

## LISTENING SUB-TEST – QUESTION PAPER

**CANDIDATE NUMBER:**

**LAST NAME:**

**FIRST NAME:**

**MIDDLE NAMES:**

**PROFESSION:**

**VENUE:**

**TEST DATE:**

Candidate details and photo will be printed here.

Passport Photo

**CANDIDATE DECLARATION**

By signing this, you agree not to disclose or use in any way (other than to take the test) or assist any other person to disclose or use any OET test or sub-test content. If you cheat or assist in any cheating, use any unfair practice, break any of the rules or regulations, or ignore any advice or information, you may be disqualified and your results may not be issued at the sole discretion of CBLA. CBLA also reserves its right to take further disciplinary action against you and to pursue any other remedies permitted by law. If a candidate is suspected of and investigated for malpractice, their personal details and details of the investigation may be passed to a third party where required.

**CANDIDATE SIGNATURE:** \_\_\_\_\_

**TIME: APPROXIMATELY 40 MINUTES**

### INSTRUCTIONS TO CANDIDATES

**DO NOT** open this question paper until you are told to do so.

One mark will be granted for each correct answer.

Answer **ALL** questions. Marks are **NOT** deducted for incorrect answers.

At the end of the test, you will have two minutes to check your answers.

At the end of the test, hand in this **Question Paper**.

**You must not remove OET material from the test room.**

### HOW TO ANSWER THE QUESTIONS

**Part A:** Write your answers on this **Question Paper** by filling in the blanks. **Example: Patient:** \_\_\_\_\_ *Ray Sands*

**Part B & Part C:** Mark your answers on this **Question Paper** by filling in the circle using a 2B pencil. **Example:** (A)  
(B)  
(C)



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# 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.

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### 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 that you hear.

Now, look at the notes for extract one.

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**Extract 1: Questions 1-12**

You hear a rheumatologist talking to a patient called Harry Davies, who suffers from gout and is attending for a medication review. For **questions 1-12**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes.

**Patient** Harry Davies

- Medical History**
- suffers from gout
  - had his first serious attack while on holiday – pain in his  
(1) \_\_\_\_\_ accompanied by swelling
  - initially thought it was either:
    - (2) \_\_\_\_\_
    - possibly related to medication taken for (3) \_\_\_\_\_ control
  - describes the pain as (4) ' \_\_\_\_\_ '
  - was unable to (5) \_\_\_\_\_
  - says the clinic initially suspected (6) \_\_\_\_\_ before diagnosing gout
  - reports previously feeling similar pain after (7) \_\_\_\_\_ – but less intense, self-resolving

- Treatment received**
- (8) \_\_\_\_\_ – not effective
  - Colchicine – caused (9) \_\_\_\_\_
  - (10) \_\_\_\_\_ – caused nausea (may have overdosed)
  - (11) \_\_\_\_\_ – quite effective
  - Allopurinol – caused (12) \_\_\_\_\_



**Extract 2: Questions 13-24**

You hear a doctor in an emergency department talking to a patient called Gail Kennedy. For **questions 13-24**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes.

**Patient History** Gail Kennedy

- Two weeks ago**
- returned from South America
  - at first assumed she had extreme **(13)** \_\_\_\_\_
  - symptoms intensified over time
  - suspected **(14)** \_\_\_\_\_ and so contacted GP
  - GP suspected malaria (despite commencement of **(15)** \_\_\_\_\_ two weeks prior to holiday)
  - GP prescribed Artesunate plus Mefloquine (three-day course)

**Following days**

- **(16)** \_\_\_\_\_ heavily.

**Yesterday**

- persistent vomiting and **(17)** \_\_\_\_\_

- Observations**
- no evidence of **(18)** \_\_\_\_\_ from examination
  - no SOB or wheezing
  - patient describes heart as **(19)** \_\_\_\_\_
  - reports irritation and dryness in her **(20)** \_\_\_\_\_
  - reports no **(21)** \_\_\_\_\_
  - loss of appetite

**Additional information**

- prior to holiday had vaccinations for both typhoid and **(22)** \_\_\_\_\_
- had **(23)** \_\_\_\_\_ during holiday – self medicated
- underwent **(24)** \_\_\_\_\_ in 2011

**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.

Fill the circle in completely. Example:  A  
 B  
 C

25. You hear a patient talking to a dental receptionist.

How does he feel?

- A worried that he may have damaged a filling  
 B disappointed that he can't be seen immediately  
 C nervous about being treated by a different dentist

26. You hear part of a presentation to nursing staff about an extension to visiting hours.

What is the speaker doing?

- A detailing the benefits of the planned change  
 B reassuring them that their workload won't increase  
 C explaining steps they should take to avoid problems

27. You hear a surgeon discussing a patient with a nurse in the recovery ward.

What is the surgeon concerned about?

- A incomplete results from lab tests  
 B possible post-operative side effects  
 C the patient's level of consciousness



28. You hear a chiropractor briefing a colleague about a patient called Ryan.

What is the overall aim of the treatment plan?

- (A) improving pain relief
- (B) restoring feelings in his arm
- (C) treating the side-effects of an operation

29. You hear a surgeon talking to a group of medical students about patient risk in emergency surgery.

The surgeon is emphasising the fact that

- (A) prompt preparation is the most effective way to minimise patient risk.
- (B) certain types of surgery carry more risk for patients than others.
- (C) patients at high risk require extra recovery time after surgery.

30. You hear a surgeon talking to a patient who's just had a knee operation.

The man's comments reveal that he's

- (A) determined to start doing sport as quickly as possible.
- (B) impressed by how little time he spent in the hospital.
- (C) surprised that he'll be relatively pain-free so soon.

**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.

(A)  
(B)  
Fill the circle in completely. Example: (C)

### Extract 1: Questions 31-36

You hear an interview with Dr Helen Sands, about her work with patients who are learning to cope with amputation.

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

31. How did the young patient called David react to the amputation of his leg?

- (A) He felt he was now excluded from normal life.
- (B) He compared it to the experience of a relative dying.
- (C) He resented his inability to take part in physical activities.

32. What does Dr Sands suggest about pain in a missing or 'phantom' limb?

- (A) Under-reporting by patients makes it hard to know how frequent it is.
- (B) The discomfort can generally be traced to a physical cause.
- (C) The problem affects far fewer patients than in the past.

33. Some patients feel that their missing limb is still attached but

- (A) would cause pain if they used it.
- (B) is fixed in a strange position.
- (C) has increased in size.



34. Dr Sands' current treatment trial includes people who have
- (A) reacted badly to previous treatments.
  - (B) failed to respond to any form of medication.
  - (C) reported pain levels that impact on their daily lives.
35. In Dr Sands' current trial, patients are
- (A) helped to come to terms with the loss of a limb emotionally.
  - (B) shown how to manage a computer-operated prosthetic limb.
  - (C) made to move a simulation of the missing limb in their minds.
36. Dr Sands feels one advantage of the trial group's treatment is that
- (A) its effects are long-lasting.
  - (B) it can be used by patients after discharge.
  - (C) it helps certain patients to become almost pain-free.

**Now look at extract two.**



## Extract 2: Questions 37-42

You hear a dermatologist called Dr Jake Cooper talking about a skin condition called Hidradenitis Suppurativa (HS).

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

37. When describing the condition known as HS, Dr Cooper suggests that it
- (A) is fairly common so should be more accurately diagnosed.
  - (B) would be better understood if it presented more uniformly.
  - (C) may be incorrectly treated due to misinformation from patients.
38. Dr Cooper explains that one cause of HS may be blocked hair follicles resulting from
- (A) shaving of the affected area.
  - (B) the overuse of deodorants.
  - (C) the effects of smoking.
39. When describing the case of a patient called Sophie, Dr Cooper suggests that
- (A) HS has a tendency to get progressively worse.
  - (B) diagnosis of HS may require a full patient history.
  - (C) a multiple treatment approach is often required for HS.
40. Dr Cooper says that those treating patients with HS should be aware that the condition
- (A) may recur after disappearing for many years.
  - (B) may be triggered by an episode of depression.
  - (C) may become increasingly difficult to treat over time.



41. When discussing a patient called Emily, Dr Cooper suggests that her mother's attitude

- (A) reflected a lack of sympathy and understanding.
- (B) led to a delay in confirming the correct diagnosis.
- (C) may have contributed to the severity of the symptoms.

42. When discussing the treatment of HS sufferers, Dr Cooper recommends they should

- (A) eat healthy foods such as brown bread.
- (B) restrict their intake of dairy products.
- (C) avoid all types of alcoholic drinks.

**That is the end of Part C.**

**You now have two minutes to check your answers.**

**THAT IS THE END OF THE LISTENING TEST**



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