



ENTRI

OET

STUDY MATERIAL

LISTENING

Occupational English Test Listening Test

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

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

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

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1-24**, complete the notes with information you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1-12

You hear a pulmonologist talking to a patient called Robert Miller. For **questions 1-12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient	Robert Miller
Symptoms	<ul style="list-style-type: none">tirednesspersistent (1) _____ coughSOBweight loss described as (2) _____ in nature.fingertips appear (3) _____nails feel relatively (4) _____
Background details	<ul style="list-style-type: none">previously employed as a (5) _____ (20 yrs)now employed as a (6) _____no longer able to play golfkeeps pigeons as a hobby
Medical history	<ul style="list-style-type: none">last year diagnosed with hypertensioncurrent prescription of (7) _____(8) _____ sounds in chest reported by GPfather suffered from (9) _____
Previous tests	<ul style="list-style-type: none">(10) _____ six months agochest x-ray one month ago
Future actions	<ul style="list-style-type: none">(11) _____ testCT scanprescription of (12) _____ (possibly)

Extract 2: Questions 13-24

You hear an eye specialist talking to a patient called Jasmine Burton, who has recently undergone eye surgery. For **questions 13-24**, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

- Patient** Jasmine Burton
- Patient history**
- suffers from **(13)** _____ astigmatism
 - also has **(14)** _____ (so surgery under general anaesthetic)
 - eye problems may result from a lack of **(15)** _____
 - sight problems mean **(16)** _____ isn't an option for her
 - reports some slowness to **(17)** _____
 - has poor perception of **(18)** _____
 - works as a **(19)** _____
 - reports having no issues at work
 - eyes checked every few years
- Surgery**
- **(20)** _____ in right eye first noted three years ago
 - February this year - had surgery
 - some capsular **(21)** _____ noted post-operatively
 - examination showed no sign of a **(22)** _____
 - follow up appointment in 6 months
- Presenting with**
- reported increase in number of **(23)** _____
 - increased sensitivity to **(24)** _____

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

Part B

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

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

Now look at question 25.

- 25.** You hear a nurse briefing a colleague at the end of her shift.

What does the colleague have to do for the patient tonight?

- A** remove her saline drip
- B** arrange for more tests
- C** monitor her blood pressure

- 26.** You hear part of a hospital management meeting where a concern is being discussed.

What is the committee concerned about?

- A** poor response to recruitment drives
- B** difficulties in retaining suitable staff
- C** relatively high staff absence rates

- 27.** You hear a GP and his practice nurse discussing a vaccination programme.

They agree that the practice should

- A** make sure patients are aware of it.
- B** organise it more effectively than in the past.
- C** prepare to cope with an increasing demand for it.

28. You hear two hospital nurses discussing the assessment of a patient on their ward.

What is the problem?

- (A) The patient's documentation has been sent to the wrong place.
- (B) Nobody has taken responsibility for assessing the patient.
- (C) The duty doctor was unable to locate the patient.

29. You hear the beginning of a training session for dental students.

The trainer is explaining that the session will

- (A) focus on aspects of dental hygiene.
- (B) expand upon what they studied previously.
- (C) introduce them to a completely new technique.

30. You hear two nurses discussing the treatment of a patient with a kidney infection.

What is the female nurse doing?

- (A) emphasising the urgency of a procedure
- (B) suggesting how to overcome a difficulty
- (C) warning him about a possible problem

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

Part C

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

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

Now look at extract one.

Extract 1: Questions 31-36

You hear a geriatrician called Dr Clare Cox giving a presentation on the subject of end-of-life care for people with dementia.

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

31. What problem does Dr Cox identify concerning dementia patients?
- (A) to educate young sportspeople in how to avoid getting it.
 - (B) Their condition can develop in a number of different ways.
 - (C) to provide a range of specialist advice about it.
32. Why did *Dementia Australia* decide to examine the issue of end-of-life dementia care?
- (A) There was a lack of reliable information on it.
 - (B) The number of stories about poor care made it urgent.
 - (C) There were enough data on which to base an effective care plan.
33. For Dr Cox, the initial results of the dementia survey reveal that palliative care
- (A) was working more effectively than people had thought.
 - (B) was more widely available than some users imagined.
 - (C) was viewed negatively by medical professionals.

34. Dr Cox says that lack of knowledge of the law by care professionals
- Ⓐ proves that family members should help make pain management decisions.
 - Ⓑ could be resulting in a surprisingly high number of premature deaths.
 - Ⓒ may lead to dementia patients experiencing unnecessary distress.

35. Dr Cox thinks that the statistics she quotes on refusing treatment
- Ⓐ illustrate a gap in current medical education programmes.
 - Ⓑ show how patients' wishes are too often misunderstood by carers.
 - Ⓒ demonstrate the particular difficulties presented by dementia patients.

36. Dr Cox makes the point that end-of-life planning is desirable because
- Ⓐ it reduces the complexity of certain care decisions.
 - Ⓑ it avoids carers having to speculate about a patient's wishes.
 - Ⓒ it ensures that everyone receives the best possible quality of care.

Now look at extract two.

Extract 2: Questions 37-42

You hear a hospital doctor called Dr Keith Gardiner giving a presentation about some research he's done on the subject of staff-patient communication.

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

37. Dr Gardiner first became interested in staff-patient communication after
- (A) experiencing poor communication as an in-patient.
 - (B) observing the effects of poor communication on a patient.
 - (C) analysing patient feedback data on the subject of communication.
38. What point does Dr Gardiner make about a typical admission to hospital?
- (A) The information given can overwhelm patients.
 - (B) Patients often feel unable to communicate effectively.
 - (C) Filling in detailed paperwork can be stressful for patients.
39. Dr Gardiner uses an example of poor communication to illustrate the point that
- (A) patients should be consulted about the desirability of a hospital stay.
 - (B) specialists need to be informed if there are any mental health issues.
 - (C) relatives' knowledge of a patient's condition shouldn't be taken for granted.

40. Dr Gardiner explains that a survey conducted among in-patients about communication
- Ⓐ measured the difference between their expectations and their actual experience.
 - Ⓑ asked their opinion about all aspects of the service they received.
 - Ⓒ included questions on how frequently they visited the hospital.
41. One common complaint arising from Dr Gardner's survey concerned
- Ⓐ a lack of privacy for patients receiving sensitive information.
 - Ⓑ the over-use of unclear medical terminology with patients.
 - Ⓒ a tendency not to address patients in a respectful way.
42. How does Dr Gardiner feel about the results of the survey?
- Ⓐ surprised by one response from patients
 - Ⓑ reassured by the level of patient care identified
 - Ⓒ worried that unforeseen problems were highlighted

That is the end of Part C.

You now have two minutes to check your answers.

END OF THE LISTENING TEST