

SAM AGENCY



OET WINNERS

Listening



OET

Occupational English Test

2.0

E2langauge Test 5

E2language Test V

Extract 1: Questions 1 to 12

Part A.1

You hear a general practitioner talking to a patient named Sarah Gleeson. For **questions 1-12**, complete the notes with a word or short phrase.

You now have thirty seconds to look at your notes.

Patient Sarah Gleeson

Reason for visit

- Information on the oral contraceptive pill (OCP)

Patient's concerns

- has been taking Monofeme for **(1)**

- feeling a "little off"

- concerned she **(2)**

Description of symptoms

- headache originates near the **(3)**

- lasting hours

- nausea

- feels very **(4)**

5kg)

(weight gain approx.

- history of **(5)**

Patient's habits

- sometimes forgets to take OCP (typically takes second pill same day)
- 2 weeks ago forgot to take OCP for **(6)**

- did not use condoms during this period
- took **(7)** once realised missed dose

Information given to patient

- advised that **(8)** would likely take several days
- **(9)** is faster
- **(10)** is necessary before changing current prescription
- use of alternative contraception methods

Patient's request

- have a **(11)** in clinic
- information on OCP
- possible **(12)**

Part A.2

Extract 2: Questions 13 to 24

You hear a urologist talking to a patient named Mark Jenkins. For **questions 13–24**, complete the notes with a word or short phrase.

You now have thirty seconds to look at your notes.

Patient Mark Jenkins

Reason for referral

- Urinary incontinence

Background

- began over **(13)**
- felt very embarrassed by the condition
- typically came on as a **(14)**

Condition triggers

- **(15)** class
- exercise caused heavy bladder pressure
- during **(16)** (first leakage)
- heavy **(17)**

Initial tests and management

- supportive GP
- underwent a **(18)**
- began a **(19)** (24 hours)

Past medical history

- classed as **(20)** (5 years ago)
- had confirmed **(21)**
- smoked 1 pack (+) per day
- heavy **(22)**

Occupation

- **(23)**

Social impact from condition

- lost relationship
- will rarely **(24)**
- frightened to go out

Part B

Question 25

You hear a registered nurse explaining to a student the uses of a peak flow meter.

Why is a peak flow meter necessary for the patient mentioned?

- Ⓐ to monitor response to a change in medication
- Ⓑ to help formulate an appropriate action plan
- Ⓒ to confirm or rule out a diagnosis of asthma

Question 26

You hear an emergency department physician discussing a patient with a colleague.

What do we learn about the patient?

- Ⓐ His symptoms appeared very suddenly.
- Ⓑ His condition could change at any moment.
- Ⓒ He had been feeling unwell before the incident.

Question 27

You hear a nurse educator briefing a student nurse about the importance of compression stockings.

The nurse is explaining that

- Ⓐ all patients will benefit from their use.
- Ⓑ they are expensive so shouldn't be used unnecessarily.
- Ⓒ they need to fit tightly to ensure adequate blood flow.

Question 28

You hear an audiometry nurse talking to her colleague about a recent patient.

What do they disagree about?

- Ⓐ employers should take the responsibility
- Ⓑ money is no compensation for hearing loss
- Ⓒ their profession deserves greater remuneration

Question 29

You hear a nurse giving instructions on subcutaneous injections to a patient.

What does the nurse say is the most crucial part of the process?

- Ⓐ the steps undertaken before the injection is given
- Ⓑ having a safe way for disposing of the needle
- Ⓒ checking the medication is within its use-by date

Question 30

You hear two nurses at a training day discussing a lecture.

What part do they agree on?

- Ⓐ The pre-injection advice was very helpful.
- Ⓑ The speaker gave quality positive reinforcement.
- Ⓒ The information was for a less experienced audience.

Part C.1

31. Jonathan says that when considering a policy of open visiting hours, clinicians are
- Ⓐ generally opposed to the push for change.
 - Ⓑ essential to its success or failure.
 - Ⓒ beginning to see the rationale behind it.
32. Jonathan believes that having family present in critical care units
- Ⓐ will cause disharmony among healthcare professionals.
 - Ⓑ makes little difference to the treatment given to patients.
 - Ⓒ is potentially dangerous to both staff and patients.
33. Jonathan uses statistical information to show that after visiting hours were opened
- Ⓐ clinicians experienced higher levels of fatigue.
 - Ⓑ the attitude of staff remained positive.
 - Ⓒ nurses felt more of a strain than other staff.
34. Jonathan says that the possibility of family burnout is an important issue because
- Ⓐ it is an area that has yet to be sufficiently studied.
 - Ⓑ the amount of resources needed to overcome it is too great.
 - Ⓒ it should be considered alongside the change in visiting hours.
35. What does Jonathan say about full family presence during open visiting hours?
- Ⓐ it provides the family a sense of fulfilment during stressful times
 - Ⓑ the benefits clearly outweigh any negative aspects
 - Ⓒ there are still times where it may be considered inappropriate
36. Jonathan closes by outlining the facts on open visiting hours in order to
- Ⓐ rationalise any misconceptions listeners' may have.
 - Ⓑ illustrate that its opponents are mistaken in their views.
 - Ⓒ give advice to hospitals ready to implement the new policy.

Part C.2

37. What issue does Susan state as being responsible for the change in obstetric care?
- (A) recent studies by a number of hospitals
 - (B) concerns over a newly introduced drug
 - (C) the disturbing instances of maternal death
38. Susan believes that clamping of the umbilical cord
- (A) must be immediate within a matter of seconds.
 - (B) should be delayed for longer than initially thought.
 - (C) is effective in stopping blood entering the baby.
39. What issue does Susan identify as a concern?
- (A) people's involvement in changing the natural flow of blood
 - (B) waiting too long before the baby breathes through its lungs
 - (C) the need to keep the baby and the mother at an even level
40. What does Susan say about the current standards of clamping?
- (A) Trials have helped regulate waiting times.
 - (B) Uncertainty has led to variations between times.
 - (C) A universal waiting time is still a long way off.
41. Susan says the potential benefits of clamping
- (A) need to be made clearer to parents.
 - (B) are in no way considered proof positive.
 - (C) work on a number of different levels.
42. What does Susan think about possibly extending clamping times throughout all institutions?
- (A) its implementation is being prolonged unnecessarily
 - (B) change needs to occur slowly to avoid potential problems
 - (C) premature babies should be the initial focus of the scheme

E2language

Test V – Answer

PART A.1

1. more regular periods / regular periods
2. may be pregnant / is pregnant
3. right eye
4. bloated
5. spotting
6. three days in a row / 3 days in a row / three day
7. the morning-after pill / emergency contraception
8. blood test / a blood test
9. home pregnancy test / a home pregnant
10. confirmation
11. Urine test
12. Family appointment

PART A.2

- 13-2 months ago / two months ago
- 14-sudden burst
- 15-crossfit / cross fit / cross-fit / cross fit training / cross fit t
- 16-weight training
- 17-coughing fits
- 18-prostate exam
- 19-bladder diary
- 20-obese
- 21-pre-diabetes / pre diabetes
- 22-dope smoker / marijuana smoker
- 23- Roof tiler
- 24 meet friends

PART B

25- C

26- B

27- B

28- C

29- C

30- C

PART C.1

31- C

32- B

33- B

34- C

35- C

36- A

PART C.2

37- B

38- A

39- B

40- C

41- A

42- C