

SAM AGENCY OET WINNERS



Listening



OET

Occupational English Test

2.0

Official Sample 2

Occupational English Test

Listening Test

Sample Test 2

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

You now have thirty 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
 - word 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 an (6) _____
- situation at work means patient is (7) _____
- complains of lack of (8) _____
- has noticed an increase in insomnia

- 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 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)** _____ (anti-spasmodic)
- joined an ST support group
- bought **(19)** _____ to provide extra support

(b) from university hospital

- treatment using **(20)** _____ injections
 - side effects included difficulties **(21)** _____
 - reports treatment as increasingly ineffective
- supplemented by **(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 reporting 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?
- Ⓐ He found himself reacting in a way he hadn't anticipated.
 - Ⓑ He was unconvinced by the prognosis he was given.
 - Ⓒ He immediately researched treatment options online.
35. What typical patient response to the illness does Sandra mention?
- Ⓐ an unwillingness to commence appropriate medication
 - Ⓑ a failure to seek advice regarding different treatment options
 - Ⓒ a reluctance to talk about the embarrassing aspects of treatment
36. Sandra believes that community follow-up clinics are important because they
- Ⓐ offer patients more personal aftercare.
 - Ⓑ are proven to be less traumatic for patients.
 - Ⓒ 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
- Ⓐ the unsuitability of opioids for patients with particular conditions.
 - Ⓑ the effect on patients' working lives of dependence on painkillers.
 - Ⓒ the extreme fear patients may have of living without pain medication.
42. Ann's GP initially failed to identify her dependence because
- Ⓐ she managed to conceal its physical effects from him.
 - Ⓑ he was unaware that she had another source of drugs.
 - Ⓒ he lacked experience in dealing with problems like hers.

That is the end of Part C.

You now have two minutes to check your answers.

THAT IS THE 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 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) anti(-)depressant

PART A: QUESTIONS 13-24

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

LISTENING SUB-TEST – ANSWER KEY

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