with patients more quickly.
 - C.** represent a relatively inexpensive form of treatment.
- 39.** Dr Madison regrets that management of acute pain
- A.** is often misunderstood by the general public.
 - B.** receives inadequate attention in medical training.
 - C.** fails to distinguish between different possible triggers.
- 40.** Dr Madison's main concern about painkillers being readily available is that
- A.** patients may build up a resistance to them.
 - B.** they may be taken in dangerous amounts by patients.
 - C.** they may interact adversely with patients' other medication.
- 41.** Dr Madison refers to the case of an osteoarthritic patient called Ann to highlight
- A.** the unsuitability of opioids for patients with particular conditions.
 - B.** the effect on patients' working lives of dependence on painkillers.
 - C.** the extreme fear patients may have of living without pain medication.
- 42.** Ann's GP initially failed to identify her dependence because
- A.** she managed to conceal its physical effects from him.
 - B.** he was unaware that she had another source of drugs.
 - C.** he lacked experience in dealing with problems like hers.

END OF THE LISTENING TEST

LISTENING SUB-TEST – ANSWER KEY

PART A: QUESTIONS 1 – 12

1. heartburn (after meals)
2. bloating
3. constipation
4. (so) unpredictable
5. migraines
6. accountant
7. anxious
8. energy
9. fibre
10. dairy (products)
11. (extensive) food allergy tests
12. anti-depressants OR (an) antidepressant

PART A: QUESTIONS 13 – 24

13. stiff
14. heat pad OR heatpad
15. physio(therapy)
16. untreatable
17. chiropractic treatment
18. Baclofen
19. (an orthopaedic/a) chair
20. botulinum toxin OR botox
21. swallowing
22. (various) oral medications/meds
23. memory loss OR loss of memory OR amnesia
24. (a) pump

PART B: QUESTIONS 25 – 30

- 25. A – his blurred vision
- 26. B – the patient is worried about a procedure.
- 27. C – patients not discussing all their concerns when meeting the doctor.
- 28. C – have the fewest risks for the patient.
- 29. B – benefit from a specific anaesthetic procedure.
- 30. B – the financial impact that they are likely to have.

PART C: QUESTIONS 31 – 36

- 31. C – to raise awareness of the symptoms of the illness.
- 32. B – felt that he was too fit and well to be in need of it.
- 33. B – found it hard to cope with the wait for some results.
- 34. A – he found himself reacting in a way he hadn't anticipated.
- 35. C – a reluctance to talk about the embarrassing aspects of treatment.
- 36. A – offer patients more personal aftercare.

PART C: QUESTIONS 37 – 42

- 37. B – come from a wide variety of backgrounds.
- 38. B – enable them to deal with patients more quickly.
- 39. C – fails to distinguish between different possible triggers.
- 40. C – they may interact adversely with patients' other medication.
- 41. A – the unsuitability of opioids for patients with particular conditions.
- 42. C – he lacked experience in dealing with problems like hers.

END OF KEY