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An overview of OET

About OET

OET is an international English language test that assesses the language proficiency of healthcare professionals seeking to register and practise in an English-speaking environment. It provides a validated, reliable assessment of all four language skills – listening, reading, writing and speaking – with the emphasis on communicating in healthcare professional settings.

OET tests candidates from the following 12 health professions: Dentistry, Dietetics, Medicine, Nursing, Occupational Therapy, Optometry, Pharmacy, Physiotherapy, Podiatry, Radiography, Speech Pathology and Veterinary Science.

Candidates are encouraged to prepare thoroughly for their OET test.

Language proficiency and test taking skills

For more information about OET including the latest test dates and a complete list of test locations and preparation providers, as well as access to our free test preparation package Start for Success, visit the OET website: www.occupationalenglishtest.org

About the test

OET assesses listening, reading, writing and speaking.

There is a separate sub-test for each skill area. The Listening and Reading sub-tests are designed to assess the ability to understand spoken and written English in contexts related to general health and medicine. The sub-tests for Listening and Reading are common to all professions.

The Writing and Speaking sub-tests are specific to each profession and are designed to assess the ability to use English appropriately in the relevant professional context.

Sub-test (duration)	Content	Shows candidates can:
Listening (45 minutes)	3 tasks Common to all 12 professions	follow and understand a range of health-related spoken materials such as patient consultations and lectures.
Reading (60 minutes)	3 tasks Common to all 12 professions	read and understand different types of text on health-related subjects.
Writing (45 minutes)	1 task Specific to each profession	write a letter in a clear and accurate way which is relevant for the reader.
Speaking (20 minutes)	2 tasks Specific to each profession	effectively communicate in a real-life context through the use of role plays.

Listening subtest

The Listening sub-test consists of three parts, and a total of 42 question items. You will hear each recording once and are expected to write your answers while listening. All three parts take 45 minutes to complete. The Listening sub-test has the following structure:

Part A – consultation extracts

Part A assesses your ability to identify specific information during a consultation. You will listen to two five-minute health professional-

Questions 13–24

You hear a GP talking to a new patient called Mike Royce. For questions 13–24, complete the notes with a word or short phrase.

You now have 15 minutes to look at the notes.

Patient	Mike Royce
	new patient transferring from another practice
Description of initial problem	<ul style="list-style-type: none"> severe pain in (13) _____ area worsened after an accident at work developed (14) _____ on back of knee (described as trigger points.)
Impact on daily life	<ul style="list-style-type: none"> unable to (15) _____ while working (house painter) problems climbing ladders
Initial treatment	<ul style="list-style-type: none"> exercise programme including <ul style="list-style-type: none"> – stretching exercises – rest (16) _____ for pain
Developments in condition	<ul style="list-style-type: none"> GP suspected (17) _____ prescribed hospital-based rehabilitation temporary improvement noted

patient consultations and you will complete the health professional's notes using the information you hear.

Part B – short workplace extracts

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 one-minute 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

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 five-minute extracts and you will answer six multiple-choice questions for each extract.

Reading subtest

The Reading sub-test consists of three parts, with a total of 42 question items. You are given 60 minutes to complete all three parts (15 minutes for Part A and 45 minutes for Part B and Part C). The Reading sub-test has the following structure:

Part A – expeditious reading task

Part A assesses your ability to locate specific information from four short texts in a quick and efficient manner. The four short texts relate to a single

Part B

In this part of the test, there are six short extracts relating to the work of health professionals. For questions 1-6, choose answer (A, B or C) which you think fits best according to the text.

1. Medicines have been stored incorrectly.

(A) They should be reported.

(B) They should be disposed of them securely.

(C) They should be sent back to the supplier.

Manual extract: effective cold chain

The cold chain is the system of transporting and storing vaccines within the temperature range of +2°C to +8°C from the place of manufacture to the point of administration. Maintenance of this temperature range is essential for maintaining vaccine potency and, in turn, vaccine effectiveness.

Purpose-built vaccine refrigerators (PBRs) are the recommended means of storage for vaccines. Domestic refrigerators are not suitable for the special temperature needs of vaccine storage.

Despite best practices, cold chain breakages can still occur. Do not discard or use any vaccines exposed to temperatures below +2°C or above +8°C without obtaining further advice. Isolate vaccines and contact the state or territory public health bodies for advice on the National Immunisation Program vaccines and the manufacturer for privately purchased vaccines.

healthcare topic, and you must answer 20 questions in the allocated time period. The 20 questions consist of matching, sentence completion and short answer questions.

Part B and Part C – careful reading tasks

Part B assesses your ability to identify the detail, gist or purpose of six short texts sourced from the healthcare workplace (100-150 words each). The texts might consist of extracts from policy documents, hospital guidelines, manuals or internal communications, such as email or memos. For each text, there is one three-option multiple-choice question.

Part C assesses your ability to identify detailed meaning and opinion in two texts on a topic of interest to healthcare professionals (800 words each). For each text, you must answer eight four-option multiple choice questions.

Writing subtest

The Writing sub-test consists of one profession specific task based on a typical workplace situation. The writing test takes 45 minutes to complete

- 40 minutes to write your letter and 5 minutes at the start to read the case notes on which to base your writing. The Writing sub-test has the following structure:

The task is to write a letter, usually a referral letter but sometimes a different type of letter such as a letter of transfer or discharge, or a letter to advise or inform a patient, carer, or group.

Along with the task instructions, you

WRITING SUB-TEST: MEDICINE

TIME ALLOWED: READING TIME: 5 MINUTES
WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

NOTES

atient: George Whitcroft is a 22-year-old man who has been a patient of your practice for most of his life. Apart from the usual childhood illnesses such as measles, he has been fit and healthy.

Subjective: Had severe frontal headache last 6 hrs. Mild assoc. nausea, no vomiting, slightly blurred vision but no aura. Otherwise well recently. No other symptoms. No photophobia. Neck stiffness. No past or family history of migraine.

Objective: HR 125/65. Fundi normal. Cervical spine movement normal. Exam otherwise normal.

Assessment: Frontal tension headache.

Plan: Paracetamol simple analgesic + paracetamol (500 q4h).

26/9/07

Subjective: Continuing of frontal headaches, six over last two weeks. Frontal and left-sided occipital occurring. Today severe left-sided throbbing headache, severe pain. Vomited three times today with headache. Complaining of slight numbness R side.

Objective: Distended, P110, BP 150/95, Fundi normal. Peripheral nervous system – normal. No reflex changes or other sensory signs.

Assessment: ?? possible severe migraine headache.

Plan: Start – Paracetamol 100mg intramuscular injection Maxicon10mg intramuscular injection. Review 24 hours if not settling.

29/9/07

Subjective: Collapsed at home after another left-sided severe headache started 3 hrs ago. Now in pain; weakness in right arm & leg. Conscious state depressed, speech slurred.

Objective: IP 100, BP 155/90, Pupillary – R arm flexion 4/5 power, extension 4/5 power, R leg knee flexion 4/5, R knee jerk increased.

Assessment: ? space occupying lesion or other intracranial pathology

Plan: Urgent assessment in Emergency Dept.

WRITING TASK

Using the above information, write a letter to the neurologist who will see the patient in the Emergency Department of the local hospital.

In your answer:

- expand the relevant case notes into complete sentences
- do not use note form
- use letter format

The body of the letter should be approximately 150-200 words.

will receive stimulus material (case notes and/or other related documentation) which includes information to use in your response.

Speaking subtest

The Speaking sub-test consists of two profession specific role-plays and is delivered individually. It takes around 20 minutes to complete. In each role-play, you take your professional role (for example, as a nurse or as a pharmacist) while the interlocutor plays a patient, a client, or a patient's relative or carer. For veterinary science, the interlocutor is the owner or carer of the animal. The Speaking sub-test has the following structure:

In each Speaking test, your identity and profession are checked by the interlocutor and there is a short warm-up conversation about your professional background. Then the role-plays are introduced one by one and you have 3 minutes to prepare for each. The role-plays take about five minutes each.

You receive information for each role-play on a card that you keep while you do the role-play. The card explains the situation and what you are required to do. You may write notes on the card if you want. If you have any questions about the content of the role-play or how a role-play works, you can ask them during the preparation time.

The role-plays are based on typical workplace situations and reflect the demands made on a health professional in those situations. The interlocutor follows a script so that the Speaking test structure is similar for each candidate. The interlocutor also has detailed information to use in each role-

OET	
ROLEPLAYER'S CARD NO. 1	MEDICINE
SETTING	Suburban General Practice
PATIENT	You are the parent of a two-week-old child. You have brought him to the doctor today because you are worried about the presence of many small white pimples on his nose and forehead. Your sister's children suffer from severe dermatitis and you fear that your newborn will be similarly affected.
TASK	<ul style="list-style-type: none"> • Explain your concerns to the doctor. • Insist that you are very worried that your child's condition is dermatitis and you wish to be referred immediately to a skin specialist for further assessment. • Be difficult to persuade but not impossible to. Ask what likelihood there is that the condition will develop into dermatitis. • Ask for advice on appropriate care for the baby's skin.

OET	
CANDIDATE'S CARD NO. 1	MEDICINE
SETTING	Suburban General Practice
DOCTOR	This parent has brought in his/her two-week-old son, worried about multiple small pimples across the infant's nose and forehead. There is a significant family history in first-degree relatives of severe dermatitis. On examination, this young infant shows multiple milia over the nose and forehead, a very common occurrence in newborns.
TASK	<ul style="list-style-type: none"> • Explain your diagnosis. • Explain to the parent that the skin condition is common and self-limiting and will resolve spontaneously over the first three to six months of life without needing any special treatment. • Reassure the parent (e.g., no known association between the occurrence of milia and the likelihood of developing dermatitis in later life) and recommend appropriate skin care.

PAUSE: 15 SECONDS

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M Have we got Mrs Kent's notes?

F Yes, they're here. She's coming in today for possible laser surgery for her retinopathy, isn't she?

M Well, depending on results – and from the look of these pictures we took last time, there's been a slow improvement, so we'll talk to her and perhaps hold off for the time being – unless her condition's worsened, 'cos it can in some cases.

F So what's the cause?

M Well, we know a leak of fluid behind the retina causes the distorted vision which sufferers get, but not why that occurs. There may be a link with stress, and also steroid use, but the jury's still out, I'm afraid.

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 a neurosurgeon called Dr Ian Marsh who specialises in the treatment of concussion in sport.

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

PAUSE: 90 SECONDS

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F: My guest today is Dr Ian Marsh, a specialist in the treatment of concussion in sport and a co-author on a new set of guidelines. So, Dr Marsh, what's the aim of these new guidelines?

M: Well the aim was really to provide a resource, not for the top-level professional sports people, but for parents, teachers and coaches of young people playing sport. The guidelines basically offer some expert information from a GP, an emergency physician, and myself as a neurosurgeon, about what the condition is, also how to identify the symptoms and how to manage it. If any of your listeners have ever had a concussion doing sports, you'll know how frightening it can be. It's confusing and painful, and difficult sometimes for teachers, parents, or whoever to work out if someone with concussion is okay. I mean... we hope to remedy that.

F: *And how do we know when someone is suffering from concussion?*

M: Well, obviously, if the person's actually knocked out - it's clear. But not all patients actually lose consciousness. Often following a hard knock to the head, they become disorientated or experience headaches, nausea or vomiting. These are signs of concussion and they may clear initially, but then return when the individual actually undertakes further physical activity; right, when they start to train again. So, it can actually take quite a while for things to really clear up. The essence of it is that people shouldn't start playing again until those warning signs have completely subsided.

F: *Yes, and you say that waiting anything less than fourteen days after all the symptoms have cleared would be too early to return?*

M: Yeah, that's right. If they go back too early, they risk a second concussion and, as we know from professional athletes, they may have to give up their sport if they have too many concussions. Right, so it's better, particularly in a young person with a developing brain, to allow all of the symptoms to settle, and only then return to play — well usually

return to train first, then return to play after that. It used to be thought that receiving another concussion, could lead to severe brain swelling, and that could be fatal or at least involve a visit to the emergency room. I think the evidence is fairly slim for that. What we do know though is that the compounding effect of having one concussion followed by another seems to be more severe than just the one. So it's always better to let the brain recover fully before playing again.

F: Right, so who's at the highest risk of sports concussion?

M: Well, actually a concussion can happen whenever anyone receives a blow to the head. Usually it's a sort of twisting blow, not a straight-on blow. But, obviously people playing sports like rugby - where there's bodily contact - stand more chance of being at the receiving end of such a blow. But having said that, it's just as likely to affect kids kicking a ball around a park as it is to affect top professional players in big matches.

F: Do you think that youth sports need specialist concussion doctors on hand? Like the professionals do?

M: There's always a risk and we know that it happens from time to time, but I mean most games — even the most dangerous ones — are without incident at all. I think people who are involved in running youth sports, whether they be referees, coaches, or parents, can be made aware of how to manage concussion, the signs that they need to look out for, and maybe the warnings of something more serious, so that they can take the appropriate actions. But I think always having a doctor on the sidelines where young people are playing is just an over-reaction.

F: In the USA, college football is big business. They're trialling helmet

First – the trial itself. It involved over nine-thousand hypertensive participants, aged fifty-plus, most of whom were on blood-pressure medication. They were randomly assigned to one of two groups – one with a goal of less than one-hundred-and-twenty millimetres systolic BP, the other with a goal of less than one-hundred-and-forty millimetres, the traditional standard. The intention was to follow these patients for five years, factoring in the usual drop-out rate. As it turned out, however, the trial was stopped after just three years thanks to an all-cause mortality reduction of nearly thirty percent for the one-hundred-and-twenty group, which was definitive and shocking - but wonderful. As I mentioned, the participants were over- fifties and it goes without saying that as people age, they develop more diseases and health problems as a matter of course. But there was a specific group of over-seventy-fives who did just as well as younger patients.

Before the trial, some medics referred to the natural stiffening of the arteries with ageing, suggesting that a hundred-and-twenty was too low a target for the over-seventy-fives, risking an increase of dizzy spells which would affect general wellbeing. But this concern turned out to be unfounded. Others thought there'd be a failure to take the number of tablets needed to reach a BP of a hundred-and-twenty, especially among older participants. Again, this wasn't an issue - the average needed was just three per day. The over-seventy-fives, already on various drugs, didn't object to extra medication. Participants from this age group who didn't finish the trial were taken out because some conditions, which were already present, worsened; for example in some cases obesity levels rose too high.

To manage their blood pressure, participants were given standard drugs – nothing experimental, just drugs that are readily available and low-cost. Another key factor was that blood pressure was measured in