

SAM AGENCY



OET WINNERS

Listening



OET

Occupational English Test

2.0

Practice Book T. 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 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	<ul style="list-style-type: none">• tiredness• persistent (1) _____ cough• SOB• weight loss described as (2) _____ in nature.• fingertips appear (3) _____• nails feel relatively (4) _____
Background details	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• last year diagnosed with hypertension• current prescription of (7) _____• (8) _____ sounds in chest reported by GP• father suffered from (9) _____
Previous tests	<ul style="list-style-type: none">• (10) _____ six months ago• chest x-ray one month ago
Future actions	<ul style="list-style-type: none">• (11) _____ test• CT scan• prescription of (12) _____ (possibly)



Extract 2: Questions 13-24

You hear an eye specialist talking to a patient called Jasmine Burton, who has recently undergone eye surgery. For **questions 13-24**, complete the notes with a word or short phrase.

You now have thirty 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) to educate young sportspeople in how to avoid getting it.
 - (B) Their condition can develop in a number of different ways.
 - (C) to provide a range of 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 were 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 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 he's done 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 given 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 questions on how frequently they visited the hospital.
41. One common complaint arising from Dr Gardner'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

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 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



LISTENING SUB-TEST – ANSWER KEY

PART B: QUESTIONS 25-30

- 25 A remove her saline drip
- 26 C relatively high staff absence rates
- 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 on 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 condition 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

