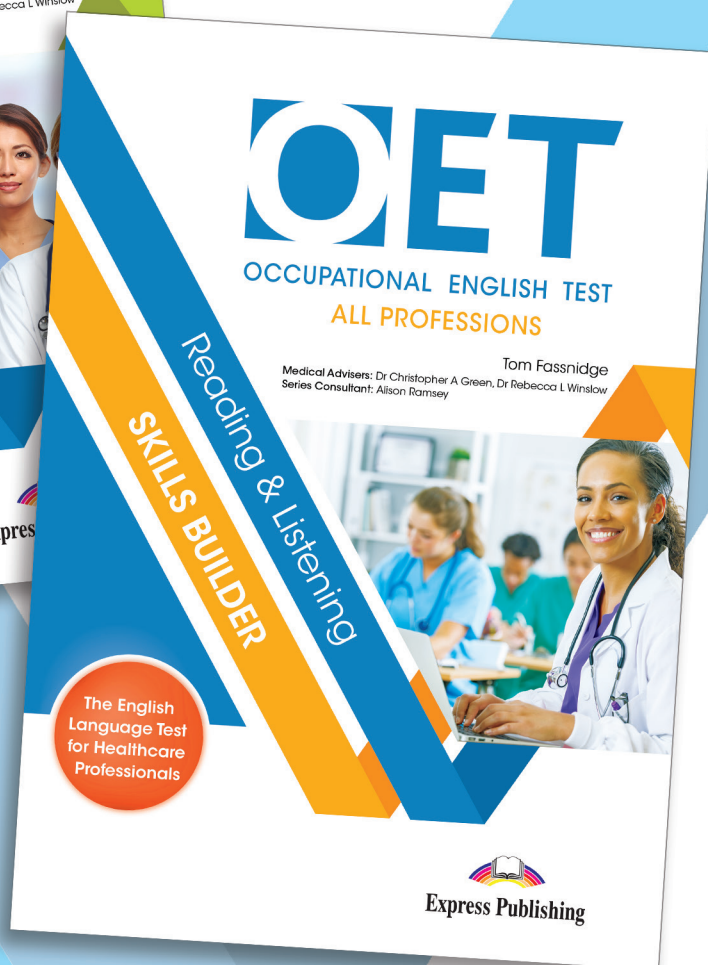
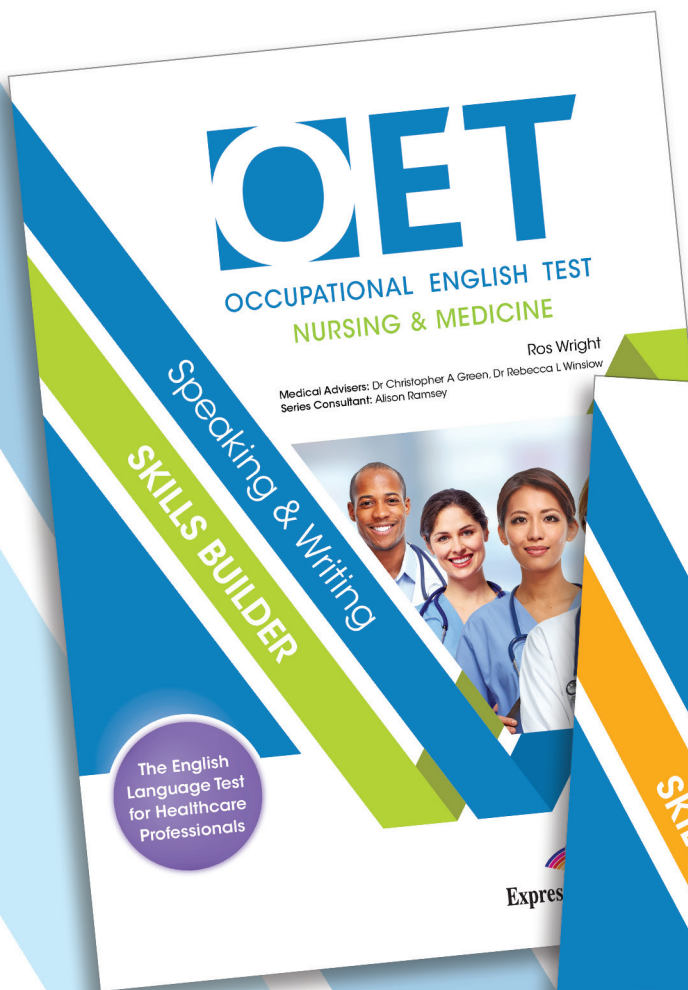


Passport to an international healthcare career



Express Publishing

OET

OCCUPATIONAL ENGLISH TEST NURSING & MEDICINE

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Speaking & Writing
SKILLS BUILDER

The English
Language Test
for Healthcare
Professionals



Express Publishing

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Occupational English Test (OET)

Introduction

OET Speaking & Writing Skills Builder is a course to help prepare you for the Occupational English Test (OET). The course takes a step-by-step approach, familiarising you with the structure and focus of the speaking and writing sub-tests while also providing opportunities to develop key grammatical structures and vocabulary specific to OET. Case studies and role-play situations, written by renowned medical experts, replicate those featured in OET.

As an added bonus, you can also use *OET Speaking & Writing Skills Builder* to help develop those workplace skills necessary for communicating effectively with patients and colleagues in English.

Structure & content

OET Speaking sub-test

Designed around the criteria of the OET Speaking sub-test, *OET Speaking & Writing Skills Builder* focuses on the various aspects of patient-centred care assessed during the role play. This includes creating rapport, gathering and giving information, providing structure to the encounter and exploring the patient's perspective. You will learn techniques to facilitate communication and develop your active listening skills, as well as gain greater awareness of non-verbal communication. In addition, you will learn how to use the voice to communicate your message clearly and with empathy. The course focuses on topics such as type 2 diabetes, depression and childhood obesity that will familiarise you with the language of the patient.

OET Writing sub-test

To prepare for the OET Writing sub-test, *OET Speaking & Writing Skills Builder* will introduce you to SBAR, a tool used in healthcare to communicate information clearly and succinctly. You will develop an awareness of letter-writing convention in the healthcare context as well as review key grammatical and lexical structures used in written communication. Then, unit by unit, you will be guided through the process of using SBAR, as well as selecting and expanding relevant case notes in a logical and coherent manner to ensure the information provided in the letter facilitates prompt and appropriate action by the recipient or reader.

Test Tip boxes occur frequently throughout each unit to give advice about test techniques and point out language features and test elements to bear in mind as you prepare.

Answers are provided for all applicable tasks and, where appropriate, suggested answers are also given. Audioscripts are included, while a grammar reference provides a reminder of key structures and how they are formed.

Finally, two dialogues and two letters (one nursing and one medicine in each case), will provide you with sample responses to Speaking and Writing tasks. For further guidance, the sample responses are annotated to highlight the appropriate use of language and test-taking strategies developed through this course.

In general, nurses and doctors are required to reach OET **grade B**. In some cases, nurses only need C+ in Writing. However, you are recommended to check requirements on the official OET website or with the relevant regulatory board.

How to use this book

The book is designed to build skills by introducing tasks and techniques gradually. So, if you have never taken or prepared for OET before, you should start at the beginning and work your way through the dedicated *OET Speaking* and *OET Writing* sections in each unit. However, as the other sections (*Medical Focus*, *Grammatical Expression* and *Lexis*) can stand alone, you might want to jump straight to the areas that you particularly want to concentrate on, using the detailed breakdown of texts and tasks in the contents to guide you.



OET Speaking & Writing Skills Builder is well suited for use as a class coursebook, either on its own or with the companion volume *OET Reading & Listening Skills Builder*, but it is also an effective self-study resource. If possible, you should have a real-life or online study partner so you can make the most of the discussion questions, practise role plays and compare your answers to the tasks.

The aim of this course is to focus on the techniques you need to use and build gradually towards the test itself. When you finish the book, take one of the official OET practice tests for Speaking and Writing to gauge your level of preparedness for the exam.

Are you ready to start preparing for OET?

OET is a test of your English ability, not your clinical knowledge. OET grade B is equivalent to level C1 on the CEFR¹ and demonstrates an advanced understanding of the language. For this reason, if you are not currently at least at level B2 (upper intermediate), it is likely that OET will be too difficult for you without further general or medical English study. To have an idea of your current CEFR level, take one of the many online tests that can be found via a quick web search or look at an upper intermediate general or medical English textbook. If the language covered is unfamiliar or if you have difficulty with the exercises, consider further self-study or take a general or medical English course so that you are comfortable with B2-level English before beginning to prepare for OET.

Speaking sub-test criteria

The OET Speaking sub-test considers both linguistic and clinical communication criteria.

Linguistic criteria

In the role play you will be evaluated on your levels of **fluency** and **intelligibility**. You need to show how your speech (pronunciation, intonation, word stress, rhythm, pace, pausing, accent, use of fillers, repetition of words, etc.) facilitates, rather than obstructs, communication with the patient.

Appropriateness of language refers to your ability to use language, register and tone in a way that is suitable for the patient and scenario presented on the role card. For example, how effectively can you explain a medical condition using lay language as opposed to medical terminology while also considering the patient's prior knowledge of the condition?

You will also be assessed on your **resources of grammar and expression**. Are you able to use a range of grammatical structures? Can you make use of complex sentence structures effectively to enhance your communication with the patient and avoid ambiguity? Can you paraphrase when necessary, employ conjunctions or understand the patient's idiomatic expressions?

There is a maximum of 6 marks for each criterion.

Clinical communication criteria

These criteria were informed by the *Cambridge Calgary Observation Guide*, Silverman et al (2005); a tool used for teaching medical communication skills.

Relationship building is essential not only for effective patient-centred healthcare but also for a successful OET role play. Consider how you initiate the encounter with the patient and employ a non-judgemental approach, demonstrating empathy and asking for consent when necessary.

When **gathering information** from your patient, you will be assessed on your question technique (open v. closed questions, avoidance of complex questions) and active listening skills (pausing, echoing the patient's words, verbal encouragements, etc.). As you gather information, paraphrase and clarify to ensure you have understood your patient. To facilitate the patient narrative, summarise as you go through each section of the encounter.

1. Common European Framework of Reference: a set of standards used in Europe and around the world to measure language ability. C1 is the second-highest level. It takes approximately 200 hours of study to move from one level to the next.



Occupational English Test (OET)

Understanding and incorporating the patient's perspective

Every patient's experience of their health is different. So, it is important you pay attention to any information (verbal or non-verbal cues) that indicates how the patient feels about their condition, as well as any ideas or concerns they might have. As you discuss with the patient, show your consideration of how the treatment or care you provide might affect their family life, their job, etc.

You will be assessed on your ability to **provide structure** to ensure that the role play follows a logical but flexible sequence. You can do this by using signposts (*first, second, etc.*) to progress from one section to another or organising techniques such as labelling, chunking or summarising. These will not only help you respond better to the patient's needs, but also encourage patient understanding and recall and, ultimately, patient compliance.

When **giving information**, first establish what the patient already knows about their condition. This will determine the amount and type of information you need to provide. You will then be evaluated on how effectively you deliver that information, e.g. in chunks punctuated with pauses to facilitate understanding, or when you check the patient's understanding and invite further questions before concluding the role play.

There is a maximum of 3 marks for each criterion. The total marks available for the Speaking sub-test are 39.

Writing sub-test criteria

The OET Writing sub-test takes into account the following criteria:

Purpose

Just as in real life, it is essential the reader or recipient can understand the aim of your letter quickly and with ease so he or she can take the necessary action to treat or care for the patient appropriately.

Content

You need to demonstrate you can select the correct information from the case notes so the reader can provide the continued treatment and care of the patient.

Conciseness & clarity

You should show an ability to write with clarity, by including all the necessary information and summarising it clearly to avoid ambiguity.

Genre & style

You must write in an appropriate tone and register for the reader and in a style that is factual and objective. If you are writing to a colleague in a similar field, then technical terms and some abbreviations may be appropriate. However, if the reader is a patient or someone from outside the healthcare profession, e.g. a social worker, then avoid medical jargon and write acronyms in full.

Organisation & layout

Your letter will be assessed on how well you organise the information you decide to include. The structure and paragraphs should be logical and the key information easy to retrieve.

Language

Your use of language, including grammar, punctuation, spelling and vocabulary will be evaluated to ensure it is accurate and appropriate and doesn't slow down the reader's ability to find the information they need.

There is a maximum of 3 marks for purpose and 6 marks for the other criteria. The total marks available for the Writing sub-test are 38.

OET Listening and OET Reading

The remainder of your marks come from the OET Listening and OET Reading papers.

Respiratory (1)



Objectives

OET Speaking

- Employing a patient-centred approach
- Initiating the interaction
- Building relationships

Medical Focus

Obstructive sleep apnoea (OSA)

Grammatical Expression

Present tense review

Lexis

Dependent prepositions 1

OET Writing

Opening & closing a letter

OET Speaking | Employing a patient-centred approach

1.1 In small groups, discuss these comments.

'A patient is an individual to be cared for, not a medical condition to be treated.'

'Don't talk at your patient, talk with your patient.'

1.2 In pairs, read the extract and discuss the questions.



This approach to patient care is where the doctor plays the dominant role. Unlike more holistic approaches, the doctor merely considers the patient's physical symptoms, then utilises their skills to select the best medical treatment or procedure to improve the patient's condition. The patient is not expected to actively participate in the discussion around their condition and is generally encouraged to agree to the doctor's decisions.

- What approach to patient care is being described?
- How does it compare to the approach used in your country?

1.3 Who would say the following statements about patient care? Write *HP* (healthcare professional) or *P* (patient) next to each comment.

- 'Patient-centred care is essential because it treats me as a person and not simply as an individual with a series of long-term conditions.' *P*
- 'The starting point to delivering patient-centred care is remembering what it's like to be a patient.'
- 'It's really about what we can do together, rather than what they can do for me.'
- 'Patients are a key resource in care, not just a set of problems.'
- 'Unless we involve the person before us and their concerns and beliefs, we'll never engage them in participation of their care.'
- 'It forces me to take some responsibility of my care and to share that power in a real partnership.'

Test Tip

It is essential that OET candidates demonstrate a 'patient-centred approach'.

The principles of patient-centred care:

- Coordinating and integrating care
- Working together to make sure there is good communication, information and education
- Making sure people are physically comfortable and safe
- Ensuring there is continuity between and within healthcare services

1.4 In pairs, add three or four more principles to this list. Then answer the questions.

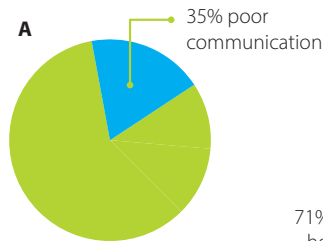
- What are the benefits of patient-centred care?
- Does everyone respond well to the patient-centred care approach? Why (not)?



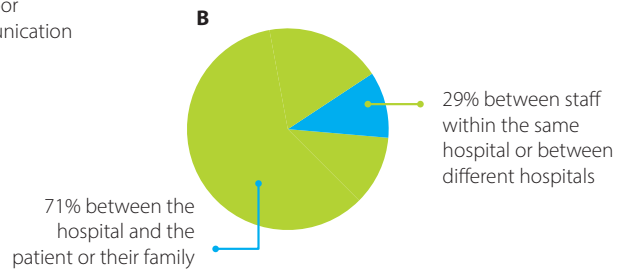
OET Speaking | Initiating the interaction

2.1 As a group, read the statistics. Do they surprise you? Why (not)?

Reason for Complaints in UK Hospitals



Poor Communication



Parliamentary & Health Service Ombudsman (2015)

2.2 In small groups, look at the photos below and discuss how these issues cause poor communication between healthcare professionals and patients or relatives. Then brainstorm four or five more causes of poor communication.



religion



IT



background noise



body language



anxiety

2.3 1.2 You're going to hear a medical communications expert talk about barriers to effective patient communication. Listen to Part 1 and complete rows 1–3 of the table.

Barriers to Communication in Healthcare	
Category	Examples
1 Environmental	
2 Physical	
3 Psychological	
4 Linguistic	
5 Sociocultural	
6 Technological	

2.4 1.3 Listen to Part 2 and complete the rest of the table.

2.5 In small groups, discuss ways to improve communication caused by the following barriers:

- Information overload
- Medical jargon*
- Pain
- Time pressure

*words/expressions used in a particular profession which are difficult for other people to understand

2.6 In pairs, discuss these questions.

- What are your personal communication barriers as a healthcare professional?
- What is the impact of these on your communication with patients and carers/relatives?
- How could you improve your communication style?

Medical Focus | Obstructive sleep apnoea (OSA)

3.1 In small groups, decide if these facts are *T* (true) or *F* (false). Check your answers on page 131.

- a 3.9 million is the estimated number of patients with OSA in the UK.
 - b Alcohol use is a major risk factor for OSA in patients in the UK.
 - c In the UK, GPs are legally responsible to inform the DVLA* of their patients' condition.
 - d Instances of OSA in children in the UK have increased significantly since 2010.
- *Driver and Vehicle Licensing Agency*

3.2 What is your experience of OSA in your professional or personal life?

3.3 In small groups, test your patient vocabulary. Read the presentation slides on Continuous Positive Airway Pressure (CPAP) and match the underlined terms with the correct patient-friendly term.

- | | |
|---------------------------------|--|
| a area behind the palate _____ | g part of throat behind mouth and nasal cavity _____ |
| b eardrum _____ | h runny nose _____ |
| c collapsed lung _____ | i sleeplessness/ inability to sleep _____ |
| d fear of enclosed spaces _____ | |
| e graze/rash _____ | |
| f nosebleed _____ | |

Slide 1

CPAP Therapy: Most effective treatment

- Increases calibre airway in retropalatal and retroglossal regions
- Increases lateral dimensions in upper airway
- Thins lateral pharyngeal walls
- Maintains upper airway patency during sleep preventing soft-tissue collapse



Slide 2

Complications & Adverse Effects of CPAP

- Sensation of suffocation or claustrophobia
- Difficulty exhaling
- Insomnia
- Musculoskeletal chest discomfort
- Pneumothorax
- Sinus discomfort
- Mask related problems (skin abrasions, conjunctivitis)
- Nasal problems **can** include rhinorrhoea, epistaxis (*rare*)
- Rupture of tympanic membrane (*rare*)

3.4 Read the presentation slides in Ex. 3.3 again and answer the questions.

- a How would you explain the benefits of CPAP to a patient with OSA?
- b According to the presenter, how might CPAP affect a patient psychologically?
- c What problems does the presenter mention related to the equipment?
- d In Slide 2, what does the word **can** signify in this particular context?

3.5 Work in pairs. You may need to go online for further information.

- Student A:** Explain to a newly diagnosed patient how to use a CPAP machine.
- Student B:** Explain possible lifestyle changes you might suggest to a patient with OSA.

As you explain, check your patient has understood. Use expressions such as: *Is that clear? Does that make sense? What have you understood so far?*



OET Speaking | Building relationships

4.1 Read the candidate role card. In pairs, use the verbs in the box to complete the tasks.

ask assure encourage explain **find-out**

Test Tip

Other common functions in the role play include 'Explain, Reassure and Persuade'.

SETTING Outpatient clinic

NURSE The 49-year-old diabetic patient is suffering from obesity and hypertension and has been referred by their GP to your clinic to determine whether they have sleep apnoea. You are the nurse helping to manage the clinic, which is running nearly an hour late today. You want the patient to complete a form to calculate their Epworth Sleepiness Scale (ESS).

TASK

- Find out* what the patient knows about the purpose of the clinic and _____ if necessary.
- _____ the patient to fill in the questionnaire.
- _____ the patient the doctor needs the results of the questionnaire to help him provide the best care.
- Strongly _____ the patient to answer the questions honestly.

4.2 Read the role card again and answer the questionnaire.

OET Speaking Questionnaire

- | | |
|---|-------------------|
| 1 Where does the conversation take place? | Outpatient clinic |
| 2 What is your role? | Nurse |
| 3 What is the role of the interlocutor? | _____ |
| 4 Have you met the patient/carer/relative before? | _____ |
| 5 What is the main aim of the conversation? | _____ |
| 6 How urgent is the situation? | _____ |
| 7 How do you think the patient/carer/relative is feeling? | _____ |
| 8 What information do you need to gather? | _____ |
| 9 What information do you need to provide? | _____ |
| 10 What is/are the (potential) point(s) of tension? | _____ |

Test Tip

Use the questionnaire to help you prepare during the three minutes before the role play.

4.3 In small groups, compare the interlocutor role card with the role card in Ex. 4.1. Discuss the similarities and differences. What is the significance of these for the candidate?

SETTING Outpatient clinic

PATIENT You are a 49-year-old diabetic suffering from obesity and high blood pressure. You're embarrassed as your spouse complains about your snoring and noticed you sometimes stop breathing, then start again with a jolt. Colleagues comment you are sleepy and you often want to nod off. Your GP has made an appointment at the sleep clinic. You are annoyed as the appointments are running late.

TASK

- Ask what happens at the clinic.
- If asked, tell the nurse you don't remember what sleep apnoea is and why your GP has recommended you to the clinic.
- Express your annoyance at the questionnaire – you completed one at the surgery two months ago.
- Explain you want your spouse to join you, as s/he can describe some of the problems.
- Reluctantly agree to complete the questionnaire and wait to see the doctor.

e.g. Similar: setting / Different: hypertension vs. high blood pressure

4.4 Work in pairs and look at the photos below. How do you usually begin your conversation in these situations?



a routine problem

b test results

c urgent issue

d with a relative

4.5 Reorder the words to form introductions and match them to the correct photos (a–d) in Ex. 4.4.

- 1 looking after your father. / Good afternoon, / I'm the nurse / it's Ms Taylor, isn't it? / I'm Eva and
- 2 have a little chat about / Nice to / the results of your blood tests. / see you again. / Thanks for coming in / Your doctor asked me to / Hello, Mr Martin. / to see us today. /
- 3 I understand / coming in today, Toby. / Thanks for / some back pain, / you've been experiencing / is that right?
- 4 something for that, / I can see you're / Is that OK? / I can give you / Hello Helen, / but first / ask you a few questions. / in a lot of pain. / I need to

4.6 1.4 Match the two halves to form more introductions. Which is the best introduction for Ex. 4.1? Why? Listen to Part 1 and check.

Test Tip
It's your job to start the role play; don't wait for the interlocutor to speak first!

- | | |
|---|--|
| <p>a Hello, Mr Brown, my name's Laura. I'm the nurse in charge of today's clinic. How are ...</p> <p>b Hello, Mr Brown. How have ...</p> <p>c Hello, Mr Brown. I'm sorry for the delay. My name's Laura and I'm the nurse ...</p> <p>d Hello, Mr Brown. I'm sorry for the delay. My name's Laura. How ...</p> | <p>i are you today?</p> <p>ii you today?</p> <p>iii in charge of today's clinic.</p> <p>iv you been since we last saw you?</p> |
|---|--|

4.7 1.5 Listen to Part 2 and circle the correct words to complete the statements.

- a** The patient's GP **had explained / hadn't explained** the procedure at the sleep clinic.
- b** The patient will have his **weight and height / height and weight** and oxygen levels recorded.
- c** The patient has been waiting for almost **30 / 20 / 60** minutes.
- d** The patient **has already completed / refuses to complete / agrees to complete** a form.

4.8 In pairs, brainstorm two or three ways the nurse (a) demonstrates a respectful attitude, (b) could improve her communication.

e.g. (a) She introduces herself to the patient.

4.9 In pairs, compare these questions. Which one is the best? Why?

- a** Do you know about the sleep clinic? **b** So I guess your GP explained what's going to happen today. **c** What do you know about the sleep clinic?

4.10 Complete two more questions to find out what the patient understands about the sleep clinic.

- a** How much _____?
- b** Can I just ask, _____?

4.11 In pairs, practise introductions and tasks (a–b) on the candidate role card.



Grammatical Expression | Present tense review

5.1 1.6 Dr Chambers is dictating a referral letter to her secretary. Listen and complete the letter.

Dear Dr Chan,

I a) *am writing* to refer a patient of mine for your further assessment. Ms Alison McTaggart

b) _____ 49 years old and c) _____ of disrupted sleep pattern.

The patient d) _____ part-time in a pharmacy and e) _____ after teenage

sons, both of whom f) _____ mildly autistic. Ms McTaggart g) _____

overweight with a BMI of 27 and h) _____ a five-year history of type 2 diabetes.

5.2 Read the information in the grammar box. Look at the letter in Ex. 5.1, underline examples of the present simple and circle examples of the present continuous. Then answer the questions.

Expressing the present in healthcare

1 Use the **present simple** to write or talk about habits or routine and factual information, including family, past medical and current social histories.

e.g. Sally suffers from mild depression, but is not on any medication. She has no history of allergies.

2 The **present continuous** expresses an action in progress or a temporary action that is repeated over a specific period of time.

e.g. I am referring Ms Barber to you for further investigation. Blood tests are taking place in Room 10.

GR: p. 103

a Which example(s) in Ex. 5.1 indicate(s): a routine, a fact?

b What is the difference between the use of the present continuous in (a) and (c) in Ex. 5.1?

5.3 Read these sentences from referral letters. Correct one mistake in each sentence.

a Ms Dawes is still needing assistance with her ADLs, in particular washing and dressing.

b I am referring this patient who is requiring further investigation into possible OSA.

c The patient's current medication includes salbutamol, which she is taking twice daily.

d The patient no longer smoke and is a moderate to heavy drinker.

e I strongly recommends she attend a diabetes clinic.

f His social history isn't indicating anything remarkable with regards to his symptoms.

g I discharge this patient into your care.

h The patient had a two-year history of OSA.

Test Tip

A patient's medical history can never be erased – it's **always** in the present simple.

5.4 1.7 A nurse asks Debbie about her sleep pattern. Put the verbs into the correct tense. Then listen and check.

Nurse: a) *Are you sleeping (sleep)* well at the moment, Debbie?

Debbie: Not really, no. It sometimes b) _____ (**take**) me three hours to get to sleep. I c) _____ (**find**) I d) _____ always _____ (**worry**) about it too.

Nurse: I e) _____ (**see**). It's important that you f) _____ (**not/use**) your bedroom for anything other than sleeping. I g) _____ (**want**) you to try and do something to relax before you h) _____ (**go**) to bed, such as i) _____ (**have**) a warm bath or read.

Debbie: OK, I can do that. And what about sleeping during the day?

Nurse: Why? j) _____ you _____ (**take**) a lot of naps these days?

Debbie: Yes. I k) _____ (**get**) tired quite easily and I often l) _____ (**nap**) after lunch.

Lexis | Dependent prepositions 1

6.1 Many verbs and nouns in English are followed by prepositions. Look at these examples.



a My skin breaks out in a rash whenever I use a particular washing powder.

b *This patient presented today with signs of fatigue and complaining of continued disrupted sleep.*

6.2 Complete the article, using the expressions in the box.

carried out linked to lead to looking into
put the blame on research into result of

Sleep Apnoea: Surge in Number of Children Admitted to Hospital

The growing number of young people in the UK with this disorder may be

a) *linked to* rising obesity levels.
b) _____ sleep apnoea
c) _____ by a consultant in paediatric sleep medicine has concluded that the number of hospital admissions of children and teenagers with the

condition has risen sharply over the past four years. The **d)** _____ the condition is disrupted sleep, which can also **e)** _____ other health and behavioural problems. Experts **f)** _____ this phenomenon **g)** _____ childhood obesity.

6.3 In pairs, discuss the questions.

- To what extent do the results of the research surprise you?
- What does the noun **surge** in the title mean?
- What kind of behavioural problems might sleep apnoea cause in children?
- What advice might you give a parent whose child is suffering from sleep apnoea?

6.4 Match these verbs to the correct preposition. Use a dictionary if necessary.

benefit recover ask

check prescribe set

suffer **FOR** flare

clear **FROM**

throw **UP** come

arrange withdraw care

recommend

6.5 Write a sentence for each expression in Ex. 6.4 to help you remember the meaning.

*e.g. The patient **cares for** her elderly mother and two teenage sons.*



OET Writing | Opening & closing a letter

7.1 As a group, complete the OET Writing task with the words/phrases in the box. Then answer the questions (a–b).

body ~~case notes~~ complete sentences letter note form relevant

Test Tip

Remember to write your letter from today's perspective.

WRITING SUB-TEST: NURSING
TIME ALLOWED: READING TIME: 5 MINUTES
WRITING TIME: 40 MINUTES

Mr Anton Faure is an 87-year-old patient in the medical ward at the New Cross Hospital, where you are a Charge Nurse.

Using the information given in the 1) *case notes*, write a discharge letter to Jill Templar, Senior Nurse at the Maples Nursing Home, 20 Banks Street, Ambledown who'll be responsible for his care.

In your answer:

2) Expand the _____ notes into _____.

3) Do not use _____.

4) Use _____ format.

The 5) _____ of the letter should be approximately 180–200 words.

- a What is the significance of the instruction in (2)?
- b What do you think is included in the body of the letter?

7.2 In pairs, look at the task in Ex. 7.1 again and answer the *OET Writing Questionnaire*.

7.3 In pairs, answer and compare your thoughts. Then read the commentary on page 71.

- a I'm concerned about completing the letter in 40 minutes. **Yes / A little / No**
- b I'm concerned about writing the letter within the word count. **Yes / A little / No**
- c I'm concerned about having to write in a formal style. **Yes / A little / No**
- d I'm concerned about my spelling in English. **Yes / A little / No**

7.4 Look at the opening submitted by OET candidate, Andras. Correct the mistakes.

Jill Templar
Maples Nursing Home
20 Banks Street
Ambledown
11th of Aug 2019

Re: Mr Anton Faure, an 87-year-old male patient widowed, for discharge from New Cross Hospital on 12 Aug 2019.

Dear Ms Jill

7.5 Write the correct salutation for these recipients.

- a The manager of the Maples Nursing Home.
- b No name is mentioned.

7.6 Reorder the words to form three closings for a letter.

a	b	c
any / Please / with / queries. / contact / me	to contact me. / require / please / feel free / If you / any additional information,	hesitate to / require / Should you / please do not / contact me. / any further information,
Yours sincerely, Charge Nurse	Yours sincerely, Doctor	Yours sincerely, Doctor

Test Tip

Don't forget commas [,] after *Dear Dr Smith, ...* and *Yours sincerely, ...*

7.7 Write a closing for the letter in Ex. 7.4.

Additional resources

UNIT 1 | Respiratory (1)

OET Writing Opening & closing a letter

Ex. 7.3 Commentary

- a You have five minutes to prepare your letter at the beginning of the test. Use this time to read the task carefully, skim the case notes and plan your letter. The tasks for the OET Writing Test are designed in such a way you should have enough time to write a response of 180–200 words as well as proofread what you have written within the allocated time. It is a good idea to practise writing to a time limit of 35 minutes leaving the last five minutes to check your work and make corrections.
- b The word count for the body of the letter is 180–200 words. However, this does not include the opening and closing. Practise writing letters by hand, as opposed to typing them. Count the number of words you usually write per line; this way, you won't have to waste time counting words during the test. Why not learn expressions for the opening and closing by heart and save even more time?
- c The course will take you step-by-step through the process of writing a formal letter and you will have the opportunity to practise writing. You will learn about certain grammar structures and formal expressions that are commonly used in this type of healthcare communication. The good news is that if you studied English at school or university, you probably learnt to write in a more formal style; the process won't be totally unfamiliar.
- d Spelling is important, but it will be taken into consideration alongside other linguistic features and conventions, such as grammar, punctuation and layout. It is important that the recipient can read your letter easily and find the information he or she needs in order to act quickly, just as in real life. Words that appear in the case notes, e.g. patient name or address, etc. must be spelt correctly, however. It is advisable to practise spelling out words that often cause you problems. You can write your letter in either British English (as for the UK, Australia, Ireland, New Zealand) or American English, but make sure you use the same form throughout the whole of your letter.

OET

OCCUPATIONAL ENGLISH TEST

ALL PROFESSIONS

Tom Fasnidge

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Reading & Listening
SKILLS BUILDER

The English
Language Test
for Healthcare
Professionals



Express Publishing

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OET Reading & Listening Skills Builder

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Subject Focus		Reading Focus	Listening Focus	Language/Skills Focus	
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Occupational English Test (OET)

Introduction

OET Reading and Listening Skills Builder teaches techniques applicable to the OET Reading and Listening sub-tests. It may be used for classwork or self-study. Techniques for each part of both sub-tests are presented in exercises relating to the work of a range of healthcare professionals, contextualising the skills you must develop to succeed in the test. The book also contains the equivalent of more than two complete OET Reading and Listening sub-tests.

This book has four main purposes:

- to familiarise you with the format and content of the test and show how it relates to skills that you use all the time in your work
- to develop specific skills to help you succeed in each section of the Reading and Listening sub-tests
- to highlight language areas that occur frequently in OET texts and show how understanding them can improve your test performance
- to use these skills and language in practice test material similar to the OET Reading and Listening sub-tests

Structure and content

The OET Reading and Listening sub-tests are divided into parts A, B and C. In both sub-tests, Part A has the most focus on specific details, Part C emphasises interpretation of meaning from longer texts, and Part B includes elements of both of these approaches. There are also similarities between the contexts presented in each part: for example, both Reading A and Listening A are largely concerned with practical, patient-centred matters. For these reasons, after Unit 1, which introduces the range of texts and questions you will find across the Reading and Listening sub-tests, each unit contains exercises on Part A, B or C of both sub-tests, with three units for each part.

The units are divided into Reading and Listening sections. Each section begins with a lead-in that introduces the topic of the unit and some vocabulary, task orientation and/or discussion. Exam-style tasks are then gradually introduced, with texts reflecting documents (Reading) and conversations (Listening) similar to those used in the real test and exercises that resemble OET exam tasks and/or focus on language points pertaining to the relevant section of the test. Each section ends with an 'Extra' activity giving further test practice.

Tip boxes occur frequently throughout each unit to give advice about test techniques and point out language features and test elements to bear in mind as you prepare.

Answers are provided for all applicable exercises. Where appropriate, suggested or possible answers are given. In many cases, a rationale is given for each right and wrong answer. Audioscripts are included for all listening exercises.



How to use this book

If you've never taken or prepared for OET before, you should start at the beginning and work your way through unit by unit, as the book is designed to build skills by introducing tasks and techniques gradually. However, each unit can stand alone, so if you've taken OET before or are using this book for revision after taking a preparation course or trying an OET practice test, you can jump straight to the areas that you want to concentrate on, using the detailed breakdown of texts and exercises in the contents to guide you.

OET Reading and Listening Skills Builder is well suited for use as a class coursebook, either on its own or with the companion volume *OET Speaking and Writing Skills Builder*, but it is also an effective companion for self-study. If possible, you should have a real-life or online study partner so you can make the most of the discussion questions and compare your answers to the practice test material.

While every unit contains exercises on the key language used in OET Reading and Listening texts, the book is necessarily focused on exam preparation and is not intended to be a comprehensive guide to every aspect of medical or academic English. Students wishing to cover these topics in greater depth should consider supplementing this book with one or more textbooks on medical English or English for academic purposes (EAP).

The texts and exercises in this book are generally a little easier than the real test, so that you can focus on the techniques you need to use and build gradually towards the test itself. When you finish the book, take one of the official OET practice tests for Reading and Listening to gauge your level of preparedness for the exam. There is no official pass mark or percentage needed for a B in OET, but if you don't score at least 30/42 or 70% in each test, you will probably need more preparation before booking your exam.

Are you ready to start preparing for OET?

OET is a test of your English ability, not your clinical knowledge. An OET grade B is equivalent to level C1 on the CEFR¹ and demonstrates an advanced understanding of the language. For this reason, if you are not currently at least at level B2 (upper intermediate), it is likely that OET will be too difficult for you without further general or medical English study. To get an idea of your current CEFR level, take one of the many online tests that can be found via a quick web search or look at an upper intermediate general or medical English textbook. If the language covered is unfamiliar or if you have difficulty with the exercises, consider further self-study or take a general English course so that you are comfortable with B2-level English before beginning to prepare for OET.

1. Common European Framework of Reference: a set of standards used in Europe and around the world to measure language ability. C1 is the second-highest level. It takes approximately 200 hours of study to move from one level to the next.



Occupational English Test (OET)

Test information

Structure

The OET Reading and Listening sub-tests both contain 42 questions across parts A, B and C, but the questions are divided slightly differently in each test:

	Reading (60 mins)	Listening (~40 mins)
A	4 texts, 20 questions	2 recordings, 24 questions
B	6 texts, 6 questions	6 recordings, 6 questions
C	2 texts, 16 questions	2 recordings, 12 questions

Question types

There are two main question types in OET Listening and Reading, although they're used slightly differently in some parts of the test. The question types are:

Multiple-choice, in which you choose an answer from three or four options. This is the only question type in Reading and Listening B and C. A slightly different sort of multiple-choice question usually appears in the first task in Reading A.

Sentence completion, also called gap-fill, in which you complete a phrase or sentence using language you read or hear. This type of question appears in Reading and Listening A. Reading A also includes short-answer questions, which call for similar skills to sentence completion questions.

This book contains techniques and exercises to help you approach each question type in the most appropriate way.

Timing

The Reading sub-test takes 60 minutes. Reading A lasts for 15 minutes, after which your Reading A paper is taken away and can't be changed. You then have 45 minutes for Reading B and C together. As you work through this book, you'll learn how to use this time productively by identifying the key ideas in each question and analysing the texts to find the answers as quickly as possible.

The Listening sub-test takes around 40 minutes. Parts A and C each contain two recordings of about five minutes each and part B contains six recordings of around one minute each. There's a pause before each recording for you to read the questions: 30 seconds in part A, 15 seconds in part B and 90 seconds in part C. You only hear the recordings once, so it's vital to study the questions effectively during these pauses. There's a longer pause of two minutes at the end of the whole sub-test for you to check your answers.

Content

Unlike the Speaking and Writing sub-tests, Reading and Listening are the same for all OET candidates, which means that the texts and recordings can be about any of the professions eligible to take OET. This doesn't mean that you have to know all about medicine, optometry or veterinary science to succeed in the test; remember that OET assesses your English ability, not your clinical knowledge. The material you read and hear is accessible to a general healthcare audience, so your professional background may mean that you're familiar with some of the subjects and situations in the test, but the main skills you need to develop to be successful in OET are language-based, such as the ability to understand paraphrases or interpret meaning from context.

Marking, scores and grades

Your score out of 42 in each sub-test corresponds to a score on a scale of 0 to 500. Professional organisations have their own grade requirements for registration, but it's fairly standard to need a grade B in Reading and Listening, which translates to 350–400 out of 500. It's very common for OET candidates to ask, "How many correct answers do I need to get a B?"; but there is no exact answer to this question. The grade boundaries change slightly from test to test to allow for differences in difficulty levels, although OET themselves say that candidates receiving a B will usually score 30 or more out of 42 in Reading and Listening.

A day in the life



Objectives

Reading

- Reading overview
- Types of reading texts & questions

Listening

- Listening overview
- Types of listening texts & questions

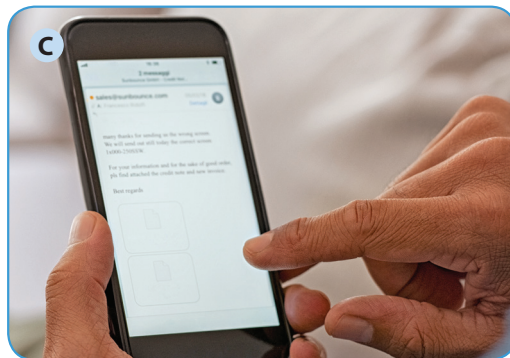
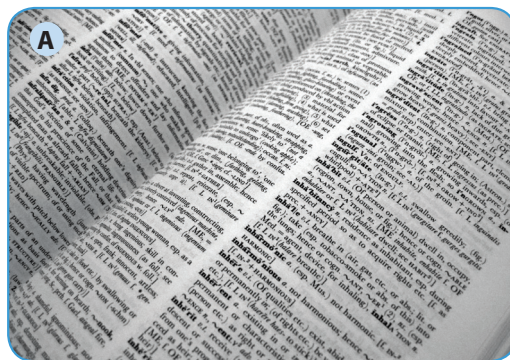
Language and Skills

- Skills overview
- Reading & listening for gist, detail and purpose

Reading

Lead-in

- 1.1** Discuss with a partner. How do you read each of these types of material? Think about why you read them, how long you spend reading them, how much of them you need to read and how much of them you need to remember. How do these factors affect the way you read?



Test Tip

All the texts in the OET Reading sub-test are chosen to represent documents that health professionals might encounter in the course of their work. You can practise your reading skills every day with the texts you read for different aspects of your job. Pay attention to the way you read each type of text and how you find the information you need.

- 1.2** In your job, how do you learn about issues like training, procedures and administration? Think about the types of documents you read (memos, guidelines, manuals etc.), how you receive them (email, printed document, journal etc.) and how you read them (in a training session, in a meeting, during a break etc.).
- 1.3** Imagine this is your to-do list for the first half of your working day. What kinds of documents will you have to read to complete the tasks?

- 1 Research short presentation about asthma
- 2 Find out about training, schedules, meetings etc.
- 3 Catch up on latest developments in the industry

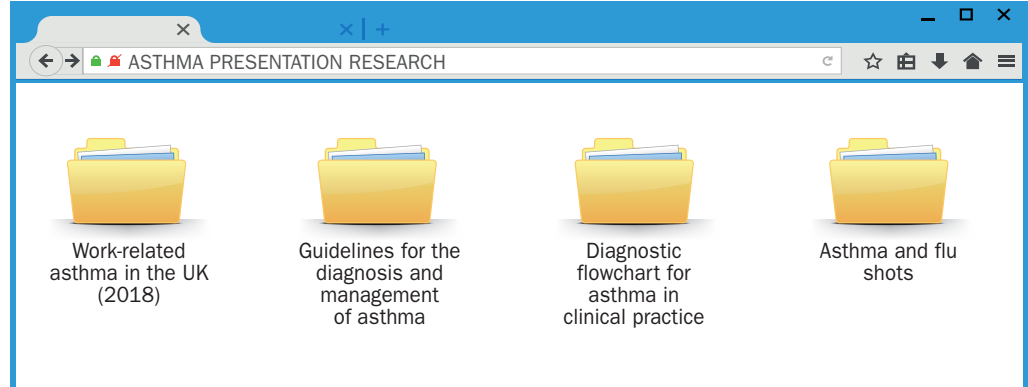


Test Tip

When you first look at the texts in Reading A, notice how the information is arranged. Things like titles, headings and bullet points can help you locate answers more quickly. You should also be aware of distinctive content such as names, numbers and technical language, which stand out from other information on the page.

Introduction to Reading A

2.1 To research your presentation about asthma, you have downloaded these documents. What kind of information do you think each one contains?



2.2 Work in pairs. Student A, look at texts A and B below. Student B, look at texts C and D on page 11. Spend a maximum of two minutes studying your texts, then cover them and tell your partner everything you can remember about them. As your partner describes their texts to you, check the information they give you by looking at the texts.

Text A

Work-related asthma in the UK (2018)

There is no universally accepted definition of 'occupational asthma', though it is typically defined as adult asthma caused by workplace exposures and not by factors outside the workplace. The wider definition of 'work-related asthma' includes all cases where there is an association between symptoms and work, such as 'work-aggravated asthma', which typically refers to pre-existing cases made worse by non-specific factors in the workplace. Many cases of occupational asthma are allergic in nature and typically involve a latency period between first exposure to a respiratory sensitiser in the workplace and the onset of symptoms.

Test Tip

The texts in Reading A are about different aspects of the same subject and may contain a diverse range of information. For some questions, it will be quite obvious which text probably contains the answer, but in many cases, there will be more than one possibility, so you will need to use a combination of skimming (reading for overall meaning) and scanning (reading for detail) to be sure.

Text B

Guidelines for the diagnosis and management of asthma

Inhaled Corticosteroids

Inhaled corticosteroids (ICS) are the most effective medications for long-term management of persistent asthma.

Check Asthma Severity

At diagnosis, all patients should have an initial severity assessment based on measures of current impairment and future risk.

Asthma Action Plans

All people who have asthma should receive a written asthma action plan.

Check Asthma Control

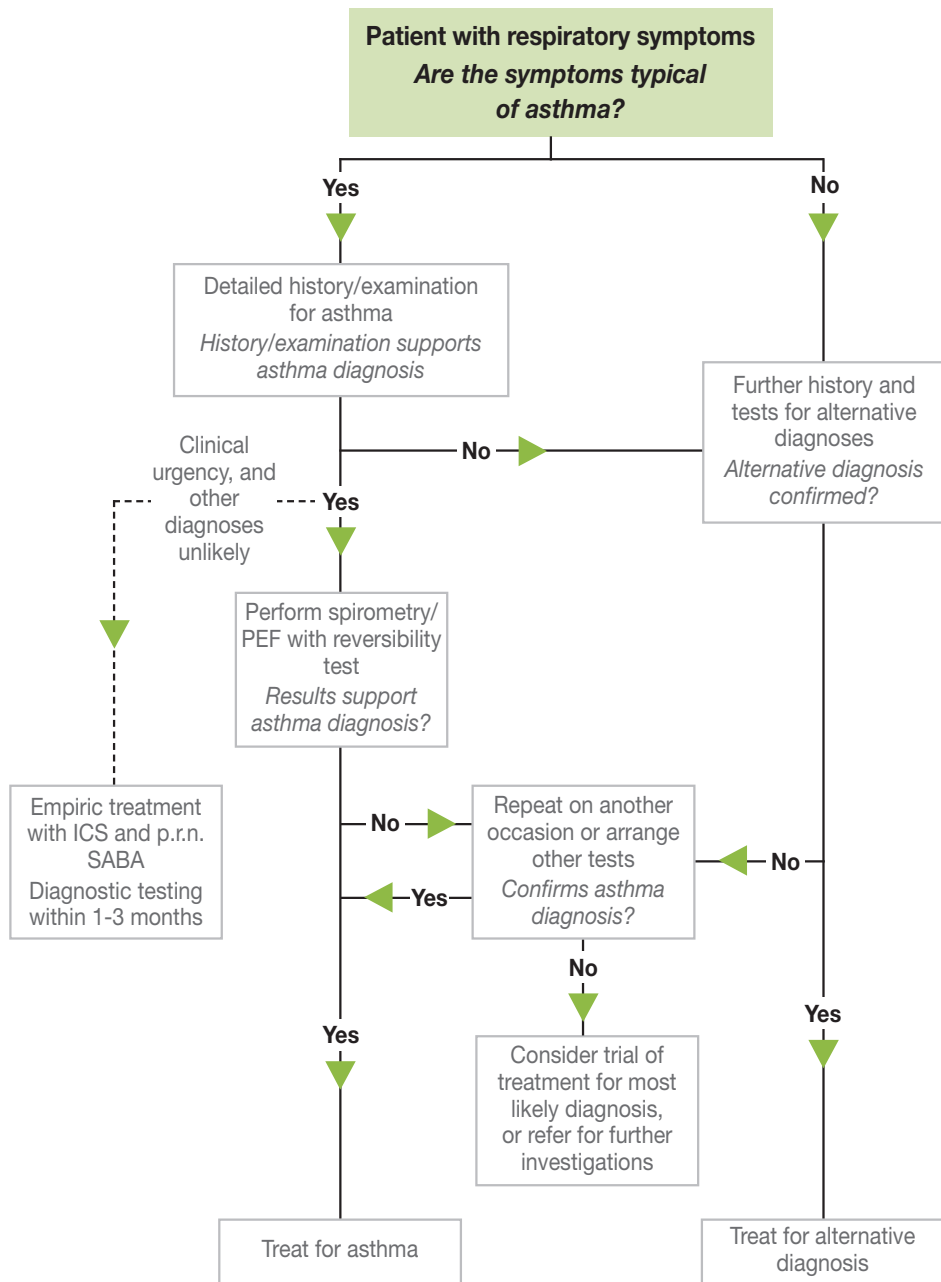
At planned follow-up visits, asthma patients should review level of control with their healthcare provider based on multiple measures of current impairment and future risk.

Follow-up Visits

Patients who have asthma should be scheduled for planned follow-up visits at periodic intervals.

Text C

Diagnostic flowchart for asthma in clinical practice



PEF=peak expiratory flow; ICS=inhaled corticosteroids; SABA=short-acting beta₂-agonist

Text D

Asthma and flu shots

Adults with asthma are at high risk of developing complications after contracting the influenza virus, yet many adults with asthma do not receive an annual flu vaccination. Only 58% of all asthmatic adults and 35% of asthmatic adults younger than 50 years of age receive the flu vaccine annually.

Respiratory infections like influenza are more serious in patients with asthma, and such infections can often lead to pneumonia and acute respiratory disease.



Test Tip

Each type of question in Reading A requires slightly different skills. Whenever you practise for Reading A, reflect on how you find the answers and make a note of the most successful techniques.

2.3 You have decided to cover these topics in your presentation. Based on your reading in the last exercise, in which of the texts would you find the information you need?

1 How to distinguish asthma from other conditions
2 Environmental causes of asthma
3 How to treat chronic asthma

2.4 Check your answers by looking at the texts.

2.5 To prepare for your presentation, you think of some questions your colleagues might ask you about asthma. Read them and decide which of the four texts is most likely to contain the answer to each one, then scan the texts for the information you need.

1 What proportion of adult asthma sufferers under 50 get a flu shot each year?

2 How soon should diagnostic tests be conducted if severe asthma is suspected?

3 What is it called when a patient's asthma is made worse by their working conditions?

2.6 You make some notes to refer to in your presentation. Complete the notes with words and phrases from the texts.

1 Influenza is likely to cause _____ for adult asthma sufferers.
2 If multiple tests on patients with asthma symptoms do not result in an asthma diagnosis, _____ may be requested.
3 Patients diagnosed with asthma should be given an _____ to determine the seriousness of their condition.
4 People whose asthma is triggered by substances they inhale at work usually go through a _____ before they become symptomatic.

2.7 Using the texts A–D, prepare a short (1–2 minutes) presentation about asthma. Try to avoid using the language of the texts as much as possible without changing the meaning.

Introduction to Reading B

J. Smith jsmith.aic@aicgroup.com		
	Sender	Subject
	Healthcare Workers' Information Network	You may be paying too much for certifications
★	Practice management	Safeguarding
	The Medical Gazette	Pay rises 'not keeping up with cost of living'
	Premier Clinical Equipment Sales	SAVE MONEY NOW on the latest gadgets!
★	Patty Clemence	Re: Requests for emergency appointments
★	Practice nurse	Vancomycin administration
	Marisol Morales	Plans for the weekend?
	Dennis Forlani	Discharge procedure

3.1 Look at the subject lines of the messages above. If you had a few free minutes at work, which of them would you:

- a read immediately?
- b save to read later?
- c delete without reading?

3.2 What do the subject lines tell you about the content of the messages? Are they giving information, making a request, or something else? Discuss with a partner.

3.3 Look at three of the messages below and discuss these questions:

- a Who is the intended audience for each message?
- b What is the purpose of each message?
- c What is the most important information in each message?

Test Tip

In Reading B, you need to read six texts and answer a question about each one. The texts will all be on different subjects and could relate to any of the 12 professions eligible for OET.

①

Safeguarding

Safeguarding adults is everyone's business and practice nurses have a professional duty as directed by the Nursing and Midwifery Council. Practice nurses should be able to promote and protect the rights of patients who are not able to protect themselves from harm or abuse. And they must not assume someone else will report a safeguarding concern. It is important that vulnerable adults are kept as safe as possible and are involved in safeguarding decisions. In line with this, the reporting of abuse needs to be done in a timely manner in accordance with local policies, procedures and legislation.



②

MY INBOX Oliver S. Johnson

COMPOSE Search... My account Settings Calendar Contacts Cloud

▼ All Mail
Inbox (12)
Sent
Drafts
Deleted
Spam

▼ Categories
Work
Personal
To Do
Misc
Archived

▼ Tags
Urgent
Social
Offers
Later

Subject: Re: Requests for emergency appointments

From: Patty Clemence

To: All staff

Patients and staff have recently raised concerns that the procedure for booking emergency appointments is insufficiently clear. Please note the following information and communicate it to patients as necessary:

- When receiving a request, reception staff should note the details of the emergency and take a number on which the patient or their carer can be contacted
- The doctor on duty will assess the urgency of each case based on this information and contact patients accordingly
- If the issue cannot be resolved over the phone, the patient will be given an appointment to visit the surgery
- It is not possible to assign patients to a particular doctor, as emergencies are dealt with by the doctor on duty
- Receptionists are not responsible for prioritising cases and should make this clear to patients who call

③

Vancomycin Administration

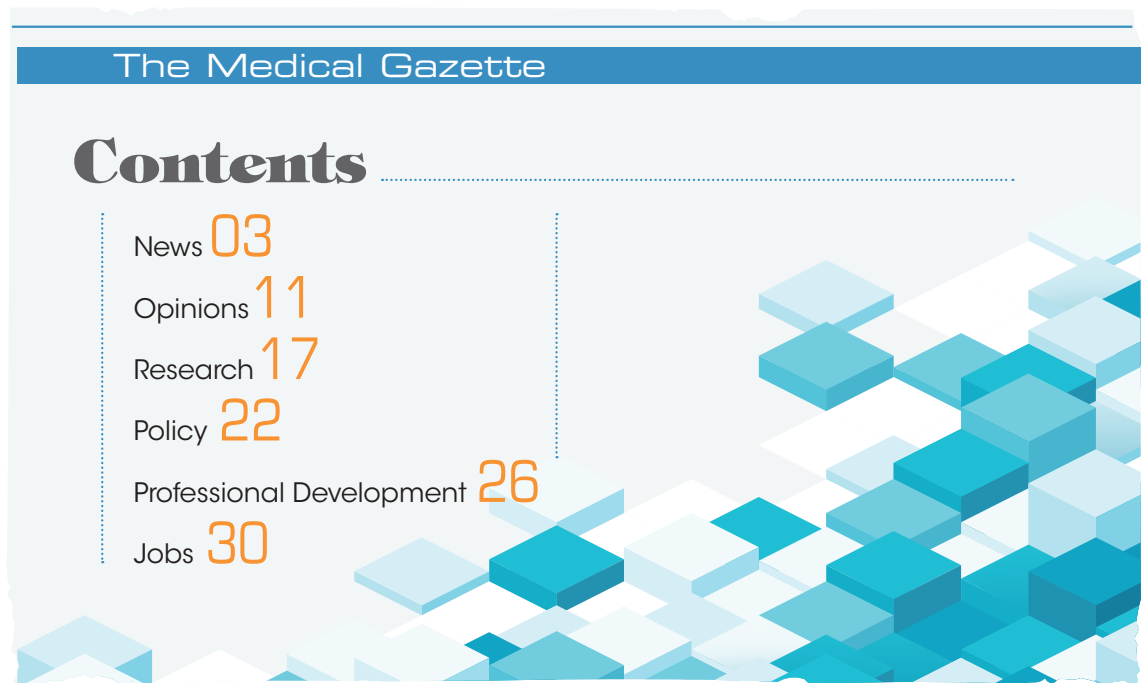
Vancomycin is very irritating to tissue and should not be given intramuscularly as this can cause injection site necrosis. It must be given by slow intravenous infusion using a dilute solution to reduce the risk of tissue necrosis if extravasation (leaking) occurs. Vancomycin should not be given rapidly due to the risk of infusion reactions. The intravenous use of vancomycin may be associated with the so-called 'red-neck' or 'red-man' syndrome, characterised by erythema, flushing, or rash over the face and upper torso, and sometimes by hypotension and shock-like symptoms. The effect appears to be due in part to the release of histamine and is usually related to rapid infusion. It may also cause pain or muscle spasm.

3.4 Use the texts and your ideas from the last exercise to answer a question about each message.

Test Tip

In Reading B, you will either have to choose one of three answers to a question or complete a sentence using one of three options.

- 1 What does the message say about vulnerable patients?
 - a Primary responsibility for informing authorities of their mistreatment lies with nurses.
 - b Standards governing their protection may differ depending on their location.
 - c Choices affecting their safety and wellbeing should be made by them alone.
- 4 Patients who need an emergency appointment
 - a should not expect to see their usual doctor.
 - b can see a doctor if their case is serious enough.
 - c must give their phone number to a receptionist.
- 4 The effect of vancomycin on the skin may be minimised by
 - a using antihistamine.
 - b injecting it quickly.
 - c adding water to it.



Test Tip

You can practise for Reading C by finding articles in professional journals and the health sections of newspapers and magazines. Focus on identifying the writer's point of view and their reasons for using particular language.

4.1 Look at the contents page above. In which section would you expect to find articles with these titles?

A How to use language effectively with difficult patients

B [New standards for time reporting in hospice care]

C The effect of alcohol use on college test scores

D “ Why the gender pay gap matters to clinicians ”

E Salary negotiations: a step-by-step guide

4.2 Discuss which section(s) you might read for the following reasons:

- a to find the date of a particular study
- b to kill time, e.g. while waiting for a meeting to start
- c to learn about the latest developments in your field
- d to look for ways to improve your employment prospects
- e to find out about your obligations regarding confidentiality

4.3 How does your reason for reading affect the way you read? Think about how quickly you read, the amount of information you take in and the amount of information you remember.

4.4 Look at the headline, photo and caption below. Do you think the story is positive, negative or neutral?



Device that converts phone screen into braille a 'lifeline for deaf-blind people'

4.5 Which of these things do you think the story will contain? Why?

- a quotations
- b statistics
- c opinions
- d graphs, charts and tables
- e explanations

4.6 Now take a maximum of two minutes to check your answers to 4.4 and 4.5.

Melbourne woman Heather Lawson is both deaf and blind; to participate in an interview she requires support from two interpreters. She places her hands over those of the first interpreter and feels via touch as he signs my questions to her. A second interpreter translates her responses back to me. But despite the multi-layered conversation, this remarkable and independent woman's great sense of humour shines through.

Ms Lawson was born without hearing and grew up communicating via sign language. By the time she reached her 20s, she gradually began losing her sight as well. 'It really did affect my life,' she said. A small device has given Ms Lawson, and the wider deaf-blind community, the opportunity to connect with the world. In recent years a small display which fits in her handbag has become vital as it converts the words on her phone screen into braille. 'It's just fantastic, that technology, and I love it. It has made my life a lot easier and I've been able to achieve things.'

The braille display connects to the phone via Bluetooth, allowing her to access emails, SMS, Facebook, apps and the internet. It also makes banking and navigating public transport much easier. 'I live an independent life, and I have for a number of years, but the technology that's available now has allowed me to remain independent,' Ms Lawson said. The machine also allows her to write notes in the phone which can be useful for communicating with taxi drivers.

She once used it to communicate with firefighters who had broken into her home to respond to a fire alarm. 'I didn't realise the firemen had broken into my house to turn it off,' she said. 'We were able to communicate on my computer using the braille display.'

I get goosebumps just thinking about it. It was a great experience.'

The device has 14 braille cells which change with the touch of a button to reflect the next passage of text. 'It does take a little bit more time for me to read things using those buttons but it's definitely worth it,' Ms Lawson said.



4.7 Look at the first paragraph again. Why do you think the writer chose to begin the story in this way?

4.8 Read the following question and the four possible answers. Are any of them similar to your ideas from the last exercise? Decide which option is correct.

- 1 The first paragraph is intended to
- a illustrate how difficult it is to interview a person with a disability.
 - b show that a disability doesn't take away someone's personality.
 - c explain how blind people communicate with sighted people.
 - d highlight the work of interpreters for deaf-blind people.

4.9 Now answer three more multiple-choice questions about the story.

- 2 What positive effect does the second paragraph say the device has had on Ms Lawson's life?
- a She can communicate with other deaf-blind people.
 - b She no longer needs to use sign language.
 - c She is able to read the text on her phone.
 - d She can talk to people in other countries.

- 3 What does the quotation in the third paragraph tell us?
- a Ms Lawson's current lifestyle would not have been possible in the past.
 - b Ms Lawson was unable to use buses or taxis before she had the device.
 - c Using the device has given Ms Lawson a greater degree of autonomy.
 - d Technologies like email and the internet are essential to Ms Lawson.

- 4 Ms Lawson uses the phrase '**I get goosebumps**' to illustrate that she
- a was frightened when firemen broke into her house.
 - b is looking forward to using the new technology.
 - c was surprised that the device was so effective.
 - d is excited by the memory of the incident.

Test Tip

Rather than asking for specific information such as a year or the name of a medication, Reading C questions will ask you to interpret the text to find things like the opinion of a person quoted by the writer. You may also need to choose the answer which best summarises a section of the text.



Listening

Lead-in

1.1 Imagine that you are going to observe the situations in the photos as part of a training day. What kind of information do you think you will hear in each one?



1.2 Do you think the speakers will use formal or informal language? Why?

1.3 In which situation(s) do you think it will be important to recognise these types of information?

- 1 details such as the name of a medication
- 2 the cause or effect of a medical condition
- 3 decisions or the results of discussions
- 4 expert knowledge of a subject
- 5 people's opinions

1.4  **1.2** Listen to extracts from three recordings and match each of them to one of the situations.

1.5  **1.2** Now answer an exam question about each extract and listen again to check.

1 You hear a GP talking to a patient called Anita Wilkins. Complete the notes with a word or short phrase.

Patient: Anita Wilkins

Diagnosis: _____

2 You hear a hospital manager addressing a committee about an occupational therapy suite.

What does the committee still need to discuss?

- a whether to refurbish the suite
- b what the most important issues are
- c when the work needs to be finished

3 You hear part of a presentation by a dentist called Dr Hamish Lennon, who teaches clinical communication techniques.

Dr Lennon says that his professional experience

- a informs a great deal of his teaching.
- b helps him refine the skills he teaches.
- c makes his teaching easier to understand.

1.6 Discuss the listening skills you needed to use for each question and the ways you used the language of the questions to predict what you might hear.



Introduction to Listening A

- 2.1** For your first training observation, you are going to hear some more of the consultation between Mrs Wilkins and her GP. Based on the introduction and your own ideas, make a list of some topics they might discuss.
- 2.2** Think of some details that you might need to make notes about, e.g. the name of a medication, the length of a course of treatment or the words the patient uses to describe her symptoms.
- 2.3** Look at the doctor's notes for the next part of the consultation. Do they contain any of the information you thought of in the last two exercises?


Test Tip

In Listening A, minor spelling and grammar errors are acceptable as long as your meaning is clear – if you write that a patient 'have trouble sleeping' instead of 'has trouble sleeping' or spell *emphysema* as *emfisima*, you will still get the mark. However, this is not true in Reading A, where the words should come directly from the text and must be spelled correctly.

Onset: Occurred (1) _____ while in the USA for work
Doctors initially suspected (2) _____ but antibiotics ineffective/blood tests negative

Differential diagnosis: Fibromyalgia discounted as patient presented with (3) _____ rather than pain
Possibility of (4) _____ ruled out by MRI

Symptoms: First resembled (5) _____ (aches, general malaise) accompanied by tiredness (described as (6) _____)

- 2.4** Study the notes for 30 seconds, thinking about the types of words that could fit in the spaces.
- 2.5**  **1.3** Now listen to the rest of the recording and complete the notes with words or short phrases. You don't need to change the form of any of the words you hear.
- 2.6** Look at the audioscript on page 111 and notice the difference between the language of the dialogue and the notes. Write down any useful synonyms and paraphrases that you find.

Introduction to Listening B

- 3.1** For your second observation, you will listen to two more extracts from meetings involving healthcare professionals. What are some topics that you might hear about?
- 3.2** Read the question about the first meeting and three possible answers. Discuss ways the speakers could express the ideas in the question and answers.

- 1 You hear part of a conversation between a pharmacist and a doctor about their shared patients.
What does the doctor identify as a priority for her patients?
- a managing more than one health problem at the same time
 - b knowing that their symptoms are normal for their age
 - c being informed how much medicine they should take

- 3.3**  **1.4** Now listen and choose the correct answer. Did you hear any of the language you discussed in the last exercise?

Test Tip

The recordings in Listening B will represent many different healthcare contexts, often with a focus on administrative or procedural matters. Like in the other parts of the test, you don't need any particular knowledge of the subjects being discussed – all of the information you need to answer the questions will be in the recordings.



3.4 1.5 For the second meeting extract, listen to the recording and answer the question in your own words before looking at the options.

- 2 You hear a surgeon describing the outcome of an operation. What does he mention as a positive aspect of the operation?

3.5 1.5 Now look at the options and choose the one which most closely matches your ideas from the last exercise. Listen again and check.

- a The patient's cancer was completely removed.
- b The method was more economical than the alternative.
- c The procedure had fewer complications than earlier treatments.

3.6 Read the audioscript on page 111 to identify the language that confirms the correct and incorrect answers to the questions in this activity.

Introduction to Listening C

4.1 1.6 For your final observation, you're going to hear some more of Dr Lennon's talk about patient communication. Listen and discuss what you think Dr Lennon's main point is in this section.

4.2 1.6 Look at this question and three possible answers. Are any of them similar to your ideas from the last exercise? Listen again and decide which option is correct.

Dr Lennon says that trust

- a is the most important part of a relationship with a patient.
- b depends on the patient knowing their doctor is qualified.
- c can be built by demonstrating empathy and expertise.

4.3 1.7 In the next section, Dr Lennon talks about another aspect of patient communication. Listen and try to describe the focus of the section in one sentence.

4.4 1.7 Listen again and answer the question.

What does Dr Lennon say has changed in relationships between health professionals and their patients?

- a health professionals' attitudes to patients
- b patients' expectations of health professionals
- c health professionals' interest in patients' lifestyles

4.5 1.8 Listen to the next section and try to identify examples of these types of language:

- a comparison, *e.g. greater, not as much*
- b contrast, *e.g. but, whereas*
- c emphatic language, *e.g. extraordinary, definitely*
- d cautious language, *e.g. might, possibly*

4.6 1.8 Listen again and answer the question.

When he first met his patient Barbara, Dr Lennon was

- a surprised she had taken so long to make an appointment.
- b concerned that her surroundings might affect her mood.
- c doubtful about his chances of treating her successfully.

Test Tip

You may think an answer is correct or incorrect based on your existing knowledge even before you listen to the test recording. Remember, though, that the answers must correspond with what the speaker says, so even if something is true, it's only a correct answer if it matches the recording.

Additional resources

UNIT 9 | Administration and professional interactions

Reading B Identifying purpose

Ex. 4.1 & 4.2 (Student B), page 92

Record keeping guidelines

A patient's medical records are a document of their interactions with the healthcare system, and it is therefore essential for everyone involved in a patient's care to play their part in keeping them up to date and accurate. This ensures that treatment is administered based on the best available knowledge and can be shared, delegated and adapted as necessary. It also enables investigations and audits to be carried out in a timely and thorough manner and protects healthcare workers when their actions are subject to legal challenges. Because of the variety of record keeping methods in use across the health service, staff should undertake regular training on how to create, store and retrieve records, so that delays, misdiagnoses and security breaches can be avoided.

Reading B Identifying purpose

Ex. 4.3 (Student B), page 92

- a What does the text say about increased discounts?
- b What does the text say about the price of advance bookings?
- c What does the text say about registering attendees simultaneously?

Components:

- Student's book
- Audio CDs
- Digi app



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