OET LISTENING SUB-TEST – AUDIO SCRIPT

OCCUPATIONAL ENGLISH TEST. LISTENING TEST 7

This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: ---*---.**

You'll have time to read the questions before you hear each extract and you'll hear each extract ONCE ONLY. Complete your answers as you listen.

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

Part A. In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient. For questions 1 to 24, complete the notes with information you hear. Now look at the notes for extract one.

PAUSE: 5 SECONDS

Extract one. Questions 1 to 12.

You hear an endocrinologist talking to a patient called Silvana Hillier who has been referred by her GP. For questions 1 to 12, complete the notes with a word or short phrase. You now have thirty seconds to look at the notes.

PAUSE: 30 SECONDS

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M: So, Mrs Hillier I've got your notes here, but perhaps you could tell me, in your own words,
about the symptoms you've been having. You've had a couple of health problems over the last year or so, I think …

F: That's right … well, I'd been having some digestive problems for a while, and about a year and a half ago I was diagnosed with coeliac disease. I've had to drastically change my diet, but I'm coping all right with it overall.

M: That's good.

F: Yeah – I watch what I eat, and feel a lot better as a result. So much so that we – that's my husband and I – well … we've always wanted children, so we thought it was a good time to do something about it! But, after a year of trying, I just don't seem to be able to conceive. I didn't think there'd be any problem, to be honest, so we're wondering whether to get checked out in case there's something wrong.

M: Well, let's try and find out if it's linked with your other symptoms. How have you been these last few months?

F: I had a horrible bout of 'flu about three months ago – it laid me really low for a couple of weeks. In fact, I blamed these new symptoms on that at first 'cos flu takes a while to get over. But I soon realised that they aren't really typical of 'flu.

M: OK. So could you describe the symptoms you're experiencing now?

F: Sure. Well, the first thing I noticed was my periods. I mean, they've never been very heavy, but they're certainly much lighter now. And something which has increased is the number of times I go to the toilet – I need to go three or four times a day now.

M: … you mean three or four bowel movements?

F: Yes. And what's bothering me too is my hair – can you see? It's thinning, which I hate. I always had such lovely hair, to be honest, so this is really making me feel self-conscious. And something else I'm embarrassed about is my eyes – you must've noticed how bulging they look. They never looked like that before.

M: Yes – I understand. It must be making things difficult.

F: It is. And I've noticed that my heart often seems to race, and I don't know why. And I usually love my holidays – the usual things, you know, like swimming and sunbathing, but I've noticed that I really can't stand heat now. That's just not like me! I can't bear it now, so I stay inside to avoid it. I sweat profusely, too – not nice. Again, that was never a problem in the past.

M: I see. And what about your mobility – has that been affected?

F: That's OK – I'm not having any problem walking or anything like that. But something that *is* causing problems is my hands – they've developed a tremor. It makes even simple things like holding a cup difficult, so I'm always worried I'll drop hot coffee over me. But, as I say, walking is OK. The skin on my feet feels strange though – it's gone quite thick and coarse. I know that can happen on the soles, but not here on the top – that's why I noticed it.

M: And have you experienced any mood changes at all?

F: Well, I used to be quite easy-going but I must say these days I feel really irritable most of the time. It's probably a result of these symptoms, but it's making things difficult. Especially my relationship with my husband. And I'm so tired all the time, too, which doesn't help.

M: And what about your family? Are your parents healthy?

F: My dad is. But my mum's had pernicious anaemia for, well, as long as I can remember. She copes OK, but … well, obviously, they're both worried about what's wrong with me. We really want to get to the bottom of it and find out what's happening.

M: OK. Well, we need to do some tests. I'll order some blood tests, and also what we call a radioactive iodine uptake test, which will help with diagnosis. And something else I'd like to do is to get a scan organised of your thyroid gland. Now, if you'd like to let me have a closer look at …[fade]

PAUSE: 10 SECONDS

Extract two. Questions 13 to 24

You hear a gastroenterologist talking to a patient called James Cunningham. For questions 13 to 24, complete the notes with a word or short phrase. You now have thirty seconds to look at the notes.

PAUSE: 30 SECONDS

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F: So, Mr Cunningham, I just need to check some details before we discuss the next steps in your treatment. Could you tell me, in your own words please, how this all started, and any treatment you've had … ?

M: Well, I'd been overweight for a long time and it was always a struggle to control my weight. I've got hypertension which I'm sure is related to this and so I have to go for check-ups every year. My cholesterol level is high too, though I can't remember the figures. I was put on statins to help deal with it.

F: I see. And when did you start to experience symptoms that concerned you?

M: I hadn't really been fit for years, so it's hard to put an exact date on things, but I'd say about eighteen months ago I was feeling nauseous a lot and I was experiencing a loss of appetite. I didn't worry too much initially and thought it might even be good because I'd eat less! I was much more bothered by this general sense of weakness.

F: Right.

M: I thought it was just one of those winter viruses that I often get and find hard to shake off, you know, but it turned out I was wrong.

F: So how did things develop after that?

M: The big thing that happened next – though it was a gradual process I guess - was more unsettling than any other symptoms up to that point. I noticed this slight yellowing of my skin, which other people confirmed, so it wasn't just my imagination. My tummy was swollen too and I could clearly see all these blood vessels just above my waist. They looked really horrible and I'd never seen anything like that before. Anyway, I felt so bad that I saw my doctor and he sent me to the hospital straight away.

F: So you had a range of tests at this point, I presume?

M: Yeah, I think so. One blood test showed that my liver function was all messed up. I remember I had an ultrasound scan too and that found my liver was inflamed. It was more damaged than they expected and it was a shock really because although I knew I was unfit, I wasn't a heavy drinker. Anyway, they reckoned I'd had non-alcoholic fatty liver disease for some years and it's just got slowly worse and worse and developed into the cirrhosis I have now.

F: And you had an endoscopy to check out your oesophagus too, I believe?

M: Yes, the doctors I saw at the hospital were very concerned about some dilated veins in my oesophagus, so I had some treatment immediately to prevent them bleeding. They said it was potentially very dangerous and so that's why they acted so quickly. I was also given beta blockers – I think that's what they were called.

F: Yes, that's right. And have you discussed with my colleagues the need for dietary changes?

M: Yes, I've already cut right back on my salt intake.

F: Good.

M: My diet's been pretty poor for ages. Partly because I was often so tired when I got home from work I was just eating eating too much junk, to be honest.

F: I see.

M: Anyway, I was told I needed to have a bit more protein, which I think I've managed to do. I asked about all the fluid in my body – around the stomach and ankles in particular - and we talked about how to deal with that. I was given diuretic tablets. Yes, I think they've made a difference.

F: Good. Now let's look at the next stage of the treatment, Mr Cunningham.

M: Well, I was told I need to get fitter, which didn't surprise me. Apparently, you – well you or someone – will talk to me about something called a .. what was it? .. a moderate-intensity exercise programme.

F: Yes.

M: That sounds OK, I suppose.

F: There's nothing to worry about with that. You'll be given advice on how to build up the amount of exercise you do fairly gradually.

M: It's to stop muscle wasting, or something. It sounds serious, doesn't it?

F: Well, I'm afraid it's a common problem in patients with your condition but there's a lot we can do to prevent it so don't worry. Now let's just review the medication you're currently taking ….. *(FADE)*

PAUSE: 10 SECONDS

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

PAUSE: 5 SECONDS

Part B. In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For questions 25 to 30, choose the answer A, B or C which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at Question 25. You hear a radiologist talking to a patient about the MRI scan he's going to have. Now read the question.

PAUSE: 15 SECONDS

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F: So Mr Thomas, the scan will take around thirty minutes and will cover mainly your liver, though we may look at the prostate too for reasons we discussed last time. I believe you were informed about removing all metal objects before the scan, including jewellery.

M: Yes, your colleague went through everything in detail, thanks. And I can eat and drink as normal before my appointment, can't I? That would be good.

F: Yes. No anaesthetic is involved. Now, I know you mentioned earlier that you can suffer from claustrophobia and wondered if that might be an issue?

M: Well, maybe. I don't want to exaggerate things.

F: No, that's fine. We can administer a mild sedative if that would make you feel less anxious. It might help you lie still too. Remember I'll be in a separate room operating the equipment but we can communicate via an intercom. Have a think about what I've suggested.

PAUSE: 5 SECONDS

Question 26. You hear a nurse handing a patient over to a colleague. Now read the question.

PAUSE: 15 SECONDS

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F: Next, Mrs Mayfair was admitted two days ago. She had a fall and broke her left hip. She's had surgery and a metal plate inserted. She was off the morphine yesterday and is having one Panadeine Forte every four hours. Her blood pressure's fine and her temperature's normal. Her mobility's still limited and, although she could get to the toilet by herself, we need to watch her and ask her to slow down – she forgets she's just had surgery!

M: OK.

F: Oh and she doesn't like the hospital meals, so her family bring her things from home. We need to take a look at them to ensure that everything's

suitable for her and follows our regulations on packaging, best-before date and so on.

M: Right.

F: Finally, she needs to complete her initial phase of physiotherapy. Jenny popped up to fetch her at two yesterday and that'll happen again today.

PAUSE: 5 SECONDS

Question 27. You hear an orthopaedic nurse talking to a patient about her forthcoming hip arthoplasty. Now read the question.

PAUSE: 15 SECONDS

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M: I know you've spoken to your practice nurse about your hip replacement, but I just wanted to check whether you had any questions for me at this stage.

F: My post-op arrangements are pretty much sorted. I live alone but I know I'm going to need someone with me when I get out of hospital. I've got five friends who've offered to help out and live in with me – no one person will be in the flat for a lengthy period, so it shouldn't be too challenging for any of us! I've been told I'll need to be on crutches for four weeks. I used them when I broke my leg a few years ago and I know what a pain they can be, so getting about with those is a worry. But I may have to have the other side done a few years down the line, so I'd better get used to it!

PAUSE: 5 SECONDS

Question 28. You hear an administrator speaking to staff on a general surgery ward. Now read the question.

PAUSE: 15 SECONDS

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M: We've been looking at the way our systems work and how our resources can best be used, in order to improve our quality of service. We've identified a number of points where time isn't used as effectively as it could be, owing to faults in the system that could've been avoided. For example, there are cases where the results of all the relevant tests aren't ready for the first consultation with a patient, so then the patient has to have another consultation later on. We also have cases where patients' tests are being reordered unnecessarily, putting pressure on the other members of the team, and that leads to duplication in patients' notes – with details coming from different sources. So we need to look at what we can do about this.

PAUSE: 5 SECONDS

Question 29. You hear an opthamologist talking to a patient who has watery eyes. Now read the question.

PAUSE: 15 SECONDS

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F: So, how long have you had this problem with watery eyes?

M: Well, I first noticed it a few weeks ago. I've got a part-time job at a riding school and one day I was mucking out in the stable and my eyes were absolutely streaming. A colleague thought I might've developed a reaction to the feed, or even the horses themselves! I dismissed that pretty promptly cos I notice it happens when I'm away from the stables as well. The common factor appears to be a chilly wind so I reckon that's the trigger and, of course, my job means I'm having to be outdoors a lot. I've been using Systane drops. They seem to ease the watering for a while - but not for long. It's affecting my daily activities and I'd really like to get it seen to if possible.

F: Well, let's have a look….

PAUSE: 5 SECONDS

Question 30. You hear a senior doctor answering questions from a group of medical students. Now read the question.

PAUSE: 15 SECONDS

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M	What useful advice could you give us, Doctor?

F	Let me think. Well, when I look back at my time in Medical School, I remember some students on the course who had brothers or sisters to show them the ropes and the tricks of how to take short cuts and still make a success of things, something I lacked unfortunately. So I'd say finding a mentor's hugely important. The other thing I remember is that when I was taught by clinicians who had grey hair I tended not to pay too much attention to what they had to say. I suppose I thought they weren't up with all the technical stuff, that rules our lives. If I had my time again though, I'd actively seek them out because of all the wealth of experience they've built up. They've learned what really matters, you see. Does anybody else have a question?

PAUSE: 10 SECONDS

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

PAUSE: 5 SECONDS

Part C. In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For questions 31 to 42, choose the answer A, B or C which fits best according to what you hear. Complete your answers as you listen.

Now look at extract one.

Extract one. Questions 31 to 36. You hear an interview in which a senior nurse called Anna Ratchford is talking about hygiene issues relating to nurses' uniforms.

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

PAUSE: 90 SECONDS

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M:	Today I'm talking to Anna Ratchford, a senior nurse who's involved in trying to prevent the transmission of bacteria in hospitals. She's particularly interested in

whether bacteria can survive on health care workers' uniforms after washing. Anna, what research has been done into this?

F: Well, a decade ago there was a comprehensive article which stated that there had been only a few studies into the survival of micro-organisms on, for example, nurses' uniforms. The author explained that in hospital laundries that washed at low temperatures – say forty degrees centigrade – micro-organisms on the clothing were killed. The conclusion was that those temperatures would be similar to normal domestic washing machines and therefore washing uniforms at home was safe. That seemed satisfactory at the time. Recently though, there's been more interest in healthcare textiles as potential sources of cross-contamination with the environment and patients. This is of course particularly important currently in the light of increasing Hospital Acquired Infections and antibiotic resistant bacteria.

M: I see. So what guidelines exist now about laundering hospital nurses' uniforms?

F: Well, in some countries all uniforms are laundered in the hospital under strictly regulated conditions. In the UK, however, certain items like bed sheets, scrubs and curtains are washed in-house, while nurses mostly take their uniforms home and wash them there. What's interesting though, is that all hospital laundries operate under a set of national guidelines, but domestic laundering guidelines are issued by individual hospital trusts. Admittedly these are based on government rules, which specify a minimum washing temperature of 60◦ C. But the worrying thing is that a questionnaire of nursing staff in four hospitals in 2015 showed that not all of them were sticking to the guidelines on minimum temperature. It also highlighted inconsistent guidance across the hospitals on whether uniforms should be washed separately and how to dry them.

M: Interesting. I believe there was some further work done in 2017. Is that correct?

F: Yes, there was a study that year which was done under lab conditions. Researchers washed uniforms in the way the nurses described in the 2015 questionnaire. The researchers wanted to assess whether bacteria such as Staphylococcus aureus and E coli could survive on uniforms. The data showed both bacteria could survive between seven and twenty-one days, so that raises the question of how dirty uniforms should be stored at home. As far as temperature was concerned, the study found that most micro-organisms were killed at 40◦C, but there was a risk

that domestically laundered uniforms could contaminate the nurses' home or their workplace. At sixty degrees centigrade no micro-organisms could be detected.

M: Do you know whether other work areas where contamination is an issue are experiencing the same problems?

F: Well, I have looked at the food industry in the UK. They have one nationwide Bio-contamination Control standard, rather than locally generated guidelines. This ensures among other things that clean and dirty laundry is separated. Staff have to change at work and they're not allowed to keep their uniforms on during their journey to and from work, unlike many healthcare workers. These guidelines include a minimum temperature too, but it's higher – seventy-one degrees centigrade – and they advise that a specialist company takes care of the washing of work clothing.

M; Why do you think some healthcare staff don't follow the guidance they're given?

F: I think there are a number of reasons, actually. The guidance about washing clothing after every shift may be difficult to follow if nurses aren't provided with sufficient changes of uniform. That's an ongoing issue in some trusts. A number of hospitals do have on-site laundries, but staff still prefer to wash their uniforms at home. This could be partly because it's a long way from the wards to the changing and laundry facilities right across the hospital site. Then there's the minimum temperature issue. There's a commonly held view that washing at lower temperatures is better for the planet, which is very persuasive. Also don't forget that domestic washing machines are hard to regulate and more efficient up-to-date ones can cost a lot.

M: So, what could and should be done to improve matters?

F: Hospitals could increase staff awareness about infection prevention and get a development programme going. The government could certainly introduce a national policy on the domestic washing of uniforms. Those would be useful steps. The ideal solution though, would be to insist nationally on in-house laundering to avoid cross-contamination in the home and increase the chances of uniforms being washed safely. It would mean that hospitals would need to invest in convenient facilities for staff to get dressed and undressed of course.

PAUSE: 10 SECONDS

Now look at extract two.

Extract two. Questions 37 to 42. You hear a geriatrician called Dr Daniel Booker giving a presentation about the surgical care of elderly patients.

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

PAUSE: 90 SECONDS

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Hi. I'm Daniel Booker and today I'd like to talk about how we can best support the needs of elderly patients who have to undergo surgery. We know that the rise in the number of elderly people is bringing new challenges to our health services.

To illustrate the special needs of this segment of the population I'd like to take the case of a patient who we'll call Jane. Jane will be one-hundred years old in November. She has a history of coronary artery disease and high blood pressure, together with congestive heart failure, which are managed with medication. She has some osteoarthritis in her knee, but she's reasonably mobile for her age. She also has cataracts in both eyes but she's decided not to have surgery for these. Her sight isn't too badly affected and she's aware that at her age a successful outcome can't be guaranteed. She has some hearing impairment and so she wears a hearing aid. She was widowed thirty-five years ago; since then she's lived with her two daughters.

Jane was brought to the Emergency Department after developing abdominal pain which had started five days previously and gradually gotten worse. She'd had obstipation for the previous twenty-four hours and appeared uncomfortable and volume depleted. On examination, she was found to have abdominal distension and hypoactive bowel sound, but no mass was found in the abdomen. Blood tests indicated that her white blood count was slightly elevated, and her potassium levels were low but her hemocrit level was normal, as was her creatine. An abdominal CT scan was then carried out and this showed that her caecum was very dilated and there was a possible mass in the descending colon.

Protocol would normally call for an endoscopy at this stage but that was omitted in Jane's case as the doctors realised that any delays in surgery would likely lead to complications,

especially given Jane's age and pre-existing conditions. She was therefore kept in the ED for two hours, and stabilised with volume repletion. She was then admitted to a surgical unit and cared for by a general surgeon and a geriatrician.

A left hemicolectomy was performed on day two. Preparation prior to surgery had to be ideal because Jane's age meant she was at high risk of suffering an adverse outcome to an invasive procedure such as a major operation. However, she appeared well nourished, with no evidence of malnutrition and a BMA of twenty-four. Prior to her illness she'd been reasonably active and had never smoked – though, as we've seen, she did have circulatory and cardiac problems. Prophylactic measures against deep vein thrombosis and pulmonary embolism were put in place, and anaesthesia and intra-operative management were carefully planned.

For a patient like Jane, suitable aftercare was also essential following the operation. One post-operative risk is that the patient develops delirium. This appears to be more common if the patient's in an intensive care unit. In Jane's case, after the operation she was provided with a single quiet room in a surgical ward and one or the other of her daughters stayed with her continuously, sleeping there at night. Pain was controlled with low doses of morphine and fluid management was carefully controlled. Her catheter was removed one day after the operation to reduce the possibility of a urinary tract infection, and she was turned three times a day to reduce the chance of pressure sores. She was encouraged to get out of bed as soon as possible, and her daughter's presence in the room helped to reduce the likelihood of her having a fall. She was discharged to subacute rehabilitation on day five, where she continued to make good progress, and she returned home on day ten.

So, what lessons can we learn from Jane's case about the care of elderly patients who require surgery? Well, patients like Jane are more vulnerable with multiple co-morbidities and minimal physiologic reserves, which can lead to problems if surgery is required, especially if the operation is an emergency and the opportunities for preparation and planning are limited. Post-operative complications are very common, especially in very old patients and their occurrence can be devastating. The very old may tolerate major surgical operations, but they're not able to tolerate post-operative complications. More patients such as Jane will be prominent in medicine in the future as the segment of the population over eighty-five years of age continues to grow, and we need to ensure that the facilities not

just for the procedures themselves, but for appropriate follow-up care both in the hospital and following discharge are put in place and are available to all who need them.

PAUSE: 10 SECONDS

That is the end of Part C.

You now have two minutes to check your answers.

PAUSE: 120 SECONDS

That is the end of the Listening Test.