

SAM AGENCY



OET WINNERS

Listening



OET

Occupational English Test

2.0

Practice Book T. 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 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 thirty seconds to look at the notes.

Patient Mary Wilcox

Current medications

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



Medical history

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

Present condition

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

Concerns expressed

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

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



Part B

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

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

Now look at question 25.

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

What does the activity give practice in?

- (A) writing case notes
- (B) prioritising patients
- (C) dealing with consultants

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

What is he doing?

- (A) clarifying the aim of the procedure
- (B) dealing with her particular concerns
- (C) explaining how the equipment works

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

What do they agree about it?

- (A) It's likely to lead to changes in practice.
- (B) It failed to reach any definite conclusion.
- (C) It confirms 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 sport 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 address 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 were 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 lowered BP.
- (B) its results go against the existing body of evidence.
- (C) it was unduly influenced by pharmaceutical companies.

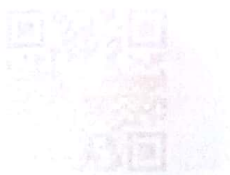
42. What impact does Dr Skelton think the SPRINT trial will have in the future?

- (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.

That is the end of Part C.

You now have two minutes to check your answers.

END OF THE LISTENING TEST



Listening sub-test

ANSWER KEY – Parts A, B & C



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



LISTENING SUB-TEST – ANSWER KEY

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 sport.

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.

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END OF KEY

