

# LISTENING SUB-TEST – QUESTION PAPER

SAMPLE

**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)



BLANK



# 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 primary-care doctor talking to a patient called Hayley Dove. 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** Hayley Dove

#### Background to condition

- endometriosis for many years following birth of son
  - discomfort from episodes of bloating, **(1)** \_\_\_\_\_ and fatigue
- developed **(2)** \_\_\_\_\_ pain
- worsening condition affected her work as a **(3)** \_\_\_\_\_
- diagnosis of **(4)** \_\_\_\_\_
- underwent **(5)** \_\_\_\_\_ - procedure eliminated symptoms
- set up business as a **(6)** \_\_\_\_\_

#### Development of new symptoms and treatment

- began to experience fatigue again
  - linked to work activities, e.g. online meetings and conferences
  - particularly noticeable after **(7)** \_\_\_\_\_
- **(8)** \_\_\_\_\_ initially suspected
- blood tests led to eventual diagnosis of haemochromatosis
  - n.b. **(9)** \_\_\_\_\_ as an infant – but family history now established
- treated via venesection - initially weekly, now three-monthly
  - has some **(10)** \_\_\_\_\_ as a result

#### Current concerns

- now experiencing stiffness in joints – in both fingers and **(11)** \_\_\_\_\_
- tendency to become excessively **(12)** \_\_\_\_\_
- occasional shortness of breath – not linked to exertion



## Extract 2: Questions 13-24

You hear a physiotherapist talking to a patient called Marvin Chainey. 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** Marvin Chainey

- Onset of symptoms**
- contracted Covid-19 - wasn't **(13)** \_\_\_\_\_ (no hospital admission)
  - flu-like symptoms (one week)
  - dry cough (persisted one month)

### Post-Covid symptoms

- ongoing lack of **(14)** \_\_\_\_\_
- breathlessness after everyday tasks, e.g. carrying groceries
- insomnia leading to daytime fatigue
- **(15)** \_\_\_\_\_ on waking – persisted all day
- brain described as **(16)** \_\_\_\_\_
- tendency to forget things, e.g. **(17)** \_\_\_\_\_
- **(18)** \_\_\_\_\_ accompanied by chest pain

### Diagnosis and treatment

- ECG and heart monitor (five days)
- diagnosis of **(19)** \_\_\_\_\_
  - beta blockers prescribed
- low levels of **(20)** \_\_\_\_\_ identified – supplements prescribed

### Current concerns

- over-exertion or anxiety leads to recurrence of fatigue
  - accompanied by joint pain: affects **(21)** \_\_\_\_\_ and lower extremities
- **(22)** \_\_\_\_\_ in fingers
- has practised **(23)** \_\_\_\_\_ long-term – recently commenced tai-chi
- would like to resume gym attendance
- asks for advice on strength-building exercises
  - e.g. use of **(24)** \_\_\_\_\_ and light weights

**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 hospital nurse talking to a patient.

The patient expresses a concern about

- A having to make use of a mobility aid.
- B being expected to mobilise without assistance.
- C feeling unsteady when he's attempting to mobilise.

26. You hear two community nurses conducting a patient handover.

The patient may need some guidance in how to deal with

- A the regular medication that he needs to take.
- B ongoing therapy related to his long-term health needs.
- C the sensitivity associated with a health condition he's developed.

27. You hear the beginning of a training session for nurses about to start work on a paediatric ward.

What is the focus of today's session?

- A comparing equipment used with patients of different ages
- B gaining an awareness of how some equipment is used
- C learning how best to organise some equipment



28. You hear an occupational therapist briefing a trainee about a home visit that he's going to observe her making.

What is the priority for today's visit?

- (A) helping the patient to regain independence in everyday tasks
- (B) meeting a family member who has concerns about the patient
- (C) ensuring that a mechanical device is appropriate for the patient

29. You hear a hospital pharmacist talking to a patient.

The patient's main concern about his medication is whether

- (A) he's been prescribed the most effective dose.
- (B) he's likely to experience long-term side effects.
- (C) he's been taking it at the most appropriate time.

30. You hear a primary-care doctor talking to a patient.

The patient is worried that she may have

- (A) self-treated her toe in an inappropriate way.
- (B) damaged a toe that she'd previously injured.
- (C) triggered the resurgence of a health condition.

**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 Dr Pietro Everall giving a presentation on the subject of cholesterol.

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

31. Dr Everall thinks misunderstandings about the role of cholesterol largely arise due
- (A) an imprecise use of the term in the media.
  - (B) inadequate explanations by health professionals.
  - (C) a lack of focus on its positive influences in research studies.
32. Dr Everall feels that using the words 'good and 'bad' to describe types of cholesterol
- (A) may be a useful way of clarifying a key point for patients.
  - (B) could encourage patients to find out more about the science.
  - (C) might lead patients to underestimate the complexity of the subject.
33. Dr Everall feels that some patients are reluctant to engage with the dangers of cholesterol because
- (A) the standard investigations aren't generally available to them.
  - (B) they don't realise which social groups are most likely to be affected.
  - (C) no noticeable symptoms are associated with its gradual accumulation.





34. In terms of preventive medicine, Dr Overall mentions research that suggests high levels of cholesterol may result from
- (A) the existence of an inherited predisposition.
  - (B) lifestyle factors that aren't usually associated with it.
  - (C) a range of modifiable behaviours particular to one age group.
35. What does Dr Overall say about the drug called Inclisiran?
- (A) Its use could lead to considerable cost savings.
  - (B) Patients are likely to tolerate it better than existing options.
  - (C) Further research is needed to establish its full range of possible uses.
36. What point does Dr Overall make about the technology known as 'gene silencing'?
- (A) Claims made about its potential uses need to be treated with caution.
  - (B) It works in a similar way to some other similar techniques.
  - (C) Wrong assumptions may sometimes be made about it.

**Now look at extract two.**



## Extract 2: Questions 37-42

You hear an interview with a nurse called Lianne Haydock who is talking about the issues involved in caring for obese or 'plus-size' patients.

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

**37.** Lianne feels that in response to increasing numbers of plus-size patients, nurses should

- (A) take a lead in educating them about the risks.
- (B) be proactive in investigating what lies behind the problem.
- (C) remain focussed on providing them with the best possible service.

**38.** What attitude towards plus-size patients does Lianne find unacceptable?

- (A) a belief that they're somehow to blame for their weight.
- (B) a lack of interest in the medical reasons for their weight.
- (C) a tendency to assume they've been trying to lose weight

**39.** Lianne suggests adopting an approach to caring for patients that

- (A) makes special provision for those defined as plus-size.
- (B) is able to accommodate the needs of people of all sizes.
- (C) involves a reassessment of what represents a typical size.

**40.** Lianne says the greatest problem with specialised equipment for plus-sized patients is often that

- (A) a limited range is available for hospitals to choose from.
- (B) hospitals lack the resources to invest in the quantities needed.
- (C) the physical layout of hospitals can't accommodate them easily.



41. How does Lianne respond to the question about the safety issues presented by plus-size patients?
- (A) She accepts that training in this area needs to be improved.
  - (B) She outlines some principles to apply to minimise any issues.
  - (C) She makes a case for increased levels of support for nursing staff.
42. When asked about the human dimension of caring for plus-size patients, Lianne underlines the value of
- (A) involving patients in decisions about their everyday care
  - (B) ensuring that patients appreciate any concerns staff may have.
  - (C) respecting the patient's wishes about how their size is referred to.

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

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

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



BLANK

