

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 <b>(14)</b>
	<b>(13)</b> .....	.....
Heart attack	<b>(15)</b> .....	taken this morning
	<b>(16)</b> .....	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**

# Practice Test 6.

## 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 part of a consultation between a psychologist and a patient called Mr Barry.. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

### Patient

Mr Barry

### Background

- Continued anxiety and **(1)** .....
- Started medication **(2)** ..... ago

### Medication

- Citalopram/chlordiazepoxide
- Chlordiazepoxide **(3)** ..... mg **(4)** ..... daily
- Non-compliant
- Feels meds don't **(5)** ..... him sufficiently
- Patient trying to **(6)** ..... more
- Side effects: ongoing **(7)** ..... improving
- Stress related?
- Possible **(8)** .....
- Takes citalopram **(9)** .....

### Symptoms

- Inability to leave house
- Palpitations/SOB/intense fear
- Feels **(10)** ..... when outside
- Patient normalising
- Went to the shops for the **(11)** .....
- Since beginning **(12)** .....

## Extract 2: Questions 13 – 24

You will hear part of a consultation between a GP and a patient called Mr Martin. For questions 13 – 24, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

### Patient

- Mr Martin

### Background/symptoms

- Stomach pain
- Condition present (13) ..... for years but worse recently
- located across (14) ..... of abdomen radiating towards (15) .....
- Describes pain as not severe
- Like an (16) .....
- Pain moves side to side
- Patient suspects (17) ..... problems
- Feels (18) ..... as well as pain
- Ongoing problem
- 4 yrs ago diagnosed suspected (19) .....
- Bowel movements variable
- Ongoing problems with (20) ..... but recently stool (21) .....
- Drinks plenty of water
- No diarrhoea
- No presence of (22) ..... in stool
- No black motions

### Medication

- Previously prescribed Colofac
- Manage diet rather than take (23) .....
- Takes OTC (24) ..... capsules which provide relief

**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 doctor and a trainee discussing the application of a plaster cast.

What does the trainee need to tell the patient about the cast?

- D.** The approximate length of time to let the cast dry properly.
- E.** The temperature of the cast as it begins to harden.
- F.** The reduction in the fracture after the cast has been applied.

**26.** You hear a manager explaining new data management processes to clinical staff.

What should staff do with their feedback reports?

- D.** File them on paper and digitally.
- E.** Copy them onto the new servers.
- F.** Fill them out digitally to save time.

**27.** You hear a presentation about the introduction of a new type of wound dressing.

What is the main advantage of the new wound dressing?

- D.** They are ideal for oozing wounds due to high absorbency.
- E.** They are made from naturally bacteria resistant seaweed.
- F.** They are somewhat less costly than traditional cloth bandages.

**28.** You hear two hospital managers discussing completion rates for an online course.

How will management inform staff who do not attend the meeting about the deadline?

- D.** Face to face.
- E.** By email.
- F.** Over the phone.

**29.** You hear two colleagues discussing an online training course.

What advice does the female nurse give her colleague?

- D.** Request IT to help reset his password so he can complete the course.
- E.** Wait until the weekend and complete the course.
- F.** Advise a manager that he has completed the course.

**30.** You hear an educator describing methods for creating medical abbreviations to nursing trainees.

Why does the speaker think it is important for trainees to understand the different methods of abbreviating?

- D.** So they can create new abbreviations using the first letter rule.
- E.** So they can easily pronounce medical acronyms accurately.
- F.** So they can more efficiently learn commonly used abbreviations.

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

**31.** How does Dr Lee describe the movement from traditional care systems to non-visit care?

- D. Large pre-existing medical providers will probably dominate the market.
- E. There will be a mixture of reactions from existing and new organisations.
- F. Flexible new organisations will have an advantage over existing ones.

**32.** According to Dr Lee a non-visit care culture

- D. views face to face consultations as a final resort in treatment.
- E. will develop more rapidly in new medical start-ups.
- F. requires a blend of responses from medical organisations.

**33.** Dr Lee believes that current technology is

- D. closely matched to users medical needs.
- E. changing expectations for medical services.
- F. not capable of supporting non-visit care yet.

**34.** Dr Lee suggests that in person visits

- D. ideally occur earlier in the care process.
- E. have a negative impact on many patients.
- F. should be easy for patients to manage.

**35.** Why does Dr Lee mention specimen collection services?

- D. To highlight the expense of creating offices and labs.
- E. To describe how these services could be provided more efficiently.
- F. To suggest they could be delivered more nimbly with technology.

**36.** What advice does Dr Lee give organisations wanting to move to non-visit care models?

- D. Wait for more precise technology before transitioning to remote care.
- E. Re-evaluate the safety and quality of non-visit care before making the change.
- F. Find transition opportunities by close analysis of each instance of in-person care.

**Now look at extract two.**

## Extract 2: Questions 37 – 42

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

**37.** The research suggests that in the USA

- D. supervised injection centres are fundamentally different.
- E. supervised injection centres are being successfully integrated.
- F. supervised injection centres have the same impact as elsewhere.

**38.** According to Dr Davidson, the secret facility was

- D. based on international evidence and good practice.
- E. waiting for legal advocacy in the United States.
- F. experiencing the death of too many patients.

**39.** According to Dr Davidson what is the outcome of having staff and drug users in the same room?

- D. Patient check in and registration is more efficient.
- E. Overdose prevention is the major benefit.
- F. Staff can address many potential health issues.

**40.** What does Davidson suggest users of the centre most appreciate?

- D. the clean and hygienic surfaces.
- E. the private and relaxed space.
- F. they can't get arrested there.

**41.** Some users of the facility suggested that the facility

- D. needs a far more open space.
- E. can't combine with other services since it is secret.
- F. would be better as a treatment agency.

**42.** What concern did staff raise about the running of the facility?

- D. That patients might disclose information about the centre.
- E. Necessary exclusion of psychologically ill patients.
- F. The small number of patients they could help.

**END OF THE LISTENING TEST**

## LISTENING SUB-TEST – ANSWER KEY

### PART A: QUESTIONS 1 – 12

1. panic attacks
2. 3/three weeks/3 weeks
3. 20/twenty
4. 3/three/three times/3 times
5. suppress
6. exercise
7. headaches
8. ear infection
9. at night
10. sick and dizzy/dizzy and sick
11. first time/1<sup>st</sup> time
12. medication

### PART A: QUESTIONS 13 – 24

13. off and on/on and off
14. upper part
15. middle
16. irritation
17. kidney
18. bloated
19. irritable bowel syndrome/IBS/irritable bowel
20. constipation
21. loose
22. blood or slime/slime or blood
23. laxatives
24. peppermint oil

## **PART B: QUESTIONS 25 – 30**

- 25. B – The temperature of the cast as it begins to harden.
- 26. A – File them on paper and digitally.
- 27. A – They are idea for oozing wounds due to high absorbency.
- 28. A – Face to face.
- 29. C – Advise a manger that he has completed the course.
- 30. C – So they can more efficiently learn commonly used abbreviations.

## **PART C: QUESTIONS 31 – 36**

- 31. B – There will be a mixture of reactions from existing and new organisations.
- 32. A – views face to face consultations as a final resort in treatment.
- 33. B – changing expectations for medical services.
- 34. C – should be easy for patients to manage.
- 35. B – To describe how these services could be provided more efficiently.
- 36. C – Find transition opportunities by close analysis of each instance of in-person care.

## **PART C: QUESTIONS 37 – 42**

- 37. C – supervised injection centres have the same impact as elsewhere
- 38. A – based on international evidence and good practice.
- 39. C – Staff can address many potential health issues.
- 40. B – the private and relaxed space.
- 41. B – can't combine with other services since it is secret.
- 42. B – Necessary exclusion of psychologically ill patients.

**END OF KEY**



# Practice Test 7.

## 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 2: Questions 1 – 12

You will hear part of a consultation between a GP and a patient called Mrs Chambers. For **questions 1 - 12**, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

### Patient

- Mrs Chambers

### Background/symptoms

- Presented after heavy bleeding approximately **(1)** ..... ago
- 36 weeks pregnant
- Previous episode at **(2)** ..... lasted approx. two hours
- Estimated bleed ½ cup
- Current episode **(3)** ..... hours
- Ongoing **(4)** ..... and passing clots
- Estimated bleed 1 cup
- Tightness/cramps
- Severe pain in **(5)** ..... concurrent with bleeding
- Symptoms come and go – “like period pain”
- Pregnancy normal to date
- Previous scans found **(6)** .....
- No further scans scheduled
- 12-week scan showed baby was **(7)** ..... but fine
- Antenatal clinic visit normal
- Low **(8)** .....
- Number of previous pregnancies: **(9)** .....
- Boys, **(10)** ....., healthy
- Normal delivery
- 4 years ago – abdominal myomectomy
- Suffered from **(11)** ....., body aches, fever
- Emergency **(12)** ..... found large fibroids

## Extract 2: Questions 13 - 24

You hear part of a consultation between a GP and a patient called Mrs Brownstone. For **questions 13 - 24**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

### Patient

Mrs Brownstone

### Background/Symptoms

- Patient requesting urinalysis
- Recently **(13)** ....., burning sensation
- Symptoms present approximately **(14)** ..... weeks
- Patient suggests symptoms related to **(15)** .....
- Describes pain as not severe
- Recurring condition
- Treated for similar symptoms **(16)** ..... in last **(17)** .....
- Symptoms come and go
- Patient forgets to drink water
- Nocturia **(18)** ..... more
- Pain, urgency, **(19)** ..... greater at night
- Antibiotics effective in the past
- **(20)** ..... urinary incontinence
- No impact from coughing, sneezing
- Successful colposuspension: aged **(21)** .....

### Medications

- Known allergies: **(22)** .....
- Amoxil
- **(23)** .....
- Nitrofurantoin

### Treatment Plan

- Short course nitrofurantoin
- Review appointment in **(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 doctor and a nurse reviewing a coma patient.

What is the doctor checking for?

- A.** The symptoms the patient is exhibiting.
- B.** The severity of the coma.
- C.** The range of mobility of the patient.

**26.** You hear a consultant emergency doctor talking to a patient following an accident.

What is she doing?

- A.** Explaining why she is removing the neck brace.
- B.** Clarifying the need for multiple scans and surgery.
- C.** Outlining the full extent of the patient's injuries.

**27.** You hear a clinical researcher introducing a professional development workshop.

What is the aim of the workshop?

- A.** To give participants strategies to gain greater trust from the public.
- B.** To introduce participants to the basics of mathematical statistics.
- C.** To lead participants to a deeper critical understanding of research.

**28.** You hear an emergency ward doctor directing her team while treating an accident victim.

What is the doctor most concerned about?

- A.** The severe injury to the patient's left leg.
- B.** The possibility of other less apparent injuries.
- C.** The limited circulation of blood around the injury.

**29.** You hear a doctor speaking to a woman who has presented with heart palpitations.

What treatment does the patient require?

- A.** Intravenous medication.
- B.** A neck massage.
- C.** Training in breath control.

**30.** You hear an emergency paramedic talking to an accident and emergency doctor about a patient who has fallen from his motorcycle.

What is the paramedic doing?

- A.** Confirming what happened to the man in the accident.
- B.** Summarising the patient's injuries and treatment.
- C.** Suggesting appropriate pain medication to administer.

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

**31.** What is the stated purpose of the talk?

- A.** To evaluate if the audience are feeling burnout.
- B.** To inform and stimulate discussion about burnout.
- C.** To describe new research on treatment of burnout.

**32.** What did the research from the Mayo Clinic show?

- A.** In 2011 more than half of US doctors claimed to have burnt out.
- B.** The large number of doctors with burnout is continuing to rise.
- C.** Typically one aspect of a doctors work makes them burn out.

**33.** What is the Anna Capstone's attitude to the problem of burnout?

- A.** Most doctors can handle burnout.
- B.** Doctors with burnout should retire.
- C.** Burnout endangers patients and doctors

**34.** How does Anna Capstone think the problem of burnout should be addressed?

- A.** Hospitals should fund wellness programs for burnt out staff.
- B.** Multiple strategies are needed to keep doctors functioning and healthy.
- C.** By discouraging doctors from losing empathy and making mistakes.

**35.** How does Anna Capstone evaluate the role of administrative technology and regulations?

- A.** As a cheap and reliable way of collecting payment.
- B.** As confusing and stressful for doctors.
- C.** As something few doctors have really complained about.

**36.** Anna Capston argues that protecting the well-being of highly trained medical staff

- A.** is an ethical issue.
- B.** isn't part of workplace safety.
- C.** will require too many resources.

**Now look at extract two.**



## Extract 2: Questions 37 – 42

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

**37.** Dr MacGregor believes that

- A.** most people will find the healthiest diet quite surprising.
- B.** intake of meat, eggs, and dairy is an essential part of a balanced diet.
- C.** the public is quite well informed about the ideal foods for a healthy diet.

**38.** What is Dr MacGregor's attitude to dieting?

- A.** More people should go on diets.
- B.** Dieting is a lifestyle choice.
- C.** Diets are generally ineffective.

**39.** According to Dr MacGregor, in the mid 20<sup>th</sup> century

- A.** the public respected and trusted science to reveal the truth.
- B.** smokers clearly understood the risks associated with tobacco use.
- C.** the US Surgeon General first reported on the cancer risk from smoking.

- 40.** According to Dr MacGregor the tobacco industry
- A.** gathered a mass of evidence on the dangers of smoking.
  - B.** used its influence to slow down government responses.
  - C.** has finally recognised that smoking causes lung cancer.
- 41.** The article suggests that the tobacco and food industries share which tactic?
- A.** Funding their own research to confuse people.
  - B.** Using the motto "doubt is our product".
  - C.** Denying evidence that their products are bad.
- 42.** What do the healthiest and longest living communities in the world have in common?
- A.** they eat a lot of legumes.
  - B.** they are religious communities.
  - C.** they have a 97% plant-based diet.

**END OF THE LISTENING TEST**

## LISTENING SUB-TEST – ANSWER KEY

### PART A: QUESTIONS 1 – 12

1. 1 week/one week
2. 28 weeks/twenty eight weeks
3. 3/three
4. spotting
5. lower abdomen
6. placenta was low/low placenta/placenta low
7. small
8. down's risk
9. 1/one
10. twins
11. migraines
12. MRI

### PART A: QUESTIONS 13 – 24

13. going more
14. 3 to 4 weeks/3 weeks/3-4 weeks/4 weeks
15. age/old age
16. 5 times/five times
17. 10 years/ten years
18. 3 times or more/3 times/three times or more/three times
19. pressure
20. no
21. 50
22. septrin
23. trimethoprim
24. 5 days/five days



## **PART B: QUESTIONS 25 – 30**

- 25. A – The symptoms the patient is exhibiting.
- 26. C – Outlining the full extent of the patient’s injuries.
- 27. C – To lead participants to a deeper critical understanding of research.
- 28. B – The possibility of other less apparent injuries.
- 29. A – Intravenous medication.
- 30. B – Summarising the patient’s injuries and treatment.

## **PART C: QUESTIONS 31 – 36**

- 31. B – To inform and stimulate discussion about burnout.
- 32. B – The large number of doctors with burnout is continuing to rise.
- 33. C – Burnout endangers patients and doctors.
- 34. B – Multiple strategies are needed to keep doctors functioning and healthy.
- 35. B – As confusing and stressful for doctors.
- 36. A – is an ethical issue.

## **PART C: QUESTIONS 37 – 42**

- 37. C – the public is quite well informed about the ideal foods for a healthy diet
- 38. C – Diets are generally ineffective.
- 39. A – the public respected and trusted science to reveal the truth.
- 40. B – used its influence to slow down government responses.
- 41. A – Funding their own research to confuse people.
- 42. A – they eat a lot of legumes.

**END OF KEY**

# Practice Test 8.

## 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 GP talking to a patient called Daniel Anderson. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

### Patient

Daniel Anderson

### Presenting symptoms

- 2 wks/ **(1)** ..... than usual
- Short of breath
- Cold/sore throat

### Recent history

- Last **(2)** ..... months
- Ongoing condition
- Patient managed condition
- Bad sore throat and **(3)** .....
- Fatigue
- Shortness of breath – becoming more **(4)** .....
- Breathing normal **(5)** .....
- No history **(6)** ..... / chest problem
- Non-vegetarian
- Describes diet as **(7)** .....
- Low fruit and vegetable intake
- Drinks **(8)** ..... of coffee a day
- Ongoing mild indigestion
- Bowel function- **(9)** .....

### Family history

- No family history **(10)** .....
- Parents – healthy
- **(11)** ..... - no known health problems
- Patient suspects **(12)** .....



## Extract 2: Questions 13 – 24

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

You now have thirty seconds to look at the notes.

### Patient

- Mrs Wright

### Background

- Follow up consultation
- Patient has **(13)** .....
- Initial episode **(14)** ..... months ago
- Prescribed **(15)** ..... for 5 days
- Alopurinol
- Recurrence of gout just **(16)** .....
- Gout originates at bottom of **(17)** .....
- On the **(18)** ..... foot
- Swelling radiates across toes towards **(19)** ..... of foot
- Hot and inflamed
- No swelling in **(20)** .....
- Responded well to medication
- Swelling settled within **(21)** .....
- Ongoing **(22)** ..... in toe
- Suspected **(23)** .....
- X-ray clear

### Treatment

- Patient has some concerns
- Patient agrees medication effective
- Clinical decision: **(24)** ..... with current medications

**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 in the emergency department discussing the care of a patient with a doctor.

What do the speakers agree to do?

- A.** Put the patient's arm in a sling.
- B.** Wait for the patient to calm down.
- C.** Treat the patient's pain to relax the arm.

**26.** You hear a trainee doctor discussing a patient diagnosis with a tutor.

What is the diagnosis?

- A.** Coeliac disease.
- B.** Constipation.
- C.** Bilateral lower abdominal pain.

**27.** You hear a hospital nurse briefing a colleague about a patient recovering from elective surgery.

What does he want his colleague to do?

- A.** Review post-op information with the patient.
- B.** Provide pain relief for the patient.
- C.** Get the patient a medical certificate.

**28.** You hear two hospital managers talking about an information session for people who want to do voluntary work.

What problem do the managers discuss?

- A.** How difficult it is for participants to get to the event.
- B.** Technical issues with the event management systems.
- C.** Finding good quality food and drinks for the event.

**29.** You hear a pharmacist talking to a doctor about a patient's medication.

What is the pharmacist doing?

- A.** Reporting side effects.
- B.** Checking the dosage.
- C.** Recommending an alternative.

**30.** You hear a doctor advising a patient about a change in medication.

What condition is the patient being treated for?

- A.** Hay fever.
- B.** Drowsiness.
- C.** Hives.

**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 Dr Cristine Ericson, who's talking about her research supporting non-fasting lipid blood tests for cholesterol.

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

- 31.** What is Dr Cristine Ericson's opinion about fasting before blood tests?
- A.** It is not supported by scientific evidence
  - B.** It is superior to non-fasting blood tests.
  - C.** It is supported by convention not data.
- 32.** What does Dr Cristine Ericson say about the research on non-fasting blood tests?
- A.** The majority comes from Copenhagen.
  - B.** More studies should focus on children.
  - C.** It includes data from multiple countries.
- 33.** What is Dr Cristine Ericson's opinion on the difference between the results of fasting and non-fasting tests?
- A.** The small differences are unimportant.
  - B.** There is no difference in the results.
  - C.** There is a small but significant difference.

**34.** Dr Cristine Ericson states that everyone in Copenhagen was happy with the introduction of non-fasting blood tests.

What evidence does she provide to support this claim?

- A.** Data showing an increase in test attendance.
- B.** Increased public demand for non-fasting tests.
- C.** Positive stories from other medical professionals.

**35.** According to Dr Cristine Ericson, why are non-fasting blood tests popular with the public?

- A.** Because of the strong research evidence in the report.
- B.** Because of positive publicity in the newspaper and on TV.
- C.** Because they are more convenient for busy lifestyles.

**36.** Which of the following statements best summarises Dr Cristine Ericson's position on the use of fasting or non-fasting blood tests?

- A.** In rare cases fasting before a blood test is necessary.
- B.** Fasting before a blood test should no longer be recommended.
- C.** New research is needed on the use of fasting and non-fasting tests.

**Now look at extract two.**

## Extract 2: Questions 37 – 42

You hear a presentation in which a researcher called Dr Milan Patrecivich is talking about the relationship between new technology and medicine in the future.

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

**37.** Dr Patrecivich suggests that in the future medical technology will

- A. continue to replace human doctors.
- B. give doctors freedom to express core skills.
- C. become more accurate and reliable than doctors.

**38.** According to Dr Patrecivich, how will wearable sensors and smartphones help GPs?

- A. They will allow doctors mobility to visit patients in remote locations.
- B. They will allow doctors to check if patients are following their advice.
- C. They will allow doctors to monitor their patients with real-time data.

**39.** Dr Patrecivich believes that

- A. radiologists currently spend too much time checking through images.
- B. technology like IBM's Medical Sieve isn't yet capable of doing a radiologist's job.
- C. radiography algorithms should be designed by professional radiologists..

- 40.** According to the talk, both sports medicine and oncology
- A.** will use technology to make their processes faster and cheaper.
  - B.** will use technology to filter data and individualise therapy.
  - C.** will use technology like Xbox to treat patients from a distance.
- 41.** What does Dr Patrecivich suggest about the effect of technology on cancer treatment?
- A.** Artificial intelligence technology will eventually cure cancer.
  - B.** Oncologists will keep patients informed using social media..
  - C.** Technology will have a powerful and positive effect on oncology.
- 42.** What is Dr Patrecivich's conclusion about the future of medicine and technology?
- A.** Medical technology will give doctors more time and better data to care for patients.
  - B.** Physicians will have amazing opportunities to develop new medical technologies..
  - C.** Automated and robotic systems will gradually replace humans in medical practice.

**END OF THE LISTENING TEST**

## LISTENING SUB-TEST – ANSWER KEY

### PART A: QUESTIONS 1 – 12

1. a bit more tired/more tired
2. couple of/two/2
3. big glands/glands felt quite big/swollen glands/glands bigger
4. noticeable
5. at rest
6. of asthma
7. terrible
8. 4 or 5 cups/four or five cups/4 cups/four cups/5 cups/five cups/4-5 cups/4 to 5 cups/four to five cups
9. normal/fine
10. anaemia/blood disorders
11. brother
12. related to glandular fever/glandular fever

### PART A: QUESTIONS 13 – 24

13. gout
14. 2 or 3/two or three/ 2-3/two to three
15. steroids/prednisone/prednisone 30mg
16. after Christmas
17. second toe
18. left
19. the outside/outside
20. big toe/the big toe
21. a week/one week/1 week/7 days/seven days
22. pain
23. stress fracture
24. continue/carry on



## **PART B: QUESTIONS 25 – 30**

- 25. C – Treat the patient’s pain to relax the arm.
- 26. B – Constipation.
- 27. C – Get the patient a medical certificate.
- 28. C – Finding good quality food and drinks for the event.
- 29. A – Reporting side effects.
- 30. A – Hay fever.

## **PART C: QUESTIONS 31 – 36**

- 31. C – It is supported by convention not data.
- 32. C – It includes data from multiple countries.
- 33. A – The small differences are unimportant.
- 34. B – Increased public demand for non-fasting tests.
- 35. C – Because they are more convenient for busy lifestyles.
- 36. B – Fasting before a blood test should no longer be recommended.

## **PART C: QUESTIONS 37 – 42**

- 37. B – give doctors freedom to express core skills.
- 38. C – They will allow doctors to monitor their patients with real-time data.
- 39. A – radiologists currently spend too much time checking through images.
- 40. B – will use technology to filter data and individualise therapy.
- 41. C – Technology will have a powerful and positive effect on oncology.
- 42. A – Medical technology will give doctors more time and better data to care for patients.

**END OF KEY**