

LISTENING TEST

Guided Practice eBook

Sample Test 3



Test-taking skills, vocabulary activities and
extended answer keys

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Contents



Introduction to OET Listening	4
The OET Listening sub-test structure	4
How is listening ability assessed in OET?	5
How is the Listening sub-test scored?	5
How to use this eBook	5
Part A Extract 1 Pre-Listening Activities	6 - 7
Part A Extract 1 Listening Test	8 - 9
Part A Extract 1 Language to Know	10
Part A Extract 2 Pre-Listening Activities	11
Part A Extract 2 Listening Test	12
Part A Extract 2 Language to Know	13
Part B Pre-Listening Activities	14 - 15
Part B Listening Test	16 - 17
Part B Language to Know	18 - 19
Part C Pre-Listening Activities	20
Part C Extract 1 Pre-Listening Activities	20
Part C Extract 1 Listening Test	21 - 22
Part C Extract 1 Language to Know	23 - 25
Part C Extract 2 Pre-Listening Activities	26
Part C Extract 2 Listening Test	27 - 28
Part C Extract 2 Language to Know	29 - 31
Vocabulary Templates	32 - 34

ANSWERS

Part A Extract 1 Pre-Listening Activities	35
Part A Extract 1 Listening Test	36 - 37
Part A Extract 1 Language to Know	38
Part A Extract 2 Pre-Listening Activities	39
Part A Extract 2 Listening Test	40 - 41
Part A Extract 2 Language to Know	42
Part B Pre-Listening Activities	43 - 44
Part B Listening Test	45 - 46
Part B Language to Know	47 - 48
Part C Pre-Listening Activities	49
Part C Extract 1 Pre-Listening Activities	49
Part C Extract 1 Listening Test	50 - 51
Part C Extract 2 Pre-Listening Activities	52
Part C Extract 2 Listening Test	53 - 54
Transcripts	55 - 67

Introduction to OET Listening

The OET Listening sub-test consists of three parts, and a total of 42 question items. The topics are of generic healthcare interest and accessible to candidates across all professions. The total length of the Listening audio is about 40 minutes, including recorded speech and pauses to allow you time to write your answers. On test day, you will hear each recording once and are expected to write your answers while listening.

The OET Listening sub-test structure

Part A – consultation extracts

- ▶ 2 audios (patient-professional consultations, approximately 5 minutes each)
- ▶ 24 questions (12 per audio)
- ▶ Question type: note completion

Part A assesses your ability to identify specific information during a consultation. You will listen to two recorded consultations between a health professional and a patient, and you will complete the health professional's notes using the information you hear. Note: the health professionals may be any one of the 12 professions who can take OET.

Part B – short workplace extracts

- ▶ 6 audios (monologues or dialogues, approximately 1 minute each)
- ▶ 6 questions (1 question per audio)
- ▶ Question type: 3-option multiple choice

Part B assesses your ability to identify the detail, gist, opinion or purpose of short extracts from the healthcare workplace. You will listen to six recorded extracts (e.g., team briefings, handovers, or health professional-patient dialogues) and you will answer one multiple-choice question for each extract.

Part C – presentation extracts

- ▶ 2 audios (monologues or interviews, approximately 5 minutes each)
- ▶ 12 questions (6 per audio)
- ▶ Question type: 3-option multiple choice

Part C assesses your ability to follow a recorded presentation or interview on a range of accessible healthcare topics. You will listen to two different extracts, and you will answer six multiple-choice questions for each extract.

How is listening ability assessed in OET?

The OET Listening sub-test is designed to assess a range of listening skills, such as identifying specific information, detail, gist, opinion or the speaker's purpose. These skills are assessed through note-completion tasks and multiple-choice questions.

Assessors who mark the Listening sub-test are qualified and highly trained. Candidate responses are assessed against an established marking guide. During the marking session, problematic or unforeseen answers are referred to a sub-group of senior assessors for guidance and all papers are double-marked to ensure fairness and consistency.

How is the Listening sub-test scored?

There are a total of 42 marks available in the Listening sub-test. Part A accounts for 24 marks, Part B accounts for 6 marks, and Part C accounts for 12 marks. Your answers for Part A are double marked by trained OET Assessors, and Parts B and C are computer scanned and automatically scored.

How to use this eBook

The aim of this book is to build test-taking skills and vocabulary. The practice test has been divided into its separate parts. Each part begins with pre-listening activities that will help you prepare to listen. Then there is the test section itself, followed by vocabulary-boosting activities based on the questions and transcript/s for that section.

Follow these steps to make the most of this practice eBook:

- 1) Start with Part A, Extract 1
- 2) Do the pre-listening activities
- 3) Review the answers to the pre-listening activities (at the end of this book)
- 4) Complete the practice test section (e.g., Part A, Extract 1)
- 5) Check the answers in the extended answer key and review your own answers
- 6) Complete the Language to Know activity
- 7) Check your answers
- 8) Repeat the same steps for each section of the test.

At the end of the book, there are Vocabulary Templates. Use these to create your own flashcards and vocabulary lists.

Part A | Pre-Listening Activities

Look at the instructions for Listening Part A on page 8, and answer these questions.

1. How many audio extracts will you hear? _____
2. How many people will speak in each extract? _____
3. Who will the speakers be? _____
4. What type of questions will you answer in Part A? *Select one:*
multiple choice / short answer / note completion

☐ ☐ ☐

Extract 1

Look at Extract 1: Questions 1-12 on page 9.

5. Who are the two speakers? *Select two:*

A rheumatologist / A patient / A dentist / A carer

☐ ☐ ☐ ☐

6. What should you write to answer the questions?

7. Look at the context statement ('You hear a...') and the questions. What is the main problem that will be discussed?

► (Tip): Use the headings, sub-headings and text around the gaps to help you follow the audio. This text will also give you clues about the types of words to listen for.

8. The sub-headings help you to keep up with the audio. What are the three sub-headings in Extract 1?

I. _____

II. _____

III. _____

9. Look at the 12 gaps (Questions 1-12) and decide what type of word or phrase is missing. You may not be able to guess the exact terms, but you may be able to guess some information (e.g., part of speech (noun, adjective, etc.), location, feeling, treatment, activity).

1) **noun, part of the body** _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____

Now listen and complete: **Part A | Extract 1**

[Click here for audio](#)



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 that you hear.

Now, look at the notes for extract one.

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) _____

Check your answers on Page 36 - 37

Part A | Extract 1 | Language to Know

- After you do a sample Listening test, you can use the transcript in several ways.
- 1) Listen again and read along. This will help you get comfortable with the pace.
 - 2) Write down any unfamiliar terms and look up the meanings. Add these to the Language to Know and/or Flashcards in this eBook.
 - 3) Practise speaking at the same time as the speakers. This will help you improve your pronunciation, intonation and vocabulary.

Match the words from the question sheet / transcript on the left (1 - 10) with the meaning on the right (A - J) by entering the corresponding letter - the first one has been completed for you.

1. gout	H
2. septicaemia / septicemia	
3. excruciating	
4. swelling	
5. something to do with	
6. manage to	
7. make a difference	
8. diarrhoea / diarrhea	
9. away with the fairies	
10. nausea	

- A. very painful
- B. being larger and rounder than usual
- C. the feeling that you are going to vomit
- D. succeed in doing or dealing with something, especially something difficult
- E. behaving in a strange way that seems to be out of touch with reality
- F. concerned or connected with
- G. an illness in which the body's solid waste is more liquid than usual and comes out of the body more often
- H. a painful disease that makes the joints, especially the feet, knees, and hands, swell
- I. improve a situation or condition in an important way
- J. a serious illness in which an infection spreads through the blood

Note: The definitions above are accurate for this particular context. Some of the words / phrases might have a different meaning in a different context.

Answers on Page 38

Part A | Extract 2 | Pre-Listening Activities

Look at Extract 2: Questions 13-24 on page 12, and answer these questions.

1. Where is the conversation taking place? _____
2. Who are the two speakers? _____
3. The sub-headings help you to keep up with the audio. What are the six sub-headings in Extract 2?
 - I. _____ IV. _____
 - II. _____ V. _____
 - III. _____ VI. _____
4. Look at the 12 gaps (Questions 13-24) and decide what type of word or phrase is missing. You may not be able to guess the exact terms, but you may be able to guess some information (e.g., part of speech (noun, adjective, etc.), location, feeling, treatment, activity).
 - 13) **noun, condition** _____
 - 14) _____
 - 15) _____
 - 16) _____
 - 17) _____
 - 18) _____
 - 19) _____
 - 20) _____
 - 21) _____
 - 22) _____
 - 23) _____
 - 24) _____

Answers on Page 39

Now listen and complete: Part A | Extract 2

[Click here for audio](#)



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

Check your answers on Page 40 - 41

Part A | Extract 2 | Language to Know

Match the words from the question sheet / transcript on the left (1 - 13) with the meaning on the right (A - M) by entering the corresponding letter.

1.	suspected	
2.	lousy	
3.	undergo	
4.	over-the-counter	
5.	wheezing	
6.	persistent	
7.	intensified	
8.	jet lag	
9.	shivering	
10.	resistant	
11.	cold sore	
12.	throw up	
13.	jaundice	

- A.** continuing for a long time or difficult to get rid of
- B.** medicines that can be bought in a shop without first visiting a doctor.
- C.** not harmed or affected by something
- D.** the tired feeling you get when you have just travelled a long distance on an aircraft
- E.** shaking slightly because of coldness, illness or fear
- F.** became greater, more serious or more extreme
- G.** believed to be true
- H.** making noise sounds when breathing because of a problem in your lungs
- I.** experience something, especially a change or medical treatment:
- J.** vomit
- K.** a serious disease in which substances not usually in the blood cause your skin and the white part of your eyes to turn yellow
- L.** very bad
- M.** a painful, red swelling, especially on the lips or nose, that is caused by a virus

Note: The definitions above are accurate for this particular context. Some of the words / phrases might have a different meaning in a different context.

Answers on Page 42

Part B | Pre-Listening Activities

Look at the Part B instructions at the top of page 16

1. What type of questions will you answer in Part B? *Select one:*

multiple choice / short answer / note completion

☐☐☐

2. Is there time to read each question before the audio plays? ☐ Yes ☐ No

➤ To answer Part B questions, you need to focus on the question and understand the differences between the answer options.

3. Look at Questions 25 - 30. For each question, identify important words and complete these notes. 25 has been done as an example. Answer key on page 42 - 43

25 Speaker/s: patient + dental receptionist

Key words in question/stem: How feel

Key words in answer options:

A. worried damaged filling

B. disappointed seen immediately

C. nervous different dentist

26 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

27 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

28 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

29 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

30 Speaker/s: _____

Key words in question/stem: _____

Key words in answer options:

A. _____

B. _____

C. _____

Now listen and complete: Part B[Click here for audio](#)**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.

Answers on Page 45 - 46

Part B | Language to Know

Use the Part B transcript on pages 59 - 63 to find synonyms for these words/expressions:

Question 25

1.	very important and needing you to take action immediately:	
2.	workmate:	
3.	find the time to see someone or do something:	
4.	period of time:	
5.	be a good thing to do:	

Question 26

1.	longer:	
2.	presumable / very probably:	
3.	in doubt:	
4.	something, usually a large amount of work, to deal with:	
5.	giving the main facts:	

Question 27

1.	weak and unable to think clearly or walk correctly, usually because of tiredness or illness:	
2.	extremely large:	
3.	a gland (= an organ) in the front of the neck that is involved in controlling the way the body develops and works:	
4.	a sudden painful tightening in a muscle:	
5.	lack of feeling:	

Question 28

1.	pulled apart / ripped:	
2.	the process of helping someone to return to a normal life after being ill, injured, or after having had an operation:	
3.	fibrous tissue that forms when normal tissue is destroyed by disease, injury, or surgery:	
4.	the most important part:	
5.	to divide into many pieces:	

Question 29

1.	chosen by the patient rather than urgently needed:	
2.	results of effects of an action, situation etc.:	
3.	number of deaths:	
4.	deal with / have responsibility for:	
5.	likely to experience a particular problem more often than is usual:	

Question 30

1.	extremely tired:	
2.	certain:	
3.	extremely exciting or surprising:	
4.	stick with a piece that fits under the arm that you lean on for support if you have difficulty in walking because of a foot or leg injury:	
5.	slight soreness or discomfort in a specific location:	

Answers on pages 47 - 48

Part C | Pre-Listening Activities

Look at the Part C instructions at the top of the following page

There are two extracts in Part C.

1. How many questions in each extract? _____
2. What question type is used? *Select one:* ☐ gap fill ☐ short answer ☐ multiple choice

Extract 1

Look at the context statement on the following page, under the heading (Extract 1: Questions 31-36)

3. What is the type of audio you will hear? *Select one:* ☐ Interview ☐ Presentation
4. What is the main topic of discussion? _____

➤ **Before the audio starts, read all the questions and notice the important words. This will help you identify the correct answer and recognise when the next question is beginning.**

6. Look at Questions 31-36.

Write the most important words in the questions (not the A-C options).

31 has been done for you...

31. *How David react amputation leg* _____
32. _____
33. _____
34. _____
35. _____
36. _____

Answers on page 49

Now listen and complete: Part C | Extract 1[Click here for audio](#)**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)
(C)
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.

Answers on Pages 50-51

Part C | Extract 1 | Language to Know

Use the question sheet and transcript for Extract 1 to search for words or phrases that you are not familiar with.

Use the 'Language to Know' tables below and on the following pages (24-25) to write the new words/phrases, their meaning, translation, related words and an example sentence. If you need to check the meaning of a word/phrase, ask your teacher or use 'Cambridge Dictionary'. Review the table regularly or create your own flashcards (template on page pages 33-34) to help you remember the language.

Two examples have been done for you.

Word / Phrase: <i>Limb (noun)</i>	
Meaning: <i>A leg or an arm of a person</i>	
Translation:	Related words:
Example sentence: <i>The doctor had to remove the limb.</i>	

Word / Phrase: <i>Amputate (verb)</i>	
Meaning: <i>To cut off someone's leg, arm, finger, etc. in a medical operation</i>	
Translation:	Related words: <i>Amputee (n)</i> <i>Amputation (n)</i>
Example sentence: <i>His leg was amputated at the knee.</i>	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Part C | Extract 2 | Pre-Listening Activities

Look at the context statement under the heading: **Extract 2: Questions 37-42** on the following page.

1. What is the type of audio you will hear? *Select one:* ☐ Interview ☐ Presentation

2. What is the main topic of discussion? _____

3. Look at Questions 37-42.

Write the most important words in the questions (not the A-C options). 37 has been done for you.

37. describing condition, Dr Cooper suggests _____

38. _____

39. _____

40. _____

41. _____

42. _____

Answers on page 52

Now listen and complete: Part C | Extract 2[Click here for audio](#)**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

Answers on pages 53 -54

Part C | Extract 2 | Language to Know

Use the question sheet and transcript for Extract 2 to search for words or phrases that you are not familiar with.

Use the 'Language to Know' tables below and on the following pages (29-30) to write the new words/phrases, their meaning, translation, related words and an example sentence. If you need to check the meaning of a word/phrase, ask your teacher or use 'Cambridge Dictionary'. Review the table regularly or create your own flashcards (template on pages 33-34) to help you remember the language.

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Word / Phrase:	
Meaning:	
Translation:	Related words:
Example sentence:	

Vocabulary Templates

Continue to build your vocabulary using our printable Language to Know and Flashcard templates. Use them to collect and review new words and phrases that you find in OET Sample tests or other places.

Language to Know template

As you read, watch TV, movies, or communicate in your daily life, use the template to record new words or phrases that you want to learn.

Flashcards template

Use this template to create your own flashcards to review language from your Language to Know template.

Instructions:

Print multiple copies in double sided format.

- Cut along the lines.
- Write the word/s you want to learn on one side and the meaning on the other side.
- Test yourself by looking at the meanings and guessing the word/phrase. Or, look at the word/phrase and guess the meanings.
- Practise regularly!

OET | FLASHCARDS



OET

Language to learn:



OET

Language to learn:

OET

Language to learn:

OET

Language to learn:

OET

Language to learn:

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Language to learn:

OET

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Language to learn:

| FLASHCARDS



Meaning:



Meaning:

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Part A | Extract 1 | Pre-Listening Activities

Q1: Two

Q2: Two

Q3: A health professional and a patient

Q4: Note completion

Q5: A rheumatologist / A patient

Q6: A word or short phrase that you hear

Q7: The patient's gout – history, treatment, medication review

Q8: I. Patient
II. Medical History
III. Treatment received

Q9: Suggested answers:

- 1) noun, part of the body
- 2) noun, cause of the gout
- 3) noun, something you take medication to control
- 4) adjective, description of pain
- 5) verb, action, something he could not do as a result of the pain
- 6) noun, a condition, perhaps similar to gout
- 7) noun, activity or event (he felt similar pain after this)
- 8) noun, type of treatment
- 9) noun, something caused by Colchicine
- 10) noun, a treatment that led to nausea
- 11) noun, a treatment (which was quite effective)
- 12) noun, something caused by Allopurinol

Part A | Extract 1 | Listening Test | 1 - 7

Q1: left knee

The patient (Harry) says, 'My wife and I were on holiday, and I woke up one morning with a really bad pain in my left knee.' The word 'his' is already on the answer sheet so you should only write 'left knee'.

Q2: (an) insect bite

The question sheet text, 'Initially thought it was either' indicates that Harry had two suspicions about what was causing the pain. He says, 'So anyway, it was all red and swollen, and I decided it must be an insect bite.' Notice that 'insect bite' or 'an insect bite' are both correct answers.

Q3: cholesterol

The question sheet text gives a clue that he was taking medication to control something ('related to medication taken for _____ control'). Harry says his wife thought it might be, 'something to do with the pills I take for my cholesterol.'

Q4: excruciating

You should listen for a description of his pain. Harry says, 'I started to get frightened because I thought it might be a sign of something really serious – it was excruciating.'

Q5: drive

The clue is to listen for something he could not do as the question sheet text is 'was unable to _____'. Harry says, 'I was in too much pain to drive. I mean, I could only just manage to walk from the house to the car.' He was unable to drive because of the pain. He was able to walk though.

Q6: septicaemia / septicemia

You should listen for a condition that was first considered at the clinic. He describes the doctor taking a blood sample and says that 'he said it might be an emergency, because it looked as if it could be septicaemia.' Notice that British or US spelling variations are acceptable.

Q7: (playing) rugby

The question sheet text says, 'reports previously feeling similar pain after_____'. You should be ready for the answer when Harry says, 'And the doctor asked if I'd ever felt anything like it before.' He goes on to say, 'Well, actually, then I remembered that in the winter I play quite a bit of rugby, and sometimes I'd get some soreness in the same place the day after'.

Part A | Extract 1 | Listening Test | 8 - 12

Q8: anti(-)inflammatories

You should notice the conversation moves on to treatment when you hear the rheumatologist say, 'Right. So what have you been taking to deal with the pain?' Harry then says, 'Well at first the doctor at the clinic suggested I took some anti-inflammatories, but I can't say they made much difference.' This matches the question text which describes this treatment as 'not effective'.

Q9: (awful) diarrhoea / diarrhea

The patient says his GP suggested Colchicine and says, 'So that dealt with the pain better, but it gave me awful diarrhoea.' Notice that two spelling variations are acceptable and 'awful' is an optional extra.

Q10: liquid morphine

Here, you're listening for a treatment that made him nauseous. Harry says that his doctor gave him 'liquid morphine to take. It made me feel quite sick actually.'

Q11: (an) ice pack

Harry says, 'my GP said I could try using an ice pack and that did make a bit of difference'. 'Made a bit of a difference' is a good synonym for 'quite effective'.

Q12: (a) skin rash

Here, you're listening for the effect of Allopurinol. Harry says, 'So anyway, after that she said let's try Allopurinol, see how you get on with that. So I started taking that, but I didn't get on with it. It gave me a skin rash...'

Part A | Extract 2 | Pre-Listening Activities

1. gout	H. a painful disease that makes the joints, especially the feet, knees, and hands, swell
2. septicaemia / septicemia	J. a serious illness in which an infection spreads through the blood
3. excruciating	A. very painful
4. swelling	B. being larger and rounder than usual
5. something to do with	F. concerned or connected with
6. manage to	D. succeed in doing or dealing with something, especially something difficult
7. make a difference	I. improve a situation or condition in an important way
8. diarrhoea / diarrhea	G. an illness in which the body's solid waste is more liquid than usual and comes out of the body more often
9. away with the fairies	E. behaving in a strange way that seems to be out of touch with reality
10. nausea	C. the feeling that you are going to vomit

Part A | Extract 2 | Pre-Listening Activities

Q1: In the emergency department

Q2: A doctor + a patient

Q3: I. Patient History

II. Two weeks ago

III. Following days

IV. Yesterday

V. Observations

VI. Additional information

Q4: 13) noun, condition (something she thought she had)

14) noun, condition

15) noun, treatment for malaria? Something she started two weeks before her holiday

16) verb, activity, something she was doing heavily following her return from South Africa

17) noun, activity – something she was doing yesterday besides vomiting

18) noun, something not present – following doctor's observations

19) adjective – a description of the patient's heart

20) noun, location – somewhere she is feeling irritation and dryness

21) noun, something not present

22) noun, disease for which she received a vaccination before travelling.

23) noun, an illness or condition she had on holiday and self medicated for

24) noun, a procedure she had in 2011

Part A | Extract 2 | Listening Test | 13 - 18

Q13: jet lag

The conversation follows the question sheet order, so when the patient explains that she returned from holidaying in South Africa two weeks ago, you know the first answer is coming. The question sheet has 'at first assumed she had extreme' which is paraphrased in her statement, 'I thought it must be jet lag, but brutal, much worse than I remember having before.' 'Brutal' is a good synonym for 'extreme' so 'jet lag' is the correct answer.

Q14: meningitis

The next bullet point on the question sheet is 'symptoms intensified over time.' This is paraphrased by the patient as, 'I thought I'd get over it, but it actually got worse.' You should be ready to listen for Question 14, what she 'suspected', after that. She says, 'I thought maybe I'd got meningitis. So I rang the doctor.' The next line refers to malaria, so you might be tempted to write that, but that is the doctor's suspicion, not hers.

Q15: Malarone

After you hear that the doctor thought it might be malaria, the patient says, 'I said, well it can't be because I've been taking Malarone – I'd started on that two weeks before going away.' You also hear her mention Larium, but that is not the correct answer because she said she took it a few years ago, not two weeks prior to her holiday. Note that although Malarone is capitalised in this answer key because it's a brand name, but capital letter is not necessary to score the point.

Q16: sweating

After the doctor confirms her medication (Artesunate plus Mefloquine), you should expect the next answer. The sub-heading 'following days', means you should be listening for what happened after she started the medication. She says, 'So I went home and I took the pills, but I didn't feel any better, in fact I got worse. I felt really weak and I was sweating buckets, just dripping with it.' 'Sweating buckets' is the same as 'sweating heavily', so 'sweating' is the answer.

Q17: headache

The patient says 'I was throwing up all day yesterday', which is a paraphrase of, 'Yesterday: persistent vomiting' from the question sheet. The answer is in the same sentence, '...and had the most splitting headache...'

Q18: jaundice

The next sub-heading is 'Observations', so when the doctor says, 'Well I'll just do a brief examination,' you should be ready for the next answer. He says, 'I can't see any sign of jaundice' which is a very close paraphrase of the question sheet: 'no evidence of _____'.

Part A | Extract 2 | Listening Test | 19 - 24**Q19: (really) racing**

The next bullet point on the question sheet is 'no SOB or wheezing', which is paraphrased as, 'and your breathing's sounding pretty good – you haven't had any episodes of breathlessness, have you? / No.' You are ready now to hear how the patient described her heart. She says, 'But yesterday my heart was really racing.' Notice that 'racing' is the essential part of the answer because it is the clinical detail and what a healthcare professional would record, but 'really racing' is acceptable.

Q20: eyes

You are listening for synonyms of 'irritation' and 'dryness'. The patient says, 'all this week I've felt as if there was something scratchy in my eyes, like sand or something, and they feel really dry.' The correct answer, eyes, comes after 'scratchy', a good synonym for 'itchy', but before she mentions dryness, so this is a more challenging question.

Q21: abdominal discomfort / abdominal pain

The doctor asks, 'And have you had any abdominal discomfort?', to which she replies, 'Well there's no pain, but I don't have any appetite...' In this case, you need to catch the correct answer from the doctor's question, not from the patient, so you have to listen carefully. You might be tempted to write 'appetite' as the answer, but notice that this is mentioned in the next bullet point on the question sheet ('loss of appetite'), so it can't be the answer to 21.

Q22: hepatitis A / hep A

You should be ready for the next answer when you hear the doctor ask about vaccinations ('did you have any vaccinations before you went away?'). The patient mentions typhoid, which is already on the question sheet and then says, 'and what else?... not yellow fever because I'd already had that before,.. but I did have one for hepatitis A.' You might be tempted to write 'yellow fever', but notice that she says not yellow fever. So, hepatitis A or the abbreviation hep A is correct.

Q23: cold sores (all over her upper lip) / cold sores (all over upper lip) / cold sores (all over her lip) / cold sores (all over lip)

You should be listening for something she experienced during her holiday. She says, 'then, while we were away, I did get cold sores all over my upper lip.' The paraphrase for 'self medicated' is 'I'd got some over-the-counter stuff for them so I just used that.' Notice in the answer key that cold sores is the correct answer, and the words in brackets are optional extras.

Q24: (a) lumpectomy

The patient says, 'I did have breast cancer a few years ago - that was in 2011.' You might be tempted to write breast cancer as the answer; however, you do not 'undergo' breast cancer, so this is not the correct answer. She then says, 'I had a lumpectomy, so I was taking tamoxifen for five years, but I don't have to take it now.' Because a lumpectomy is a procedure one undergoes, this is the correct answer.

Part A | Extract 2 | Language to Know

1. suspected	G. believed to be true
2. lousy	L. very bad
3. undergo	I. experience something, especially a change or medical treatment
4. over-the-counter	B. medicines that can be bought in a shop without first visiting a doctor.
5. wheezing	H. making noise sounds when breathing because of a problem in your lungs
6. persistent	A. continuing for a long time or difficult to get rid of
7. intensified	F. became greater, more serious or more extreme
8. jet lag	D. the tired feeling you get when you have just travelled a long distance on an aircraft
9. shivering	E. shaking slightly because of coldness, illness or fear
10. resistant	C. not harmed or affected by something
11. cold sore	M. a painful, red swelling, especially on the lips or nose, that is caused by a virus
12. throw up	J. vomit
13. jaundice	K. a serious disease in which substances not usually in the blood cause your skin and the white part of your eyes to turn yellow

Part B | Pre-Listening Activities

Q1: Multiple choice

Q2: Yes

Q3: Suggested answers | 26 - 28:

26 Speaker/s: person giving a presentation to nursing staff

Key words in question/stem: What doing?

Key words in answer options:

- A. detailing benefits change
- B. reassuring workload won't increase
- C. explaining steps avoid problems

27 Speaker/s: surgeon and nurse

Key words in question/stem: surgeon concerned

Key words in answer options:

- A. incomplete results / lab tests
- B. possible side effects
- C. patient's consciousness

28 Speaker/s: chiropractor (+ colleague)

Key words in question/stem: overall aim treatment plan

Key words in answer options:

- A. improving pain relief
- B. restoring feelings arm
- C. treating side effects operation

Part B | Pre-Listening Activities

Q3: Suggested answers | 29 - 30:

29 Speaker/s: surgeon

Key words in question/stem: surgeon emphasising

Key words in answer options:

A. prompt preparation most effective minimise risk

B. certain surgery more risk

C. high risk extra recovery time

30 Speaker/s: surgeon (+ patient)

Key words in question/stem: man's comments reveal

Key words in answer options:

A. determined start sport quickly

B. impressed little time hospital

C. surprised relatively pain-free soon

Part B | Listening Test | 25 - 27

25 - worried that he may have damaged a filling

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| A | ✓ | A is correct because early in the conversation, the patient says 'it's the tooth Mr García filled last week,' so you know he's talking about a problem with a filling. Later, he says, 'The pain started when I was eating a steak so I'm frightened I might've upset Mr Garcia's work.' Clearly, he is visiting the dentist because he's worried that the filling Mr Garcia did has been damaged. |
| B | ✗ | B is incorrect in two ways. Firstly, he can be seen almost immediately – the receptionist offers the patient an appointment 'this afternoon.' Secondly, he opts for an appointment the next day, so he is not desperate for an immediate appointment. |
| C | ✗ | C is incorrect because although he does not accept the appointment with a different dentist, it's not because he's nervous. He would prefer to see his regular dentist because he did the filling for him. He says, 'It makes sense for him to check it out.' |

26 - reassuring them that their workload won't increase

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| A | ✗ | A is incorrect because the purpose of her speech is not to detail the benefits of the change. The speaker mentions the benefits of extended visiting hours: 'You're probably aware of the evidence pointing to the positive effects on patient recovery rates of increased contact with loved ones.' However, she says, 'This isn't in question,' and moves quickly to talk about how this change will be managed. |
| B | ✓ | B is correct because the speaker recognises that the staff are worried about extra work. She says she's 'heard concerns about how busy everyone is; that you've got enough on your plates without having to worry about extra demands from visitors.' She then reassures them that they have 'carefully planned things to prevent you being overrun with queries, interruptions and so on.' |
| C | ✗ | C is incorrect because although the speaker mentions some ways that problems will be avoided, she does not explain the steps the staff themselves should take to avoid problems. Rather, she refers to what visitors will be given and what managers will do. |

27 - possible post-operative side effects

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| A | ✗ | A is incorrect because the surgeon orders some more tests ('I've added some extra post-op pathology orders.') but does not refer to any incomplete results from lab tests. |
| B | ✓ | B is correct because the surgeon refers to several side effects that need to be monitored and his language indicates concern: 'She may have problems with a drop in her calcium. / We didn't see all four parathyroid glands and we need to check that they haven't been affected by the procedure. / She needs to be monitored for any breathing problems, muscle cramping and numbness, and for tingling in her fingers.' |
| C | ✗ | C is incorrect because the surgeon mentions that the patient is 'still a bit groggy' after her procedure, but does not express concern about this. |

Part B | Listening Test | 28 - 30

28 - treating the side-effects of an operation

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| A | x | A is incorrect because the chiropractor doesn't mention pain relief, just reducing 'discomfort'. |
| B | x | B is incorrect because there is no mention of a loss of feelings in the patient's arm. |
| C | ✓ | C is correct because the chiropractor describes how high-frequency vibration will be used to 'break up the scar tissues forming in his left shoulder joint following the surgery'. In other words, it will treat a side-effect (scar tissue) of the surgery. He also describes how the treatment 'resonates with the nerves too, so it should eventually help them heal quicker and reduce his discomfort.' So, the aim of the treatment is to help heal the nerves and decrease discomfort, two side-effects of the surgery. |

29 - prompt preparation is the most effective way to minimise patient risk

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| A | ✓ | A is correct because the surgeon explains that the emergency patients he handles tend to be older and therefore at higher risk. Even though there is not usually much time to prepare them for surgery, he says that 'every minute, every half-hour we can use to get them ready counts.' In other words, time spent on preparation is important in order to reduce post-operative risks. |
| B | x | B is incorrect because although the surgeon mentions that the risks of elective surgery are very low compared to emergencies in the first sentence, this is not the focus of his speech. Rather, he is emphasising how to improve outcomes and reduce risk in emergency surgery. |
| C | x | C is incorrect because although the surgeon does not say people at high risk require extra recovery time after 'surgery, he says'. He says that older people are at higher risk and 'prone to developing postoperative 'complications'. |

30 - impressed by how little time he spent in the hospital

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| A | x | A is incorrect because the patient does not express a desire to return to sport as soon as possible. He says that after his last operation, he 'started running again within a month,' and admits that he 'paid for it' because his knee had problems for months afterwards. Therefore, he accepts that rushing back into sport is not a good idea. |
| B | ✓ | B is correct because when the surgeon tells the patient he can go home now, he refers to a previous procedure and says, 'the idea that it gets done in less than a day is still pretty mind-boggling, though.' The expression 'mind-boggling' indicates surprise that his procedure has been completed so quickly. |
| C | x | C is incorrect because the patient mentions that the pain-killers are effective and he cannot feel his knee, which indicates he is already pain free. |

Part B | Language to Know

Question 25

1.	very important and needing you to take action immediately:	urgent
2.	workmate:	colleague
3.	find the time to see someone or do something:	fit (me) in
4.	period of time:	slot
5.	be a good thing to do:	makes sense

Question 26

1.	longer:	extended
2.	presumable / very probably:	doubtless
3.	in doubt:	in question
4.	something, usually a large amount of work, to deal with:	on your plates
5.	giving the main facts:	outlining

Question 27

1.	weak and unable to think clearly or walk correctly, usually because of tiredness or illness:	groggy
2.	extremely large:	huge
3.	a gland (= an organ) in the front of the neck that is involved in controlling the way the body develops and works:	thyroid
4.	a sudden painful tightening in a muscle:	cramping
5.	lack of feeling:	numbness

Part B | Language to Know

Question 28

1.	pulled apart / ripped:	torn
2.	the process of helping someone to return to a normal life after being ill, injured, or after having had an operation:	rehab / rehabilitation
3.	fibrous tissue that forms when normal tissue is destroyed by disease, injury, or surgery:	scar tissue
4.	the most important part:	the key
5.	to divide into many pieces:	break up

Question 29

1.	chosen by the patient rather than urgently needed:	elective
2.	results of effects of an action, situation etc.:	outcomes
3.	number of deaths:	mortality
4.	deal with / have responsibility for:	handle
5.	likely to experience a particular problem more often than is usual:	prone to

Question 30

1.	extremely tired:	exhausted
2.	certain:	bound to
3.	extremely exciting or surprising:	mind-boggling
4.	stick with a piece that fits under the arm that you lean on for support if you have difficulty in walking because of a foot or leg injury:	crutches
5.	slight soreness or discomfort in a specific location:	niggles

Part C | Pre-Listening Activities

Q1: Six

Q2: Multiple Choice

Q3: 90 seconds

Extract 1

Q4: Interview

Q5: A doctor's work with patients who are learning to cope with amputation.

Q6: 31: how David react amputation leg

32: Dr Sands suggest pain in missing 'phantom' limb

33: feel limb attached but

34: current treatment trial people who have

35: current trial, patients are

36: advantage trial group's treatment

Part C | Extract 1 | Listening Test

31 - He compared it to the experience of a relative dying

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| A | x | A is incorrect because although Dr Sands mentions young people feeling 'shut out of activities they once took for granted', which is a paraphrase of 'excluded from normal life', she says that 'this didn't really apply to him (David).' So, this is not the correct answer. |
| B | ✓ | Dr Sands says David said that 'losing his leg suddenly was like the pain of an unexpected death in the family.' This is a paraphrase of 'the experience of a relative dying' from the question sheet and therefore the correct answer. |
| C | x | C is incorrect because although Dr Sands mentions a physical activity, football, she is talking about how 'many young people' feel, but not David. She does not say that he resented being unable to take part. |

32 - Under-reporting by patients makes it hard to know how frequent it is

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| A | ✓ | After Dr Sands explains what phantom limb syndrome is, she says that 'patients are reluctant to talk about it, in case medical professionals doubt their mental state, so it's not very easy to say just how often it occurs.' In other words, she feels that many patients do not report their symptoms (= under-reporting) and this makes it difficult to know how frequent it is. |
| B | x | B is incorrect because Dr Sands does not say that the discomfort can generally be traced to a physical cause. She says that 'in a few instances' it could be 'due to a poorly-fitted prosthetic' but that 'the majority of cases are harder to explain'. |
| C | x | C is incorrect because Dr Sands says that 'a large number of amputees still report suffering from a degree of pain from the missing limb.' She does not directly compare numbers in the past compared to now, and does not say that far fewer people are affected. |

33 - is fixed in a strange position

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| A | x | A is incorrect because Dr Sands says that some patients have 'reported actually trying to use it just as they did before'; however, she does not say that the patients think it would cause pain if they tried to use it. |
| B | ✓ | When Dr Sands describes different experiences patients with phantom limb syndrome can have, she says that some 'feel as though the missing limb is permanently at an abnormal angle'. This is a paraphrase of 'fixed in a strange position'. |
| C | x | C is incorrect because Dr Sands mentions people who have the feeling that their phantom limb is attached but 'it's become smaller...shrunk somehow.' This is the opposite to 'has increased in size' and therefore this is not the correct answer. |

Part C | Extract 1 | Listening Test

34 - He compared it to the experience of a relative dying

- A** **x** A is incorrect because Dr Sands says that sometimes the treatments 'don't always work as well as we might like', but she doesn't say the patients in her trial reacted badly to previous treatments. So, this is not the correct answer.
- B** **x** B is incorrect because although Dr Sands says that the treatments (analgesia / local injection therapy / pain-blocking agents) 'don't always work as well as we might like', she does not say that the people in the trial failed to respond to any form of medication.
- C** **✓** When the interviewer asks about the current trial ('And I understand that you have a treatment trial going on in the hospital at the moment.'), Dr Sands outlines some treatment options and says that 'these don't always work as well as we might like. So we're working with a group of patients who have reached the point where the pain's badly affecting normal activities such as sleeping and going to work.' In other words, the patients in the current trial have pain levels that impact on their daily lives.

35 - made to move a simulation of the missing limb in their minds

- A** **x** Dr Sands says that limb loss 'affects a number of brain functions' and that her study was aiming to 'try to restore those functions'. However, she does not mention any goal of helping patients cope emotionally with the loss of their limb. So this is not the correct answer.
- B** **x** This answer is not correct because the patients in the study are moving a 'virtual limb' on a computer, not a prosthetic limb.
- C** **✓** Dr Sands explains what happens in the trial over several sentences. Importantly, she says that the researchers attach electrodes to the patient's stump and then ask them to try and make the limb move while they watch their virtual limb ('a simulation of the missing limb') on a computer. She says 'they couldn't just imagine moving the limb – they actually had to force their brain, if you like, to perform the action' in order for it to be effective. In this way, 'the patient controlled the virtual limb just as they would have with their own limb'. The limb is not physically there – just on the computer, and the patient makes it move with their mind.

36 - it can be used by patients after discharge.

- A** **x** Dr Sands says improvements remain after different periods of time, but it is not clear how long these periods are, so impossible to say the 'effects are long-lasting'. So, this is not the correct answer.
- B** **✓** The interviewer asks, 'Does it have any other advantages' and Dr Sands lists several. She says that when they checked on patients after periods of time, 'the improvements were still there, but not to the same degree – but the decrease in pain levels was still statistically significant.' Then she says that 'this kind of treatment is very easy for patients to do at home once they've left the hospital. They only need a computer with a webcam, and the programme.' So, 'it can be used by patients after discharge.'
- C** **x** Dr Sands says that 'the decrease in pain levels was still statistically significant' in patients after periods of time. However, she does not say that certain patients were 'almost pain-free.' A decrease in pain and pain-free are not the same thing, so this is not the correct answer.

Part C | Extract 2 | Pre-Listening Activities

Q1: Presentation

Q2: A skin condition called Hidradenitis Suppurativa.

Q3: 37: describing condition, Dr Cooper suggests
38: one cause blocked follicles resulting from
39: Sophie, suggests
40: those treating HS should aware
41: Emily mother's attitude
42: treatment, recommends

Part C | Extract 2 | Listening Test

37 - is fairly common so should be more accurately diagnosed

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| A | ✓ | Dr Cooper expresses surprise that the condition is not well-known considering it affects one per cent of the population. He says that HS is 'not a very well-known disease in the medical community, which is surprising as it affects about one per cent of the population, and early occurrences are commonly misdiagnosed as simple nodules or abscesses.' In other words, he feels it is so common that medical professionals should know about it and be able to diagnose it accurately. |
| B | ✗ | B is incorrect because Dr Cooper does not say that more uniform presentation would increase people's understanding. He also describes the presentation of HS in a fairly uniform way, affecting 'the armpits and the pubic regions' so this is not given as a reason for lack of understanding. |
| C | ✗ | C is incorrect because although Dr Cooper says 'sufferers often think they've got acne or pimples,' he does not say that this leads to incorrect treatment. |

38 - the effects of smoking.

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| A | ✗ | A is incorrect because although he says that people 'sometimes worry that they've caused the condition by shaving or possibly by using depilatory creams,' there is 'no evidence that either is a contributing factor.' |
| B | ✗ | B is incorrect because although he mentions deodorant use, he does not suggest overuse as a cause. He says only that studies into a 'link between deodorant and HS have so far been inconclusive'. |
| C | ✓ | Dr Cooper describes several possible causes of blocked follicles and dismisses all except smoking. He says that 'the condition is more prevalent amongst smokers and there's some evidence that nicotine may affect the follicles.' |

39 - diagnosis of HS may require a full patient history

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| A | ✗ | A is incorrect because Dr Cooper does not say that Sophie's condition got worse over time. He says that her symptoms 'had been occurring, with fluctuating severity, for the previous three years.' |
| B | ✓ | Dr Cooper explains that he was only able to diagnose Sophie with HS after hearing about her history. After she tells him about her previous bouts and treatments, he says he 'was able to put two and two together and make a connection with HS.' |
| C | ✗ | C is incorrect because although Dr Cooper mentions different treatments used by Sophie (drainage and antibiotics), he does not suggest that a multiple treatment approach is often required. He simply says that after diagnosing her, they could 'start to think about the right sort of long-term treatment for her.' |

Part C | Extract 2 | Listening Test

40 - may recur after disappearing for many years.

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| A | ✓ | Dr Cooper says that although sometimes 'symptoms may spontaneously resolve themselves for long periods of time', the doctor and patient should 'remember that there could be a flare up years or even decades later'. |
| B | ✗ | B is incorrect because Dr Cooper says that 'patients with HS commonly experience depression as a result of their condition'. That is, the condition can lead to depression, not the other way round. It is not triggered by depression. |
| C | ✗ | C is incorrect because Dr Cooper does not say that the condition may become increasingly difficult to treat over time. He says that 'currently, treatment is limited to finding a way to manage the condition.' |

41 - reflected a lack of sympathy and understanding

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|----------|---|--|
| A | ✓ | Dr Cooper says that Emily's mother 'expressed concerns about what she referred to as 'Emily's unappealing hygiene,' and then goes on to say that 'this was said in front of the girl', which suggests that he was shocked by this. And he emphasises that 'HS is notably not due to poor hygiene'. Finally, he describes the 'need to consider not just the patient, but also the attitude of family members.' |
| B | ✗ | B is incorrect because Dr Cooper does not say that there was a delay in confirming the diagnosis. He only says that they 'needed to confirm the diagnosis and decide on the most appropriate treatment'. |
| C | ✗ | C is incorrect because Dr Cooper does not claim that the mother's attitude made Emily's symptoms worse. He says that 'Emily had a lesion on the mons pubis, which required surgical intervention.' So, her condition was serious, but not because of her mother. |

42 - restrict their intake of dairy products

- | | | |
|----------|---|---|
| A | ✗ | A is incorrect because Dr Cooper does not recommend eating brown bread. He only mentions a study in which participants cut out certain foods including some 'containing yeast, such as bread and some types of cake.' |
| B | ✓ | Dr Cooper says that 'over-production of one group of hormones called androgens may contribute to the symptoms of HS. These hormones are linked to insulin, and foods such as milk and cheese can raise insulin levels, so reducing these types of foods might be helpful.' Milk and cheese are dairy products, so this option is correct. |
| C | ✗ | C is incorrect because although Dr Cooper mentions a study in which patients who 'cut out beer from their diet' had some positive results, he does not say that avoiding all types of alcoholic drinks is recommended. |

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: ---***---.

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 to 24, complete the notes with information you hear. Now, look at the notes for extract one.

PAUSE: 5 SECONDS

Extract one. Questions 1 to 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 to 12, complete the notes with a word or short phrase. You now have thirty seconds to look at the notes.

PAUSE: 30 SECONDS

---***---

F: Now Mr Davies, I understand your GP has referred you to me so that we can review the medications you're taking for your gout.

M: That's right.

F: So tell me a bit about this gout. When did it start?

M: Well, my first serious attack was last year. My wife and I were on holiday, and I woke up one morning with a really bad pain in my left knee. Well, I never thought of gout, 'cause I always assumed that just happens somewhere like your big toe. And anyway, I'm only 40, I thought it was something only old people get. So anyway, it was all red and swollen, and I decided it must be an insect bite. But I couldn't think how that might've happened, you know, without me feeling something at the time. Or my wife suggested it might be something to do with the pills I take for my cholesterol.

F: Unlikely I think.

M: But anyway, the pain didn't get any better; in fact quite the opposite. I started to get frightened because I thought it might be a sign of something really serious – it was excruciating. So my wife thought I needed to get some help. So, she phoned the local clinic and told them about my symptoms. They told her to bring me in. It was a good thing she was there – I was in too much pain to drive. I mean, I could only just manage to walk from the house to the car.

Anyway, when we got there, the doctor took a look and said he wanted to take a blood sample. He said it might be an emergency, because it looked as if it could be septicaemia. So then we got really frightened, but about an hour later they came back and said no it wasn't, thankfully, but they thought I had gout. So actually, at that stage, we were quite relieved.

F: I can imagine.

M: And the doctor asked if I'd ever felt anything like it before. Well, actually, then I remembered that in the winter I play quite a bit of rugby, and sometimes I'd get some soreness in the same place the day after, but I'd just thought I'd sprained it or something. And it would go away after a couple of days. But this pain's much worse, and it comes even when I've been resting – I've had it quite a few times since my first attack.

F: Right. So what have you been taking to deal with the pain?

M: Well at first the doctor at the clinic suggested I took some anti-inflammatories, but I can't say they made much difference. So when I got the next attack I was at home and I went to my GP. She suggested I took... I can't remember the name, Col something

F: Colchicine?

M: That's the one. So that dealt with the pain better, but it gave me awful diarrhoea.

F: Yeah.

M: I'd never take it again. And then I had a really bad attack. I think the doctor had got to the stage where, you know, she was already giving me really powerful medicines to no effect – so, she gave me liquid morphine to take. It made me feel quite sick actually, and I was a little bit 'away with the fairies', you know, walking around not quite knowing where I was?

F: Right. Did you try any other sort of treatment apart from the medications?

M: Yes, my GP said I could try using an ice pack and that did make a bit of difference, but you can't have it on all the time. So anyway, after that she said let's try Allopurinol, see how you get on with that. So I started taking that, but I didn't get on with it. It gave me a

skin rash, so I rang her up and she told me to stop taking it – that I'd better see a specialist. So, I here I am. Is there's anything more you can do?

F: Well, I'm sure we can find...[fade]

PAUSE: 10 SECONDS

Extract two. Questions 13 to 24.

You hear a doctor in an emergency department talking to a patient called Gail Kennedy. For questions 13 to 24, complete the notes with a word or short phrase. You now have thirty seconds to look at the notes.

PAUSE: 30 SECONDS

---***---

Mrs Kennedy?

Yes.

I'm Doctor Jarvis. Sorry to keep you waiting. Now, can you tell me what's brought you here today?

Well, I got back from holiday two weeks ago, and I've been feeling awful ever since. It was a long haul flight because we'd been to South America, and when I got back I felt awful. I thought it must be jet lag, but brutal, much worse than I remember having before. Anyway, I thought I'd get over it, but it actually got worse. After a few days, I was getting bad chills, non-stop shivering and achy muscles. I just felt lousy. I mean normally I'm pretty healthy, I don't get a lot of illnesses, so I started to worry. I thought maybe I'd got meningitis. So I rang the doctor. When I told him where I'd been, he said I should come in and see him because it might be malaria. So I said, well it can't be because I've been taking Malarone – I'd started on that two weeks before going away. I tried Larium a few years ago, but it gave me really odd dreams, so I didn't want to take that again. Anyway the doctor said some sorts of malaria are resistant to these drugs, and I know I did get a few bites when we were there. He gave me some pills to take for three days just in case it was malaria.

Right. Can you tell me what they were?

Art something ...

Artesunate?

That's right. And something else. Hang on, I've got the box here... mefloquine.

OK.

So I went home and I took the pills, but I didn't feel any better, in fact I got worse. I felt really weak and I was sweating buckets, just dripping with it. I finished the pills yesterday morning. Since then, I've been really bad. I haven't been able to keep anything down. I was throwing up all day yesterday and had the most splitting headache, I've never had anything like it. So I rang the doctor again and he said the blood test had come back negative, but if I wasn't feeling better today I should come in to the emergency department, and get some more tests done.

Right. Well I'll just do a brief examination... (pause)

OK, so your skin's a good colour, I can't see any sign of jaundice, and your breathing's sounding pretty good – you haven't had any episodes of breathlessness, have you?

No. But yesterday my heart was really racing.

Yes, there's some evidence of that, now.

And something else, all this week I've felt as if there was something scratchy in my eyes, like sand or something, and they feel really dry.

I see. And have you had any abdominal discomfort?

Well there's no pain, but I don't have any appetite – I can't really keep anything down, like I said.

Right. Now, apart from taking the anti-malarials, did you have any vaccinations before you went away?

Yes, I had all the injections – typhoid, and what else?... not yellow fever because I'd already had that before,... but I did have one for hepatitis A. And they were fine, I don't usually have any problems with things like that. Then, while we were away, I did get cold sores all over my upper lip. I've had them before and I'd got some over-the-counter stuff for them so I just used that. Apart from that, I was fine during the holiday. I'm normally very healthy. I did have breast cancer a few years ago - that was in 2011. I had a lumpectomy, so I was taking tamoxifen for five years, but I don't have to take it now.

OK. So it's possible that this might be a reaction to certain drugs, but we'll need to [fade]

PAUSE: 10 SECONDS

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

PAUSE: 5 SECONDS

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 to 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. You hear a patient talking to a dental receptionist. Now read the question.

PAUSE: 15 SECONDS

---***---

M Hi, I'd like an urgent appointment, please.

F Let's see. Who's your usual dentist?

M Mr García.

F You say it's urgent – are you in pain?

M Yeah – it's the tooth Mr García filled last week.

F Well, he's away today I'm afraid, but there's a free slot this afternoon with his colleague Mrs Brown.

M That would be OK. But are you saying Mr García could fit me in tomorrow?

F That's right – we'd get you in first thing. Can you wait?

M Well, I'm not chewing on that side and I'm taking paracetamol, which is helping. The pain started when I was eating a steak so I'm frightened I might've upset Mr Garcia's work. It makes sense for him to check it out.

F OK. We'll book you in for tomorrow morning at..... [fade]

PAUSE: 5 SECONDS

Question 26. You hear part of a presentation to nursing staff about an extension to visiting hours. Now read the question.

PAUSE: 15 SECONDS

---***---

F Now, you'll have received the survey asking your opinion about extending visiting hours and doubtless you've got your own ideas about the possible impact on your work. You're probably aware of the evidence pointing to the positive effects on patient recovery rates of increased contact with loved ones. This isn't in question, but of course things must be managed properly. I've heard concerns about how busy everyone is; that you've got enough on your plates without having to worry about extra demands from visitors. Well, we've carefully planned things to prevent you being overrun with queries, interruptions and so on. Visitors will be given a list of 'do's' and 'don'ts' outlining what's expected of them. Meanwhile, managers will be monitoring things carefully to make sure routines aren't disrupted at all.

PAUSE: 5 SECONDS

Question 27. You hear a surgeon discussing a patient with a nurse in the recovery ward. Now read the question.

PAUSE: 15 SECONDS

---***---

- M: It looks like Mrs Jones is still a bit groggy after her thyroidectomy. Will she be going up to the ward soon?
- F: Yes, I'm going to call a porter. She should be going up in fifteen minutes.
- M: OK. I've added some extra post-op pathology orders. She may have problems with a drop in her calcium. Her thyroid was just huge. We didn't see all four parathyroid glands and we need to check that they haven't been affected by the procedure. She seems OK, but I want her calcium level checked twice a day. She needs to be monitored for any breathing problems, muscle cramping and numbness, and for tingling in her fingers.
- F: OK, I'll make sure a report to watch out for hypocalcaemia is passed on.
- M: OK. If you need me, call me.

PAUSE: 5 SECONDS

Question 28. You hear a chiropractor briefing a colleague about a patient called Ryan. Now read the question.

PAUSE: 15 SECONDS

---***---

- M Today, we're going to start with Ryan. He's two weeks post-surgery for a torn rotator cuff. He also had a spur on his acromion process removed. This is his first time in rehab, post- surgery I believe?
- F That's correct.

M OK, so today, we're going to begin utilising high-frequency vibration to break up the scar tissue forming in his left shoulder joint following the surgery. We're going to do each of his treatments that way, so you'll see a progression over time – how we get him back to a point where he's able to live his normal life. Movement's the key to rehabilitation, and this treatment resonates with the nerves too, so it should eventually help them heal quicker and reduce his discomfort.

PAUSE: 5 SECONDS

Question 29. You hear a surgeon talking to a group of medical students about patient risk in emergency surgery. Now read the question.

PAUSE: 15 SECONDS

---***---

M If you look at the risks of elective surgery, they're really very low compared to emergencies. Clearly then, we can make the biggest difference in reducing risk and improving outcomes in emergency surgery. Our mortality outcomes here are actually below average. We're at 8% compared to around 13% nationally. The emergency patients I handle tend to be older, so they're at higher risk. And when they come in, we haven't got long to prepare them in order to reduce any risks. Maybe an hour or two. In terms of patient safety, every minute, every half-hour we can use to get them ready counts. That's because the patients we're thinking about are prone to developing post-operative complications given that they have a range of associated heart, kidney and lung problems.

PAUSE: 5 SECONDS

Question 30. You hear a surgeon talking to a patient who's just had a knee operation. Now read the question.

PAUSE: 15 SECONDS

---***---

F How are you feeling Mr Shaw?

M Exhausted. But the pain-killers must be working – I can't feel my knee, as you predicted.

F You're bound to feel weary after an operation. It went well, though. We cleaned out loose cartilage from the joint. You can go home now.

M Oh, thanks. I had an arthroscopy on the other knee several years ago, so I know what it's like. The idea that it gets done in less than a day is still pretty mind-boggling, though.

F You'll need crutches for two weeks, but you should be walking OK within a month. Give it four months before you put any serious impact on it though.

M Four months? After my last op, I started running again within a month. Thinking about it though, I guess I paid for it. That knee had a lot of niggles for months afterwards.

F If your body's hurting, it's telling you something.

PAUSE: 10 SECONDS

That is the end of Part B. Now, look at Part C.

PAUSE: 5 SECONDS

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 to 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 one. Questions 31 to 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 to 36.

PAUSE: 90 SECONDS

---***---

- M I'm joined today by Dr Helen Sands, who works with patients who've had limbs amputated. Now, amputation is an extremely traumatic experience for patients. Helen, in your experience, how do younger patients tend to react to it?
- F Well, in a range of ways, depending on whether the loss was expected, if it was due to chronic illness, or to something sudden, like an accident. One of my young patients in that situation – let's call him David – said losing his leg suddenly was like the pain of an unexpected death in the family. And although this didn't really apply to him, for many young people, even watching a football game can make them feel shut out of activities they once took for granted. But then others come to terms with the fact that for them, normality will be something different from what it was before the operation.
- M And patients can still suffer pain from a missing limb, can't they, even after the limb's been amputated – what's called phantom limb syndrome. How common is this?
- F Well, the phenomenon was first observed many years ago in soldiers who'd lost a limb in combat. The majority reported pain coming from the missing limb. Obviously surgical techniques have improved, but a large number of amputees still report suffering from a degree of pain from the missing limb. In a few instances, this might be due to a poorly-fitting prosthetic for example, or residual limb pain, but the majority of cases are harder to explain. And patients are reluctant to talk about it, in case medical professionals doubt their mental state, so it's not very easy to say just how often it occurs. However, I still tend to think it's large numbers.
- M And you must have come across examples of this phantom limb syndrome in your own patients who have missing limbs.
- F Yes, of course. Many patients report feeling as if the missing limb is still attached to their body, even years after the amputation. Some patients have reported actually trying to use it just as they did before. And in the case of other patients they feel as though the missing limb is permanently at an abnormal angle, and they have to make allowances for it when moving around. I've come across a number of instances of that. And other patients experience what we call telescoping – the sensation that the limb is still there as normal, but it's become smaller... shrunk, somehow.
- M And I understand that you have a treatment trial going on in the hospital at the moment.
- F Well, yes. I mean, in the normal course of treatment, we administer analgesia, and we also make use of local injection therapy, using pain-blocking agents.

Unfortunately, though, these don't always work as well as we might like. So we're working with a group of patients who have reached the point where the pain's badly affecting normal activities such as sleeping and going to work. All patients in the group have suffered from phantom-limb pain for ten years on average – so they're the most extreme cases we could find.

M So how did you set about treating the patients in the trial group?

F Well, when a limb is lost, that affects a number of brain functions, and we wanted to try to restore those functions. So we attached electrodes to the remaining muscles of the stump and then asked patients to try to move the phantom limb. And patients could view their virtual limb moving on a computer. But they couldn't just *imagine* moving the limb – they actually had to *force* their brain, if you like, to perform the action, because only then would these circuits, these pathways, be restored in their brains. So the patient controlled the virtual limb just as they would have with their own limb. And slowly, they got better at doing this, in a way that was productive to the brain. And patients invariably reported that as a result, their pain diminished.

M So the treatment was useful. Does it have any other advantages?

F Well, we followed up patients after different periods of time, and the improvements were still there, but not to the same degree – but the decrease in pain levels was still statistically significant. But this kind of treatment is very easy for patients to do at home once they've left the hospital. They only need a computer with a webcam, and the programme.

M And this research is ongoing, of course, so we [fade]

PAUSE: 10 SECONDS

Now look at extract two.

Extract two. Questions 37 to 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 to 42.

PAUSE: 90 SECONDS

---***---

Hello, my name's Jake Cooper. I'm a dermatologist and I'm going to talk about a skin condition called Hidradenitis Suppurativa, commonly abbreviated to HS.

Let me tell you a bit about this condition. HS is a chronic inflammatory disorder characterised by painful swollen lumps on the skin, which may break open, releasing fluid or pus. It's also called acne inversa, and in fact sufferers often think they've got acne or pimples. But unlike acne, HS affects apocrine gland-bearing sites, in particular the armpits and the pubic regions. It's not a very well-known disease in the medical community, which is surprising as it affects about one per cent of the population, and early occurrences are commonly misdiagnosed as simple nodules or abscesses. This is unfortunate as the condition can be very distressing for the patient.

We don't know exactly what causes HS, though it seems to be linked to blocking of the hair follicles in the affected area. It tends to occur most often in younger females, and it's often found in patients who are overweight. Studies carried out into a possible link between deodorant use and HS have so far been inconclusive, but the condition is more prevalent amongst smokers and there's some evidence that nicotine may affect the follicles. Patients sometimes worry that they've caused the condition by shaving or possibly by using depilatory creams, but there's no evidence that either is a contributing factor.

Let me tell you about one case I encountered recently. This was a 22-year-old woman called Sophie who came to see me because she had a number of painful boils in her groin. These had been occurring, with fluctuating severity, for the previous three years. When I questioned her further, I learnt that she'd previously undergone incision and drainage of various lesions on multiple occasions, at various medical centres. She also told me she'd taken a course of an unknown oral antibiotic to treat an abscess about two months earlier. So I was able to put two and two together and make a connection with HS. Then we could start to think about the right sort of long-term treatment for her.

When treating patients with HS, it's important to be aware of the impact it can have on them. Many studies have confirmed that patients with HS commonly experience depression as a result of their condition. Additionally, HS has a significant psycho-social impact. Patients reported feeling 'unworthy' and 'unlovable' and described their lesions as 'ugly, smelly, and embarrassing'. In some cases, symptoms may spontaneously resolve themselves for long periods of time. But both doctor and patient need to remember that there could be a flare up years or even decades later - and that currently, treatment is limited to finding a way to manage the condition.

HS may present itself in younger patients too. In another case, I saw a 14-year-old girl called Emily, who came to see me with her mother following a diagnosis of HS by her GP.

We needed to confirm the diagnosis and decide on the most appropriate treatment. Her mother expressed concerns about what she referred to as 'Emily's unappealing hygiene'. This was said *in front of* the girl. Now, we know that HS is notably *not* due to poor hygiene. While HS is a skin disease, it's happening lower in the dermis than just the surface level. In this case, Emily had a lesion on the mons pubis, which required surgical intervention. Following incision and drainage, her condition improved, but this does illustrate the need to consider not just the patient, but also the attitude of family members.

In general, when it comes to treatment, once we make a diagnosis, there are multiple therapies indicated, depending on the severity of the disease and patient presentation. One thing patients often ask me is whether they need to make changes to their diet. One small-scale study followed twelve HS sufferers who cut out beer from their diet, together with other foods containing yeast, such as bread and some types of cake. And this did appear to have an effect on their symptoms. It's also known that over-production of one group of hormones called androgens may contribute to the symptoms of HS. These hormones are linked to insulin, and foods such as milk and cheese can raise insulin levels, so reducing these types of foods might be helpful. However, a controlled diet which leads to weight loss, is certainly recommended for patients who are overweight or obese.

PAUSE: 10 SECONDS

That is the end of Part C.

You now have two minutes to check your answers.

PAUSE: 120 SECONDS

That is the end of the Listening test.



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