



OCCUPATIONAL ENGLISH TEST

OFFICIAL OET PREPARATION MATERIALS



Practice Book
All professions

LISTENING

Set 1



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For information in regards to OET visit the OET website: www.occupationalenglishtest.org

First published September 2010

2nd edition January 2014

3rd edition November 2014

4th edition March 2015

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An overview of OET (Occupational English Test)

OET assesses the language proficiency of healthcare professionals who wish to register and practise in an English-speaking environment. It is designed to meet the specific English language needs of the healthcare sector.

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. Nursing, Medicine and Dentistry currently provide the largest numbers of candidates.

The test is now owned by Cambridge Boxhill Language Assessment Pty Ltd (CBLA), a joint venture between Cambridge English Language Assessment and Box Hill Institute in Australia.

Who recognises OET?

OET is recognised by over 20 regulatory healthcare bodies and councils at state and national level in Australia, New Zealand and Singapore.

OET is one of only two English language tests recognised by the Department of Immigration and Border Protection (DIBP)* for a number of skilled immigration visas.

* This information is accurate as of December 2013. The Department of Immigration and Border Protection (DIBP) used to be the Department of Immigration and Citizenship (DIAC).

When and where is OET available?

OET is available up to twelve times a year, at more than 40 test venues in 25 countries.

What is in the test?

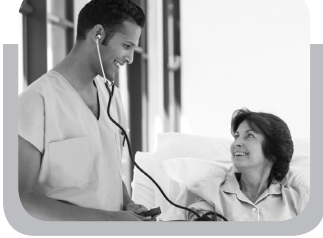
OET is an in-depth and thorough assessment of all areas of language ability – with an emphasis on communication in medical and health professional settings.

The test consists of four sub-tests:

- Listening
- Reading
- Writing
- Speaking

The Writing and Speaking sub-tests are specific to each profession, while the Listening and Reading sub-tests are common to all professions.

Sub-test (duration)	Content	Shows candidates can:
Listening (50 minutes)	2 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)	2 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.



Results

OET Statements of Results include a separate grade for each sub-test, ranging from A (highest) to E (lowest). There is no overall grade for OET.

High-quality, secure language assessment

CBLA is committed to the highest standards of quality, security and integrity for OET – from test development, test delivery and results processing, through to post-examination review and evaluation.

Fair and consistent delivery of OET is ensured by secure technology and the continual training and monitoring of assessors, as well as test centre management and facilities.

The Writing and Speaking sub-tests are developed in consultation with practising healthcare professionals and educators to ensure test materials simulate real-life clinical situations, such as explaining a diagnosis and writing referral letters.

The Listening and Reading sub-tests are developed by the Language Testing Research Centre (LTRC) at the University of Melbourne.

Assessment

All sub-tests are assessed at the OET Centre by trained expert assessors. Assessment procedures routinely include double marking and statistical analysis to ensure that candidate results are accurate and fair.

Each of the four sub-tests is assessed in a specific way. Read more about OET assessment procedures at: www.occupationalenglishtest.org

Registration procedures

For registration details visit: www.occupationalenglishtest.org

Here you'll find all the information and instructions you need to apply for OET online for the first time, including test fees, ID, payment and photo guidelines.

Our ID procedures have DIBP approval, ensuring confidence in candidate identity.

Special provision

Candidates with special needs may apply in advance for special provision. CBLA makes all reasonable arrangements to accommodate special visual or auditory needs, including enlargement of print texts and special auditory equipment.

Preparation materials

Resources can be accessed from the OET website, including:

- sample papers
- suggested reading material
- a list of preparation training providers*

* This list is for information only – we do not endorse any particular training program.



History of the test

Occupational English Test was designed by Professor Tim McNamara of the University of Melbourne under contract to the Australian Federal Government.

As part of the annual intake of refugees and immigrants, hundreds of overseas-trained health practitioners were entering Australia by the mid to late 1980s. The majority were medical practitioners, but a number of other health professional groups were also represented.

The process of registration to practise in most health professions in Australia included three stages of assessment: English language proficiency, a multiple choice test of profession-specific clinical knowledge and a performance-based test of clinical competence.

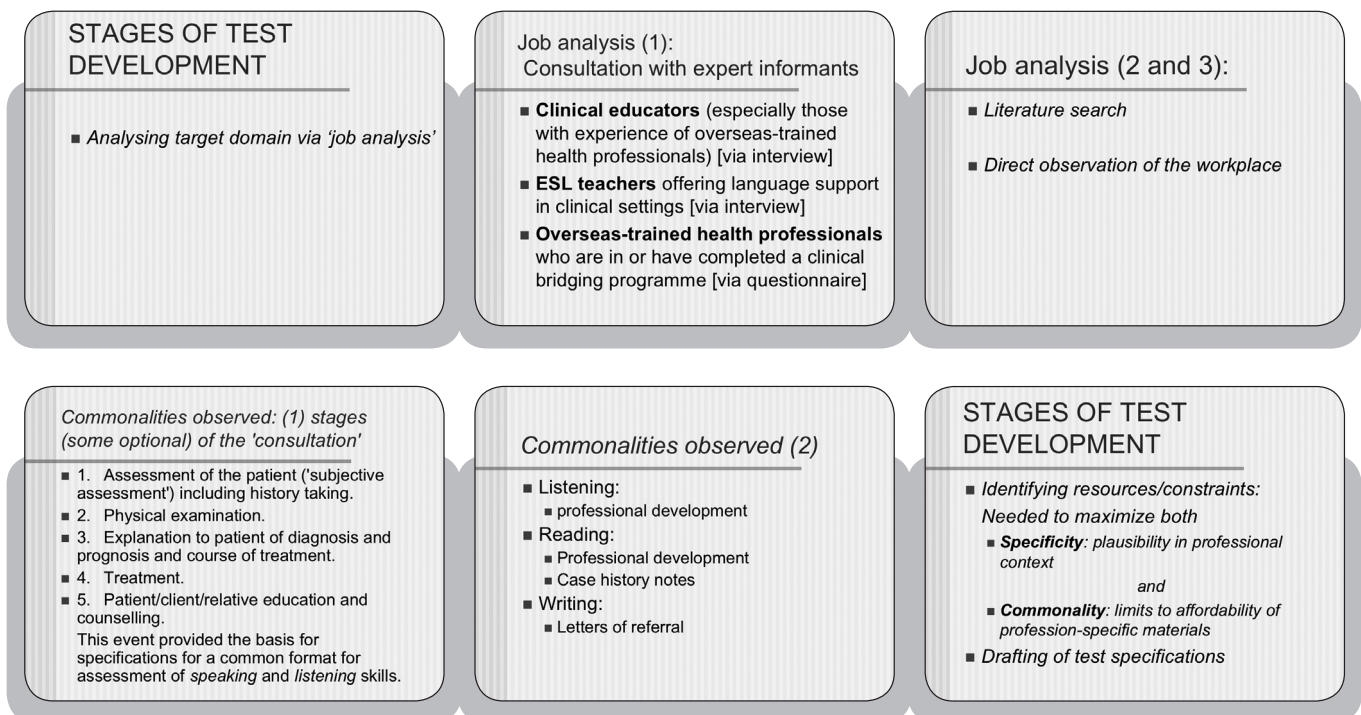
Dissatisfaction with the results of existing language tests led to the development of thoroughly researched specifications for a

communicative, contextualised test. OET has been frequently reviewed and analysed in the literature since the 1980s. McNamara (1996)¹ gives a full account of the development of the test and associated validation research.

The initial development of the test specifications involved:

- extensive consultation with expert informants, including clinical educators, ESL teachers offering language support in clinical settings, and overseas-trained professionals who were completing or had completed a clinical bridging program.
- literature search.
- direct observation of the workplace.

Stages of Test Development (presentation by Prof Tim McNamara, August 2007)²



1. McNamara, T. [1996] Measuring Second Language Performance. London: Longman.
2. McNamara, T. [2007] Stages of Test Development. OET Forum.



Description of OET

Test format

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 a relevant professional context.

PLEASE WRITE CLEARLY

1 List three of the areas to be included in the talk.

- What Health Issues Centre does
- How consumer perspectives make a difference
- Campaign for patients' charter of rights

2 The speaker describes the structure and membership of the Health Issues Centre. Name two groups of people involved in the Health Issues Centre.

3 This section of the talk discusses the origins of the Health Issues Centre and the groups involved in the debate on health care in Australia.

a) When and why was the Health Issues Centre established?

When

Why

b) Which two groups are part of the health care debate, and what are their interests in the debate?

Groups	Interests

Markets' use only

Item 17 2

Item 18 2

Item 19 4

Listening sub-test

The Listening sub-test consists of two parts: a recorded, simulated professional-patient consultation with note-taking questions (Part A), and a recorded talk or lecture on a health-related topic with short-answer/note-taking questions (Part B), each about 15 minutes of recorded speech. A set of questions is attached to each section and candidates write their answers while listening. The original recording is edited with pauses to allow candidates time to write their answers.

The format for Part A (the consultation) requires candidates to produce case notes under relevant headings and to write as much relevant information as possible. Part B (the lecture) requires candidates to complete a range of open-ended and fixed-choice listening tasks.

Reading: Part A - Answer Booklet

Instructions

TIME LIMIT: 15 MINUTES

- Complete the following summary using the information in the four texts, A1-A4, provided on pages 2 and 3 of the Test Booklet.
- You **do not** need to read each text from beginning to end to complete the task. You should scan the texts to find the information you need.
- Gaps may require **1, 2 or 3 words**. You will **not** receive any marks if you write **more than 3 words**.
- You should write your answers next to the appropriate number in the **right-hand column**.
- Please use **correct spelling** in your responses. **Do not** use abbreviations unless they appear in the texts.

Summary	Answers
<p>Vasectomy</p> <p>One method of contraception is male sterilisation or vasectomy. Statistics for 2008 showed that ... of adult men aged under ... in Britain had undergone a vasectomy and that this proportion had been ... during the previous five years.</p> <p>Patients are informed that vasectomy is a procedure ... serious risks or complications. After the operation, which is ... carried out under local anaesthetic, the man will often experience pain from bruising and swelling of his ... General advice is to wear ... to provide support. Physical exertion should ... for seven days as a minimum. If the site of the operation becomes ... or greatly swollen, or if there is bleeding, the patient should seek immediate medical attention. After the operation and for several months subsequently, ... may form if there is any leakage of sperm into the ... these can be painful but are ...</p>	1. _____
	2. _____
	3. _____
	4. _____
	5. _____
	6. _____
	7. _____
	8. _____
	9. _____
	10. _____
	11. _____
	12. _____

Reading sub-test

The Reading sub-test consists of two parts:

Part A is a summary reading task. This requires candidates to skim and scan 3-4 short texts (a total of about 650 words) related to a single topic and to complete a summary paragraph by filling in the missing words. Candidates are required to write responses for 25-35 gaps in total, within a strictly monitored time limit of 15 minutes.

Part A is designed to test the reader's ability to source information from multiple texts, to synthesise information in a meaningful way and to assess skimming and scanning ability within a time limit.

In Part B candidates are required to read two passages (600-800 words each) on general medical topics and answer 8-10 multiple-choice questions for each text (a total of 16-20 questions) – within a time limit of 45 minutes.

Part B is designed to test the reader's ability to read in greater detail general and specific information for comprehension.



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

Patient: George Whitecroft 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.

26/9/07

Subjective: Noted 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/photophobia. No past or family history of migraine.

Objective: P101, BP 126/85. Fundi normal. Cervical spine movement normal. Exam otherwise normal.

Assessment: Probable tension headache.

Plan: Rest and simple analgesia (paracetamol 600 q4h).

28/9/07

Subjective: Complaining of ongoing headaches, six over last two weeks. Frontal and left sided with visual blurring. Today severe left sided throbbing headache, severe pain. Vomited three times today with headache. Complaining of slight paraesthesia R side.

Objective: Distressed. P110, BP 100/65. Fundi normal. Peripheral nervous system – normal. No reflex changes or other sensory signs.

Assessment: ? possible severe migraine headache.

Plan: Stat – Pethidine 100mg intramuscular injection Masco101mg 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: P 100, BP 155/90. Pupillary – R arm Reacts 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 180-200 words.

Writing sub-test

The Writing sub-test usually consists of a scenario presented to the candidate, which requires the production of a letter of referral to another professional. The letter must record treatment offered to date and the issues to be addressed by the other professional. The letter must take account of the stimulus material presented.

The body of the letter must consist of approximately 180-200 words and be set out in an appropriate format. For certain professions, other professional writing tasks of equivalent difficulty may also be set, e.g., responding in writing to a complaint, or providing written information to a specified audience in the form of a letter.

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 so. 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.

Speaking sub-test

The production of contextualised professional language is achieved by requiring the candidate to engage with an interlocutor who plays the role of a patient or a patient's carer. The candidate must respond as a professional consultant to two different scenarios played out with the interlocutor. These exchanges are recorded for subsequent assessment. The recording also includes a short 'warm-up' that is part of the Speaking sub-test, though this material is not assessed.



How the test is scored

You will receive a Statement of Results which shows your grade for each of the four sub-tests, from A (highest) to E (lowest). Each of the four sub-tests is assessed in a specific way.

Writing and Speaking

Your performances on the Writing and Speaking sub-tests are each rated by at least two trained Assessors at the OET Centre. Audio files and scripts are assigned to Assessors at random to avoid any conflict of interest. Your test-day Interlocutor is not involved in the assessment process.

Writing and Speaking Assessors are monitored for accuracy and consistency, and the scores they award are adjusted to take into account any leniency or severity. If two Assessors award different scores to your performance, your script and/or audio file will be referred to at least one other senior Assessor not previously involved in your assessment.

For the Writing sub-test, each Assessor scores your performance according to five criteria: Overall Task Fulfilment, Appropriateness of Language, Comprehension of Stimulus, Linguistic Features (Grammar and Cohesion), and Presentation Features (Spelling, Punctuation, and Layout). The five criteria are equally weighted. Grade B for Writing requires a high level of performance on all five criteria.

For the Speaking sub-test, each Assessor scores your performance according to five criteria: Overall Communicative Effectiveness, Intelligibility, Fluency, Appropriateness, and Resources of Grammar and Expression. The five criteria are equally weighted. Grade B for Speaking requires a high level of performance on all five criteria.

Listening and Reading

Your answer booklets for the Listening sub-test and for Reading Part A are marked by trained Assessors at the OET Centre. Answer booklets are assigned at random to avoid any conflict of interest. Your answer sheet for Reading Part B is computer scanned and automatically scored.

Listening and Reading Assessors use a detailed marking guide which sets out which answers receive marks and how the marks are counted. Assessors use this guide to decide for each question whether you have provided enough correct information to be given the mark or marks available. Assessors are monitored for accuracy and consistency, and the data entry of scores is also double-checked for accuracy.

There is no set score-to-grade conversion for the Listening and Reading sub-tests because there are inevitably minor differences in the difficulty level across tests. The grade boundaries for each version of the test are set so that all candidates' results relate to the same scale of achievement. Grade B for Listening and grade B for Reading both require the use of a range of skills, including the ability to understand main ideas, factual information, opinions and attitudes, and to follow the development of ideas.

What is the Listening sub-test?

The Listening sub-test takes around 50 minutes. The exact length depends on the length of the audio recording. It has two parts and is the same for **all** OET candidates.

- In Part A you listen to a recording of a consultation between a health professional and a patient (dialogue). You take notes under the headings provided while you listen. This part of the test usually lasts around 20 minutes.
- In Part B you listen to a recording of a talk or lecture on a health-related issue (monologue). There is a variety of tasks for you to complete while you listen. This part of the test usually lasts around 30 minutes.
- You hear the recordings for the two parts once only, just as you would in real life. However, there are pauses during the recordings to allow you time to write your answers and to read the next heading or question.
- At the start of each part, there is some time for you to look through the headings and questions; at the end of the test, there is time for you to check your answers.
- You are given a printed answer booklet to write your responses in. You may write in pen or pencil.

LISTENING SECTION 2

Test taker's guide to Part A & Part B of the Listening sub-test

Part A

Remember, in **Part A** you listen to a recording of a consultation between a health professional and a patient (dialogue). You take notes under the headings provided while you listen. This part of the test usually lasts around 20 minutes. Before you attempt the Practice Test, consider some important tips below.

Do

- Use the headings to guide you – give all relevant information under the correct heading.
- Give specific rather than general information from the recording.
- Note that longer pauses in the dialogue usually indicate the end of each numbered question.

Don't

- Jump ahead or back: the headings follow the sequence of the recording.

Part B

Remember, in **Part B** you listen to a recording of a talk or lecture on a health-related issue (monologue). There is a variety of tasks for you to complete while you listen. This part of the test usually lasts around 30 minutes. Before you attempt the Practice Test, consider some important tips below.

Do

- Read through each question carefully.
- Check the format of each question: e.g., sentence completion; note-taking or listing; table or diagram completion; true-false or multiple-choice questions.
- Predict what type of response is required: e.g., to complete ‘_ %’ you will probably need a number.

General

- Have a spare pen or pencil ready just in case
- Fill in the cover page correctly
- Stay relaxed and receptive – ready to listen
- Focus on listening and understanding then recording your answer
- Demonstrate that you have understood the recording (as well as heard it)
- Take a sample test under test conditions beforehand so you know what it feels like
- Practise writing clearly if you have poor handwriting
- Don't try to write everything the speakers say – it is not dictation or a memory test
- Don't be distracted by what is going on around you (e.g., sneezing, a nervous candidate at the next desk)
- When the recording starts, use the time allowed to look through the questions carefully, scan the headings and questions so you know what to listen out for. Use prediction skills – e.g., what vocabulary is likely to come up given this topic
- Don't write full sentences; make notes and be sure they are clear and unambiguous
- Use common abbreviations and symbols
- Write clearly; don't make it difficult for the assessor to read your responses as you may not get all the marks you could
- Keep looking ahead at what is coming up (on the next page too)
- Use the pauses in the recordings to finish writing, review, and prepare for the next section
- Use the space provided for answers and the number of marks available for each question to guide you about how much information to include
- Don't lose your place during the test; remain focused on each question
- Don't waste valuable time using an eraser to correct a mistake if you make one. Simply cross out any words you don't want the person marking your paper to accept; this takes a lot less time and you will not be penalised
- A total score of around 65% on these tests (Part A and Part B combined) should give you a good chance of getting a satisfactory result

Checking at the end

- Make sure your notes communicate what you intend
- Look for any simple spelling errors that may accidentally change the meaning of your answer ('message' for 'massage', 'bills' for 'pills', etc.)
- If a page is messy, use clear marks (e.g., arrows) to show which answer belongs to which question or heading
- Think twice about going back to change something – it may be better to leave what you wrote the first time if you are not sure
- Don't leave any blanks; have a guess at the answer



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ASSESSOR NO.		

Listening sub-test

Practice test 1

You may answer this sub-test in **pen or pencil**.

Please print in **BLOCK LETTERS**

Candidate number - -

Family name _____

Other name(s) _____

City _____

Date of test _____

Candidate's signature _____

YOU MUST NOT REMOVE OET MATERIAL FROM THE TEST ROOM

The OET Centre
GPO Box 372
Melbourne VIC 3001
Australia

Telephone: +613 8656 4000
Facsimile: +613 8656 4020
www.occupationalenglishtest.org

THIS TEST HAS TWO PARTS

Listening Test – Part A

Time allowed: 25 minutes

In this part of the test, you will hear a midwife interviewing Jenny, a woman who is pregnant.

You will hear the consultation **ONCE ONLY**, in sections.

As you listen, you must make notes about the consultation under the headings given on the answer paper.

Turn over now and look quickly through Part A. You have **ONE MINUTE** to do this.

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading.

There will also be two minutes at the end of the test for you to check your answers.

Give your answers in **NOTE FORM**. Don't waste time writing full sentences.

Remember, you will hear the consultation **ONCE ONLY**, and you should write as you listen.

Now read Question 1. Question 1 has been done for you.

PLEASE WRITE CLEARLY

Make notes about the consultation under the headings below. Give as much information as you can. Question 1 has been done for you.

1. Reason for Jenny's visit

- Pregnant
- Booking visit
- Look at some history

2. Medical history

Gynecological history

- _____
- _____
- _____
- _____
- _____
- _____

Family and surgical history

- _____
- _____
- _____

Marker's use only

Item 1

6

Item 2

3

3. Osteoporosis

Specialist's view

- _____
- _____

Patient's view

- _____
- _____

Midwife's advice

- _____
- _____

4. Current and suggested supplements

Currently taking:

- _____
- _____
- _____

Suggested:

- _____
- _____

Marker's use only

Item 3

2

Item 4

2

Item 5

2

Item 6

5

5. Morning sickness

Issues

- _____
- _____
- _____
- _____
- _____
- _____
- _____

Midwife's explanation and advice

- _____
- _____
- _____
- _____
- _____
- _____

Marker's use only

Item 7

7

Item 8

6

6. Advice about air travel

- _____

7. Prenatal test information

- _____
- _____
- _____
- _____
- _____
- _____

8. Low blood pressure

- _____
- _____
- _____

Marker's use only

Item 9

1

Item 10

6

Item 11

3

9. Pathology tests

Recent results

- _____
- _____

Future tests

- _____
- _____

10. Future plans

- _____
- _____
- _____
- _____
- _____
- _____

Marker's use only

Item 12

2

Item 13

2

Item 14

6

PAUSE – 30 SECONDS
END OF PART A
TURN OVER FOR PART B

THIS TEST HAS TWO PARTS

Listening Test – Part B

Time allowed: 24 minutes

In this part of the test, you will hear a talk on malaria.

You will hear the talk **ONCE ONLY**, in sections.

As you listen, you must answer the questions in the spaces provided on the answer paper.

Turn over now and look quickly through Part B. You have **ONE MINUTE** to do this.

You may write as you listen, and there will be pauses during the talk for you to complete your answers, and to read the following question.

Remember, you will hear the tape **ONCE ONLY**, and you should write as you listen.

Now read Question 1. Question 1 has been done for you.

PLEASE WRITE CLEARLY

Marker's use only

1. Note down the **three** main points about malaria that the speaker plans to discuss.

- *History* _____
- *Attempts to control* _____
- *Why malaria has returned* _____

2. Complete this flow chart (with **no more than four words** in each gap) showing how malaria is transmitted.

Female mosquitoes require _____
before laying eggs.



The Mosquito injects _____
into _____



These travel through the blood to the _____



After _____
they emerge into the bloodstream



This causes malaria in people if they _____

Item 15

6

3. Complete these lecture notes about malaria.

Marker's use only

Symptoms:

■ Non-specific:

- _____
- _____
- _____
- _____

■ But also:

- _____
- _____

Sometimes proceeds to



Cerebral malaria:

- Caused by one of the four major species
- Leads to many deaths in _____
- Also causes problems for _____

Item 16

8

4. Complete this table on the methods that have been used to stop transmission of malaria.

	Action taken	Reason given
Method 1	Removal of breeding sites	X
Method 2	Put people in screened areas at night	• _____ _____
Method 3	Use _____	Destroy larvae of developing mosquitoes
Method 4	Spray DDT on house/walls	• _____ _____

Marker's use only

Item 17

3

5. Complete each of the following sentences (with **no more than five words**).

- Successful control measures in India and Sri Lanka led to the belief that there could be a

- DDT control measures, though, do not work in places where people don't have

- After spraying in Sri Lanka stopped, malaria returned within

- India was able to reduce the number of cases from 75,000,000 in 1950 to

Item 18

4

6. Circle TRUE, FALSE or NOT GIVEN for the following statements.

- Robert Koch was famous for his work on typhoid.
TRUE FALSE NOT GIVEN
- In Papua New Guinea, parasites were not common in teenagers.
TRUE FALSE NOT GIVEN
- 'Concomitant immunity' rarely occurs with other parasitic diseases.
TRUE FALSE NOT GIVEN
- Koch administered drugs to the population to test his theory.
TRUE FALSE NOT GIVEN

7. Note down **three** problems with Koch's strategy of drug management.

- _____
- _____
- _____

8. Complete the following summary with **no more than three words** in each gap.

Mosquito bed-nets stop bites at night time. They are a particularly useful when they are covered with _____, and are an efficient method for decreasing _____ in some controlled areas. However, biologists suggest bed-nets may have limited success because mosquitoes could become _____ or _____ and bite before people use bed-nets.

Marker's use only

Item 19

4

Item 20

3

Item 21

4

9. Answer each of the following questions with **no more than four words**.

- Which people are malaria drugs mainly for?

- What is the problem with cheap, easily available drugs?

- What are **two** further problems with newer drugs?

1. Expensive

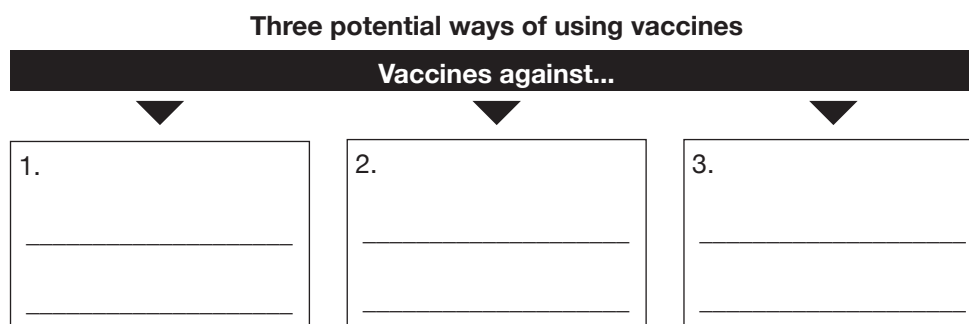
2. _____

3. _____

10. Complete the following table with **no more than five words** in each gap.

Statistic	Related Information
1 million people	_____
500 million people	_____
_____ of the world's population	Live in countries _____

11. Complete the following diagram (write in the **three** boxes).



Marker's use only

Item 22

4

Item 23

4

Item 24

3

END OF PART B

You have two minutes to check your answers

END OF LISTENING TEST

Listening Answer Keys

Practice Test 1 - Part A & B

Note on scoring procedures for the Listening Sub-test

The following marking guides are intended to be comprehensive, but the answers provided are not the only ways in which you may phrase your responses to questions. There may be acceptable variations, especially with technical terms and abbreviations.

The following conventions have been followed in preparing the key:

/ indicates an acceptable alternative within an answer

OR indicates an acceptable (complete) alternative answer

AND indicates that more than one piece of information is required for the mark

() words, figures, or ideas in brackets are not essential to the answer – they are also not a sufficient substitute on their own for the main idea

vital underlined words in bold type (or their equivalent) are essential to the answer

NOT indicates an unacceptable answer or part of an answer

Answer key Part A

Total marks: 53 marks

Question 1. Reason for Jenny's visit

(Done for candidate as model)

Question 2. Medical history

Gynecological history

1 mark for each of the following

- 2a first pregnancy
- 2b (first day of) last period January 26th
- 2c period regular **OR** 28 day cycle
- 2d ultrasound (at 8 weeks)
- 2e no problems falling/getting pregnant **OR**
got pregnant in 1st month (off)
NOT no problems during pregnancy
- 2f on pill 15 years/long time

Family and surgical history

1 mark for each of the following

- 2g no (family history of) heart/cardiac
problems **AND/OR** diabetes
AND/OR hypertension [**2 of 3**]
- 2h tonsils (out) **OR** surgery (when 20)
- 2i no anesthetic problems **OR** GA fine

Question 3. Osteoporosis

Specialist's view

1 mark for each of the following

- 3a (being) pregnant not an issue/no problem
- 3b think about whether to breastfeed **OR**
breastfeeding takes calcium from bones/
may cause fractures

Item

1

2

3

Patient's view

1 mark for each of the following

- 3c feels bad about not breastfeeding **OR** lot of pressure to breastfeed
- 3d (breastfeed*) higher IQ **OR** affect IQ
[* not required if mentioned in 3c]

Midwife's advice

1 mark for each of the following

- 3e think about own health first **OR** health important
- 3f go with what physician says **OR** follow physician's advice

Question 4. Current and suggested supplements

1 mark for each of the following

- 4a (taking) vitamin D
- 4b (taking) calcium
- 4c (taking) folate
- 4d (suggests) multivitamins
- 4e (suggests) iron (supplement)

Question 5. Morning sickness

Issues

1 mark for each of the following

- 5a bad (morning sickness)
- 5b lost 8kg
- 5c (worried about) the health of the baby/
weight loss
- 5d hasn't worked **OR** can't work
- 5e (nausea and) vomiting
- 5f nausea (particularly) bad at night
- 5g eat during night (to stop nausea)

Item

4

5

6

7

Midwife's explanation and advice

1 mark for each of the following

- 5h normal/common until second trimester/16 weeks
- 5i hormones (cause nausea and vomiting)
- 5j (good) sign that placenta is attaching well
- 5k (take) smaller meals (during day)
- 5l placenta will nourish baby **OR** baby will take what it needs
- 5m take multivitamin **OR** keep fluids up

Item

8

Question 6. Advice on air travel

1 mark for the following

- 6a don't travel in the first trimester (because of radiation)

9

Question 7. Prenatal test information

1 mark for each of the following

- 7a ultrasound
- 7b blood test
- 7c (all) your choice **OR** not compulsory
- 7d (test for) Down('s) Syndrome **OR** amniocentesis/ amniotic fluid
- 7e appointments with counsellors **OR** counselling
- 7f take information home **OR** talk with husband

10

Question 8. Low blood pressure

1 mark for each of the following

- 8a (Jenny) concerned about epidural **OR** epidural may lower blood pressure
- 8b larger/increased blood volume during pregnancy **OR** might feel dizzy/faint
- 8c not a problem/doesn't impact on pregnancy

11

Question 9. Pathology tests

Recent results

1 mark for each of the following

9a haemoglobin/Hb/Hgb/blood (about) 130/fine

9b everything else fine

Future tests

1 mark for each of the following

9c check iron (28 weeks) **OR** blood tests

9d pap smear **6 weeks after** baby born

Question 10. Future plans

1 mark for each of the following

10a make an appointment at 18 weeks

10b Appointment **once a month** for first (and second) trimester/until 28 weeks/at first/initially

10c 28 weeks every two weeks

10d 36 weeks every week

10e can go to emergency room/call hospital (anytime)

10f ultrasound before next visit/18 weeks

Item

12

13

14

END OF PART A MARKING GUIDE

Answer key Part B

Total marks: 43 marks

Question 1.

(Done for candidate as model)

Question 2.

1 mark for each of the following (in the order shown)

- 2a (a) blood (meal)
- 2b parasites
- 2c circulation/host
- 2d liver
- 2e maturation **OR** a variable period **OR** probably 7 days **OR** 7 days – several weeks
NOT 7 days [only]
- 2f are not immune **NOT** are not immunised

Question 3.

1 mark for each of the following

Symptoms

- 3a fever)
- 3b sweats) in any order
[3a–3d]
- 3c chill(s))
- 3d rigor(s)/rigour(s))
- 3e shortness of breath/SOB) in either order
[3e–3f]
- 3f **severe** anemia **OR** low blood counts)

Cerebral malaria (in the order shown)

- 3g young children
- 3h women during pregnancy **OR** pregnant women

Item

15

16

	Item
<p>Question 4.</p> <p>1 mark for each of the following (in the order shown)</p> <p>4a protect (them) from bites OR that's when mosquitoes bite/are active</p> <p>4b insecticides (pesticides)</p> <p>4c rest on walls OR bite inside (house) OR poison/kill mosquito OR prevent transmission</p>	17
<p>Question 5.</p> <p>1 mark each of the following (in the order shown)</p> <p>5a (malaria) eradication campaign</p> <p>5b adequate housing</p> <p>5c 5 years</p> <p>5d 70,000 in 1960</p>	18
<p>Question 6.</p> <p>1 mark for each of the following (in the order shown)</p> <p>6a false</p> <p>6b true</p> <p>6c false</p> <p>6d not given</p>	19
<p>Question 7.</p> <p>1 mark for each of the following (in the order shown)</p> <p>7a (could be) resistant/resistance (to drugs)</p> <p>7b not effective against sexual forms</p> <p>7c some parasites lie dormant/have (the) ability to rest</p>	20
<p>Question 8.</p> <p>1 mark for each of the following (in the order shown)</p> <p>8a insecticide/DDT</p> <p>8b morbidity AND mortality</p> <p>8c immune/resistant to DDT</p> <p>8d alter/change their behaviour</p>	21

Question 9.

1 mark for each of the following (in the order shown [9c and 9d may be reversed])

- 9a the acutely ill **NOT** ill [only]
- 9b parasites are resistant **NOT** mosquitoes are resistant
- 9c less (well) understood
- 9d side effects not (well-) known

Item

22

Question 10.

1 mark for each of the following (in the order shown)

- 10a die each year
- 10b infected each year
- 10c 40%
- 10d (at) risk (from malaria)

23

Question 11.

1 mark for each of the following (in any order)

- 11a form in the mosquito
- 11b blood stages of the parasite
- 11c sexual forms (of parasite) **NOT** sexual forms of mosquito

24

END OF PART B MARKING GUIDE



Listening sub-test transcript

Practice Test 1 – Part A & B

Part A: Jenny and Midwife

Part B: Malaria

Transcript Part A

In this part of the test, you will hear a midwife interviewing Jenny, a woman who is pregnant. You will hear the consultation once only, in sections.

As you listen, you must make notes about the consultation under the headings given on the answer paper. Turn over now and look quickly through Part A. You have one minute to do this.

PAUSE: 60 SECONDS

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading. There will also be two minutes at the end of the test for you to check your answers. Give your answers in note form. Don't waste time writing full sentences. Remember, you will hear the consultation once only, and you should write as you listen.

Now read Question 1. Question 1 has been done for you.

PAUSE: 15 SECONDS

Midwife: Hi Jenny

Jenny: *Hi Sue, how are you?*

Midwife: Good. Um... congratulations...

Jenny: *Thank you.*

Midwife: ...on your pregnancy.

Jenny: *Thank you.*

Midwife: Um... now I'm I'm one of the midwives in the antenatal clinic so... you'll probably be seeing quite a bit of me over your during your pregnancy.

Jenny: *Mmhmm.*

Midwife: Um, you'll see a few midwives through the clinics but... um, we all work down here so you'll.. you'll see a few of us... um...

Jenny: *Do I see you...*

Midwife: ...along the way.

Jenny: *...each each time or does it...*

Midwife: Not each time but just probably, yeah... a few here and there...

Jenny: *OK.*

Midwife: Just depends what days we're on and what when you, um... come in for your visits.

Jenny: *Yeah.*

Midwife: So... we're just with the first visit – this is the booking visit – so, um, we just go through a variety of things just looking at your medical history and, um, talk about some things in pregnancy and then if you've got any questions along the way, so...

Jenny: *Yep.*

Midwife: Um...

Jenny: *I've got a list... ready.*

Midwife: You've got a list?

Jenny: *[Laughter]*

Midwife: Great, OK.

PAUSE: 5 SECONDS

Now look at Question 2. You will hear a discussion about Jenny's medical history. First, take notes on Jenny's gynecological history.

PAUSE: 15 SECONDS

Midwife: Now this is your first pregnancy?

Jenny: *Yeah.*

Midwife: OK. Um, and you've had no other pregnancies before that?

Jenny: *No.*

Midwife: Okay, now just with your... um, your due date and things. Now just let me find out. When was your last, um... first day of your last period.

Jenny: *Ah, it was about January the twenty-sixth.*

Midwife: OK. And, um do you have a regular cycle, irregular cycle?

Jenny: *Yeah, no – it's regular.*

Midwife: It's regular. How many days?

Jenny: *Twenty-eight days.*

Midwife: OK. That's fine. Um, so we'll work that out for you and give you the exact date. They also, you had an ultrasound at, um... eight weeks?

Jenny: *Yep. I had, yep.*

Midwife: OK. So, we'll get the results of that and that'll give us an also accurate date for your...

Jenny: *For the due date, yep.*

Midwife: ... due date as well.

Jenny: *Oh. So it's it's... yeah. How often is it... on the due date?*

Midwife: Never.

Jenny: *Never. OK (laughter).*

Midwife: No... not not never but there are...

Jenny: *So before...*

Midwife: ... but there are... it's very... your due date's actually a month so it's, um... anywhere from thirty-seven to forty-two weeks so it's, um... the due date is really definitely an estimate.

Jenny: *So kind of two weeks either side of the due date.*

Midwife: Two weeks either side of your due date.

Jenny: *OK.*

Midwife: Um... and... any problems falling pregnant? You had no...

Jenny: *No... no.*

Midwife: ... fertility problems.

Jenny: *We, um... we, I'd been on the pill for like fifteen years or something and we thought we'd take it would take a long time, perhaps, when I went off it but...*

Midwife: sure

Jenny: *... yeah, first month.*

Midwife: OK. Yep, OK. That's fine.

PAUSE: 5 SECONDS

Now, take notes on Jenny's family and surgical history.

PAUSE: 5 SECONDS

Midwife: Um... ah, we have to ask this question. You're not related to your husband?

Jenny: *No.*

Midwife: No. OK. Um... no family history of any, um, hypertension or diabetes or cardiac problems?

Jenny: No.

Midwife: No? OK... and, no other surgery... no... have... ever had a general anaesthetic or anything in the past?

Jenny: *Um... I had my tonsils out.*

Midwife: Tonsils out.

Jenny: *When I was about twenty... twenty. And that was fine.*

Midwife: And no problems with the general anaesthetic.

Jenny: No.

Midwife: Ok. That's fine.

PAUSE: 15 SECONDS

Now look at Question 3. You will hear a discussion about Jenny's osteoporosis. First, take notes on the specialist's view.

PAUSE: 15 SECONDS

Jenny: *Um, yeah, the only thing I have I wanted to mention is that I have osteoporosis.*

Midwife: OK.

Jenny: *Um, and so I wanted to talk about that a little bit...*

Midwife: Mmhmm.

Jenny: *... because, um, I have a specialist I... I see for it. And, um... and we've discussed pregnancy and he he says that he, um, doesn't think... um, being pregnant itself is an issue...*

Midwife: Mmhmm.

Jenny: *...for the body because, um, you take calcium supplements but it doesn't take, um, calcium directly from your bones.*

Midwife: OK.

Jenny: *Um, but he suggested thinking about whether to breastfeed or not because... breastfeeding, um, takes calcium directly from the bones which...*

Midwife: Sure.

Jenny: *... may cause... fractures. Um, and, he's he's dealt with two women who've had osteoporosis and've been pregnant before. One was fine and the other one had a lot of fractures... du...*

Midwife: OK.

Jenny: ... even during the pregnancy, so...

PAUSE: 5 SECONDS

Now, take notes on the patient's view.

PAUSE: 5 SECONDS

Jenny: I feel really bad about not, deciding not to whether to breastfeed or not.

Midwife: Sure.

Jenny: There's a lot of pressure.

Midwife: Yep.

Jenny: Um, people, you know, all all the magazines and everything have, "it's best to breastfeed. Your baby will have higher IQ if you breastfeed." All that kind of stuff, so...

Midwife: Sure.

PAUSE: 5 SECONDS

Now, take notes on the midwife's advice.

PAUSE: 5 SECONDS

Midwife: I think it's important though to also look at your, um, your health first.

Jenny: Mmm.

Midwife: So, um, as as important as breastfeeding is I think it's also important that you need to look after your health so...

Jenny: Mmm.

Midwife: Um... the formulas and things these days that babies have are very close to, um, mother's milk anyway so, um, and, I think it's probably best to go with what your, um, physician says, so...

PAUSE: 15 SECONDS

Now look at Question 4. Take notes on current and suggested supplements.

PAUSE: 15 SECONDS

Midwife: Um, are you taking calcium supplements...

Jenny: Yeah, I'm take...

Midwife: ... at the moment?

Jenny: *I take vitamin D and calcium...*

Midwife: OK.

Jenny: *... at the moment. Um...*

Midwife: So it's a good idea to keep that going...

Jenny: *Yeah.*

Midwife: ... through the pregnancy.

Jenny: *Yeah.*

Midwife: And then afterwards as well when you're when you're, um, not feeding as well it's probably... a good idea just initially in those first sort of few weeks...

Jenny: *Mmm.*

Midwife: ... after... after the birth.

Jenny: *Yeah.*

Midwife: Um... if you wanted to breastfeed – if you felt that perhaps you might change your mind then, um... maybe you could discuss that with your physician as well but... maintaining that you keep... keep up those calcium supplements and vitamin D supplements.

Jenny: *Yeah. I guess I'll see how I go during the pregnancy...*

Midwife: Yeah.

Jenny: *... and if any problems arise.*

Midwife: Sure.

Jenny: *And make a decision at the end.*

Midwife: Yep.

Jenny: *Yeah.*

Midwife: OK. Um, and you don't take anything else for that osteoporosis...?

Jenny: *No.*

Midwife: ... no other... OK.

Jenny: *No.*

Midwife: And are you on any other medications or anything at the moment?

Jenny: *Um, I've been taking folate.*

Midwife: OK.

Jenny: *Started taking that, um, when I started trying to get pregnant, so...*

Midwife: Yep, sure.

Jenny: *Yeah.*

Midwife: OK, um... sometimes it's recommended to take a...a multivitamin of some description as well. It's, um, handy during pregnancy and also... we keep an eye on your iron levels throughout your pregnancy so often most women will drop their iron levels at some stage in their pregnancy – usually later – so it's, um, we often give you, um, some iron supplements to take as well, but...

Jenny: *Mmhmm.*

Midwife: Some women like to also just take those sort of I guess as a prophylactic so it...

Jenny: OK.

Midwife: ...can be, um, something you can... you can take along the way.

PAUSE: 15 SECONDS

Now look at Question 5. You will hear a discussion about Jenny's morning sickness. First, take notes on Jenny's issues.

PAUSE: 15 SECONDS

Midwife: And... you're generally well, um...

Jenny: *Oh... I've been having really bad morning sickness.*

Midwife: OK.

Jenny: *Um, virtually from from the day I got pregnant...*

Midwife: Mmhmm.

Jenny: *... onwards. Um, although the doctor said it was usually, you know, took a few weeks to kick in but it kicked in straight away. And, um, I've just I've lost about, ah, about eight kilos...*

Midwife: OK.

Jenny: *... to this point. And I'm really... I'm concerned, one, about the the weight loss and the health of the baby in particular.*

Midwife: Sure.

Jenny: *Um... and how to how to keep managing it because I've basically haven't worked since...*

Midwife: Since you...

Jenny: ... since I got pregnant, so...

Midwife: OK.

Jenny: Um...

Midwife: So how many weeks are we... are you at the moment?

Jenny: We're at twel...twelve weeks at the moment.

Midwife: Twelve weeks, OK. So that's... a very normal thing to have that nausea.

Jenny: Yeah.

Midwife: And you're vomiting with that as well, or just...

Jenny: Yeah.

Midwife: ... the nausea?

Jenny: I just can't... like, I... eat during the night to try and stop the nausea.

Midwife: Mmhmm.

Jenny: I have crackers beside the bed.

Midwife: Yep.

Jenny: Um... I try and do that to stop myself vomiting when I wake up but I just... it doesn't matter what I do. I wake up and I vomit...

Midwife: Sure.

Jenny: And, um... the nausea lasts most of the day but it's particularly bad... it seems to be particularly bad at night time.

Midwife: OK, yep.

Jenny: Um, so... when I lay down to sleep. So, if I can get to sleep before ten o'clock I can sleep through it but if I'm awake after that then it's just horrible.

Midwife: OK. Right. So you know, then, that's it's... least you have that... you know you need to get to sleep earlier rather than later.

Jenny: Yeah. But it just doesn't work sometimes.

Midwife: It doesn't always work? Um...

PAUSE: 5 SECONDS

Now, take notes on the midwife's explanation and advice.

PAUSE: 5 SECONDS

Midwife: With... this is very normal to have that that nausea and vomiting. Most women will get that from early on till around the, um, second trimester which is sort of sixteen weeks, so...

Jenny: *Right.*

Midwife: Up until then, um, you'll probably continue to have that nausea, unfortunately. It's a hormone, um, thing that you've got a lot lot more hormones and things flowing through your body so, um, one of them, um, creates that that nausea and vomiting.

Jenny: *Mmm.*

Midwife: Some people like to think it it's a good sign that that placenta is actually attaching well...

Jenny: *Mmhmm.*

Midwife: ... um, to the wall of the uterus.

Jenny: *Yep.*

Midwife: Um, but it's... doesn't always make you feel better to think you're going to be vomiting until... that time, but...

Jenny: *No, 'cos everyone said, 'twelve weeks it'll pass,' but it hasn't passed so...*

Midwife: Yeah.

Jenny: *... I figured I'd better start thinking...*

Midwife: Often it's...

Jenny: *... maybe sixteen weeks.*

Midwife: Yeah. Often it is more sixteen weeks. So taking smaller meals if you can during the day more regularly. Um...

Jenny: *Well, that's the thing – all I've been eating is rice and crackers.*

Midwife: Yeah.

Jenny: *And I'm worried about...*

Midwife: Which is why you're losing...

Jenny: *Yeah.*

Midwife: ... the weight probably.

Jenny: *And... just 'cos I can't stand the smell, the taste of anything else. Um, and I'm worried about the, you know, the baby. Is it going to be all right if it just has crackers and rice?*

Midwife: The... the baby will always, um, your placenta will always nourish the baby and take... what it needs for the baby from you, which is why you you'll lose the weight. So, you don't have to worry that what you're eating doesn't necessarily, um, mean the baby's only eating rice, um, and crackers because... it'll always take those supplements from you. So, it's probably if you can manage to get a multivitamin things...

Jenny: *Mmm.*

Midwife: ... into your system that would be good as well.

Jenny: *Mmm.*

Midwife: Um... and, trying to keep your fluids up. If... if it got to a point where you lost too much weight and we were concerned that you weren't able to continue to keep, um, your food down... they sometimes like to hospitalise you just to give you a drip...

Jenny: *Mmm.*

Midwife: ... and and and get that back...

PAUSE: 15 SECONDS

Now look at Question 6. Take notes on the midwife's advice about air travel.

PAUSE: 15 SECONDS

Jenny: *I've got a conference coming up for work. Um... so I have to go to, um fly up to Queensland for the conference.*

Midwife: Mmhmm.

Jenny: *Is there... any concern about... or any sort of time when I should or shouldn't fly during the pregnancy?*

Midwife: Often, um... we advise women not to travel in your first... trimester. Just because of the amount of radiation on, um, aeroplanes. Um, after that, um, it's OK. Um, a lot of women do need to fly for work so we can't restrict that and, um... these days aeroplanes are a lot... a lot safer with their radiation levels and things but it's usually advised if you can avoid it to try and avoid that first trimester. So, will it will that be in that first...

Jenny: *Um, it'll... it'll be, yeah, it's meant to be in a couple of weeks.*

Midwife: OK.

Jenny: *So, it's just kind of the end of the first trimester.*

Midwife: Yeah. And as, I mean, it's not like you're flying every day so...

Jenny: *No.*

Midwife: ... just that one-off flight. I'm sure, yep, that'll be fine.

PAUSE: 15 SECONDS

Now look at Question 7. Take notes on the information given to Jenny about prenatal tests.

PAUSE: 15 SECONDS

Midwife: Um, have you got any other questions there at all?

Jenny: *Um... what sort of tests are done along the way?*

Midwife: Sure. OK, now there, there's there's quite an extensive amount of prenatal testing.

Jenny: *Mmhmm*

Midwife: Um, all of it is of your own choice so it's it's not, um, compulsory testing so it's it's really up to you to, um, go home and discuss that with your husband and decide what what you feel... you would like to do.

Jenny: *Mmhmm*

Midwife: Um... there are... number of tests offered at around eleven weeks. Um, an ultrasound and a blood test that... test for, um... Down's syndrome, um, and they look at the the folds on the back of the baby's neck on the ultrasound and also there's a blood test that can indi...indicate... um, risks. Um, and... give you then an idea of whether there is a risk there or not and then you can go on to have further tests. If there was no risk then there's no need for those further tests. There's other tests then, um... where they... are, invasive. So they do, it's called an amniocentesis, um... where they would take a sample of the amniotic fluid that the baby... that is around the baby and that has some of the baby's cells in it so they can they can look at the genetic component of that and get a more accurate idea of, um, if there was any any problem with the baby.

Jenny: *Mmhmm*

Midwife: Um... if any of that came came to be there's a lot of counselling and things that goes along with it as well so you'd have other appointments with counsellors and things to, to discuss, um, the implications of that and and what you would like to do, so... um, I think it's very important we give you some information today to take home with you to read about all those different tests just to discuss with your husband and maybe do some other reading around that to decide what you'd like to do. Yeah.

PAUSE: 15 SECONDS

Now look at Question 8. Take notes on low blood pressure.

PAUSE: 15 SECONDS

Jenny: *Um, and, um I have, um, sometimes I have low blood pressure.*

Midwife: *Mmhmm.*

Jenny: *And this is like, I know it's like, way down the track... but I've heard that if you have low blood pressure, they're reluctant to give you an epidural. Not that I think I'm, you know, gonna go straight for it but... um, is there any truth about that?*

Midwife: No... anaesthetists are very, um... pretty good at, um... all the things they do with their their epidurals. They they come across women with a low blood low blood pressure and high blood pressure and they have... different things they can do to counteract that. Um... sometimes having an epidural can just drop your blood pressure initially because of the amount of drugs they give you...

Jenny: *Mmhmm*

Midwife: But, um, they often give you a fluid load and things beforehand so they give you a good, you know, litre of fluid through a drip that um can help to just raise that blood pressure slightly so that, to counteract that that um drop in blood pressure but... um, yeah, I wouldn't be worried about that. A lot of women have, like, nice low blood pressure throughout their pregnancy and it doesn't impact on their...

Jenny: *OK, so during the...*

Midwife: ... epidural, so...

Jenny: *... during the... having low blood pressure during the pregnancy's not a problem...*

Midwife: No.

Jenny: *... either.*

Midwife: No. Not at all.

Jenny: *Yep.*

Midwife: You... you do get a lot of changes in your body, um... when you first get pregnant and you you, um... have a much larger blood volume that is created that's pumping through your body so often in that first trimester women do feel, um, have periods where they might feel a little bit dizzy and faint and they blood press... and when their blood pressure's dropping just their body's getting used to that extra volume... of blood that it... heart has to pump around. That's quite normal. Um, but, yeah... you eventually your body balances that out and... that's fine. So, yep... it's nothing to be concerned about.

Jenny: *OK.*

PAUSE: 15 SECONDS

Now look at Question 9. You will hear a discussion about pathology tests. First, take notes on Jenny's recent results.

PAUSE: 15 SECONDS

Midwife: Now you would've had some bloods done with your GP.

Jenny: *Yep.*

Midwife: Have you got those results there?

Jenny: *Yep.*

Midwife: OK. Now, just have to have a look at those. Now, your haemoglobin... is about hundred and thirty so that's... that's very normal at this stage. And that, as I said before, will tend to drop a little later in your pregnancy.

Jenny: *Is that what measures your iron?*

Midwife: Yes. Yep.

Jenny: *Right.*

Midwife: There's also, ah, we can do iron stores and things as well if we were worried that your haemoglobin was dropping. Um, and... your... everything else looks fine. Yep.

PAUSE: 5 SECONDS

Now, take notes on future tests.

PAUSE: 5 SECONDS

Midwife: Um, there's another... a couple of other tests. We will talk about those in in... um, subsequent antenatal visits that happen later on in the... um, pregnancy. We also do some more blood tests and check your iron again at around twenty-eight... weeks.

Jenny: *OK.*

Midwife: When was the last time you had a Pap smear?

Jenny: *Um... it was in the last two years.*

Midwife: OK. That's fine. So usually we just recommend you have another one six weeks after the baby's born and we have...

Jenny: *OK.*

Midwife: ... a check-up.

Jenny: *Yep.*

PAUSE: 15 SECONDS

Now look at Question 10. Take notes on future plans.

PAUSE: 15 SECONDS

Midwife: Um. Ok, so... we'll make an appointment for you to come back and see us, um, when you're, um, eighteen weeks and... that usually corresponds with your eighteen-week ultrasound as well.

Jenny: *So, how often do I see you? Come in for the visits?*

Midwife: Initially, um, it's only... um... every, once a month for the first... um, trimester and... second trimester and then at twenty-eight weeks it's every two weeks.

Jenny: *Mmhmm.*

Midwife: And then from thirty-six weeks it's every... every week, so...

Jenny: *OK.*

Midwife: ... yeah.

Jenny: *And if I have any concerns along the way... can I call the hospital and speak to one of the midwives?*

Midwife: Yeah, that's fine.

Jenny: *Yep.*

Midwife: Absolutely. There's an emergency department that you can come through, um...any time of the day or night. And if there was any problems at all and they'll see you down there and and, um, refer you wherever you need to go. So...

Jenny: *OK.*

Midwife: ... yep. That's fine.

Jenny: *Right.*

Midwife: So I'll give you all those numbers and things before you leave and, um...

Jenny: *So, I have the ultrasound done before I come and see you.*

Midwife: Yeah. We'll make an appointment for you before you leave today.

Jenny: *OK.*

Midwife: OK?

Jenny: *Alright.*

Midwife: Alright?

Jenny: *Thanks for your help.*

Midwife: No problem.

Jenny: *Seeya.*

PAUSE: 30 SECONDS

This is the end of Part A.

Transcript: Part B

In this part of the test, you will hear a talk on malaria. You will hear the talk once only, in sections. As you listen, you must answer the questions in the spaces provided on the answer paper.

Turn over now and look quickly through Part B. You have one minute to do this.

PAUSE: 60 SECONDS

You may write as you listen, and there will be pauses during the talk for you to complete your answers, and to read the following question. Remember, you will hear the tape once only, and you should write as you listen.

Now read question one. Question one has been done for you.

PAUSE: 15 SECONDS

Good afternoon. Today I would like to talk to you on the topic of malaria. This is a major disease, affecting hundreds of millions of people throughout the world. I'd like to tell you a little bit about the history of the disease and our attempts to control the disease... then explain the reasons why malaria has come back...

PAUSE: 10 SECONDS

Now read question two.

PAUSE: 20 SECONDS

Now listen, and answer question two.

Malaria has been with us for many thousands and thousands of years. The disease is found predominantly in the tropics, because that's where the appropriate mosquitoes are found that transmit this disease. Female mosquitoes must take a blood meal before laying eggs and this drives them to find a host where they can take out blood. At the time they take out blood, parasites in the mosquito are injected into the circulation of the host and later give rise to the disease. The parasites travel in the blood, first to the liver, where they don't cause any symptoms at all but undergo a period of.. maturation.. there. After a variable period – probably seven days, but can be as long as several weeks – the parasites emerge into the bloodstream where they cause disease in people who are not immune.. to malaria.

PAUSE: 20 SECONDS

Now read question three.

PAUSE: 20 SECONDS

Now listen, and answer question three.

The symptoms can be quite non-specific at first, with fever, sweats, chills, and rigors... but the disease can also have manifestations causing shortness of breath, severe anaemia – with low blood counts – and, sometimes, proceed to the serious complication of cerebral malaria. There're actually four major species of malaria that infect humans... but today I will concentrate on the most serious one – plasmodium falciparum malaria. That's the malaria that is responsible for cerebral malaria... that leads to so many deaths in young children, but is also a major problem for women during pregnancy.

PAUSE: 20 SECONDS

Now read question four.

PAUSE: 20 SECONDS

Now listen, and answer question four.

Towards the end of the nineteenth century, the life cycle of malaria was discovered. In other words, it was recognised that the mosquito carries the parasite to susceptible hosts who become very unwell. It was also recognised that only some species of malaria transmit the disease. Having discovered that mosquitoes transmit the disease, Ronald Ross – who first discovered the life cycle – immediately recognised a method for controlling the disease. For example, removing the breeding sites for mosquitoes... or putting people in screened areas at night – that's the time when the mosquitoes would normally bite, so to protect them from bites – or alternatively, to use insecticides to destroy the larvae of developing mosquitoes... or alternatively to spray houses with agents such as DDT. These agents are successful because most mosquitoes bite inside, then go to rest on the walls, nearest to where they've bitten. If DDT is coating the walls, the mosquitoes are then poisoned by the DDT, thus blocking the life cycle and preventing transmission to other people.

PAUSE: 20 SECONDS

Now read question five.

PAUSE: 20 SECONDS

Now listen, and answer question five.

Mosquito control measures such as with the use of DDT, were very successful in many countries. Particular examples that show the.. technique to be successful, were found in India, and Sri Lanka, such to the extent that, in the early fifties, the belief was that there could be a malaria eradication campaign to eradicate malaria from the world. Unfortunately, however, this didn't take account of the different behaviour of mosquitoes in different parts of the world. So, mosquitoes that exist in forests and bite during the day... or where people don't live in adequate housing, this strategy would never have worked. However, when the DDT spray campaign started.. in India and Sri Lanka.. there were major successes, such that, for example in Sri Lanka, in the mid-sixties, all spraying was stopped. The view was that.. malaria had been solved. Within five years, however, malaria had returned... and from a very few cases, there were more than half a million cases in a year. Similarly, India had successes in reducing the case load from seventy-five million in the nineteen-fifty to only seventy thousand in nineteen-sixty.

PAUSE: 20 SECONDS

Now read question six.

PAUSE: 20 SECONDS

Now listen, and answer question six.

We could perhaps move to think about.. other.. possible.. ways that we might control malaria, and I'll start by little background on developing immunity to malaria. More than a hundred years ago, Robert Koch, who was favour... famous for his work on tuberculosis, looked at malaria in Papua New Guinea. He noted that in that area, where there was a lot of malaria, it was very common to find parasites in the blood of young children... they became less common

in children, let's say around the age of five. By teen age, however, parasites were relatively uncommon... and clinical episodes of malaria were quite rare. However, we know.. that if you go to look in the blood of asymptomatic adults, it's very common to find parasites. In other words, this is a very good example.. of a happy co-existence between the parasite and the host. So this is asymptomatic malaria... in a person who is semi-immune to the disease. It's also referred to as "concomitant immunity" or immunity in the presence of ongoing infection. Such a condition occurs in many parasitic diseases... but would not occur in a non-immune person. These observations that Koch made, were validated by others... and also gave him the idea, that if everyone in the population could be treated with drugs – both people who were sick, but importantly also people who were well but could be carrying parasites – could also lead to control of the disease.

PAUSE: 20 SECONDS

Now read question seven.

PAUSE: 20 SECONDS

Now listen, and answer question seven.

This strategy of course, can be partially successful. However, what Koch didn't know at the time, was that... first of all there could be resistant to the drugs... but also, the drugs may not be effective against the sexual forms of the parasite – these are the forms that the mosquito takes up... and allows them to develop in the mosquito later to infect another person. So once again it was an example where we had limited knowledge of the biology. Hence the proposed strategy would not be successful in this case. Yet another problem for Koch would've been the fact.. that some parasites have the ability to rest.. in dormant stages in the liver.. for a long time – sometimes for years, for example, and in fact, the drugs that are used to treat clinical malaria, are not effective on parasites resting in the liver. Their resting or so called "sleeping" forms is the hypnozoite which lives.. that exists in the liver for a quite a long time.

PAUSE: 20 SECONDS

Now read question eight.

PAUSE: 20 SECONDS

Now listen, and answer question eight.

A recent innovation has been to use.. mosquito bed-nets. These are nets that a person will put over them at night time.. to prevent bites from mosquitoes. But they're much more effective when they're impregnated with insecticides, such as DDT. In certain controlled areas, this has been shown to be a very effective mechanism for reducing the morbidity and mortality from malaria. Observations from a biologist, however, would suspect that.. the mosquitoes may become resistant to DDT. Or alternatively, mosquitoes may alter their behaviour, such that the majority population may bite before people go to sleep under the nets at night.

PAUSE: 20 SECONDS

Now read question nine.

PAUSE: 20 SECONDS

Now listen, and answer question nine.

Another important aspect for malaria control relates to treatment with drugs. I've already referred to the ways in which drugs could theoretically be used... to control malaria by treating all the population and thereby preventing

transmission. But the main use for drugs in is for people who are acutely ill with malaria. So a child or adult presenting with fever, sweating, headache... who has symptoms of malaria, would be treated with one of several drugs. Unfortunately, the parasites themselves have become resistant to the cheap, freely available drugs. And in areas where there are no alternatives, we have seen an increase in illness and mortality from malaria. Newer drugs are more expensive, less-well understood perhaps... and some of the side effects may not be well known.

PAUSE: 20 SECONDS

Now read question ten.

PAUSE: 20 SECONDS

Now listen, and answer question ten.

So at the moment, we could say there is a global crisis in malaria. At least one million people die each year. And at least five hundred million are infected each year. Forty percent of the world's population live in countries that are at risk from malaria, with the greatest burden falling on children, and pregnant women. And unfortunately, the situation is not improving.

PAUSE: 20 SECONDS

Now read question eleven.

PAUSE: 20 SECONDS

Now listen, and answer question eleven.

Of course, with all this concern about malaria, those of us in the research field are delighted with the interest of philanthropists such as Bill and Melinda Gates in supporting initiatives to develop a malaria vaccine. Large amounts of money have been invested for research, and many groups round the world are attempting to develop such a vaccine. There are three major fronts to the attack with vaccine. One, would be to make a vaccine against the form in the mosquito. Therefore, an individual who is challenged by a mosquito, theoretically, would never become infected. A second vaccine would be a vaccine against the blood stages of the parasite. This would not stop the individual being infected, but would, reduce the symptoms of the disease. A third type of vaccine would be a vaccine against the sexual forms so that, when an individual is bitten by the mosquito, the mosquito also takes up the serum, with antibodies, that means that the mosquito cannot transmit the infection.

I think, what one has learnt from history is, there's not going to be a single one-shot solution to malaria. But what we must do is apply what we know, with whatever technologies we have, to reduce the impact of this.. terrible disease. And in the hope that we control and reduce the number of deaths and at the same time, reduce the serious morbidity from it.

PAUSE: 20 SECONDS

That's the end of Part B

You now have two minutes to check your answers.

PAUSE: 120 SECONDS

That's the END OF THE LISTENING TEST.



FOR OFFICE USE ONLY		
ASSESSOR NO.		

Listening sub-test

Practice test 2

You may answer this sub-test in **pen or pencil**.

Please print in **BLOCK LETTERS**

Candidate number - -

Family name _____

Other name(s) _____

City _____

Date of test _____

Candidate's signature _____

YOU MUST NOT REMOVE OET MATERIAL FROM THE TEST ROOM

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THIS TEST HAS TWO PARTS

Listening Test – Part A

Time allowed: 21 minutes

In this part of the test, you will hear a general practitioner talking to Phoebe, a woman with a problem.

You will hear the consultation **ONCE ONLY**, in sections.

As you listen, you must make notes about the consultation under the headings given on the answer paper.

Turn over now and look quickly through Part A. You have **ONE MINUTE** to do this.

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading.

There will also be two minutes at the end of the test for you to check your answers.

Give your answers in **NOTE FORM**. Don't waste time writing full sentences.

Remember, you will hear the consultation **ONCE ONLY**, and you should write as you listen.

Now look at Question 1. Question 1 has been done for you.

PLEASE WRITE CLEARLY

1. Reason for Phoebe's visit

• *Come for a second opinion*

2. Initial symptoms and first doctor's discovery

- _____
- _____
- _____

3. Following the discovery

The first test and its results

- _____
- _____
- _____

Tests recommended by specialist and their results

- _____
- _____
- _____

Specialist's recommendations and actions

- _____
- _____

Marker's use only

Item 1

3

Item 2

3

Item 3

3

Item 4

2

4. Reasons why Phoebe did not pursue the matter

Insurance issues

- _____
- _____
- _____

Family issues

- _____
- _____
- _____

5. Doctor's advice

Doctor's opinion

- _____
- _____
- _____

Phoebe's reaction

- _____
- _____

6. Phoebe's previous experience in hospital

- _____
- _____
- _____

Marker's use only

Item 5

3

Item 6

3

Item 7

3

Item 8

2

Item 9

3

7. Phoebe's concerns about surgery and doctor's explanation

- _____
- _____
- _____

8. Specialist recommended by the doctor

- _____
- _____
- _____
- _____

9. Timeline

Before surgery

- _____
- _____

Surgery and recovery

- _____
- _____

Marker's use only

Item 10

3

Item 11

4

Item 12

2

Item 13

2

10. Risks of surgery

Possible risks

- _____
- _____
- _____
- _____

Surgeon's obligations

- _____

11. Future plans

- _____
- _____
- _____

Marker's use only

Item 14

4

Item 15

1

Item 16

3

PAUSE – 30 SECONDS
END OF PART A
TURN OVER FOR PART B

THIS TEST HAS TWO PARTS

Listening Test – Part B

Time allowed: 26 minutes

In this part of the test, you will hear a talk on osteopathy.

You will hear the talk **ONCE ONLY**, in sections.

As you listen, you must answer the questions in the spaces provided on the answer paper.

Turn over now and look quickly through Part B. You have **ONE MINUTE** to do this.

You may write as you listen, and there will be pauses during the talk for you to complete your answers, and to read the following question.

Remember, you will hear the tape **ONCE ONLY** and you should write as you listen.

Now read Question 1. Question 1 has been done for you.

PLEASE WRITE CLEARLY

1. Note down **four** of the points about osteopathy that the speaker plans to discuss.

1. *What it is* _____

2. *Philosophical principles* _____

3. *Kinds of treatments* _____

4. *Common conditions osteopaths see* _____

2. Complete the following summary with **no more than four words** in each gap.

Osteopathy was first developed in the United States in the 1870s. It is now used throughout the world as _____.

In addition to musculoskeletal injuries, osteopaths treat other _____
_____ in the body.

Practitioners believe that osteopathy is both _____
_____.

Marker's use only

Item 17

3

3. Complete this set of lecture notes.

Marker's use only

The four principles of osteopathy

1. Structure and function _____

- Parts of body need to be in position and move correctly to achieve _____

2. _____

- Examples of unifying systems in the body:
 - _____
 - _____
 - Fascia
- Osteopaths look at _____

3. The body is capable of _____

- For example, a child is able to _____
- Osteopaths try to _____

4. Rational treatment is _____

- Osteopathic approach uses manipulation to:
 - Restore structural freedom to tissues
 - _____
 - Create an optimal setting for healing

Item 18

11

4. Note down **three** manual techniques that osteopaths use in treatment.

1. _____

2. _____

3. _____

5. Answer the following short-answer questions.

1. What particular motion of the body are cranial osteopaths interested in?

2. What is **one** of the effects of the skull moving?

3. What does a cranial osteopath do as the first step in treating a patient?

6. Complete the following sentences **with no more than five words.**

1. Osteopathic treatment does not use drugs if

2. An example of a complaint where drugs may not be required is

3. Osteopaths manage patients' drug use in consultation with

4. Osteopaths prefer to put a patient's health back

Marker's use only

Item 19

3

Item 20

3

Item 21

4

7. Complete the following tables on osteopathic treatment.

Complaints (write six)	People	
	Age group	Method
•		
•	• _____	• _____
•	Teenagers	X
•		
•	• _____	• _____
•	Elderly	X

8. Complete the following information about the treatment of a health problem.

Osteopathic treatment of _____

Feel for _____



Take pressure off diaphragm - also called _____



Helps expand chest, and _____ out of thoracic cage



- Gives people _____ in breathing
- Helps maintain blood flow which gives _____

Marker's use only

Item 22

10

Item 23

6

9. Take notes on osteopathic treatment of pregnancy under the following sub-headings.

Body changes

- _____
- _____
- _____

How osteopaths can help

- _____
- _____

10. Complete the following table on osteopathy as an adjunctive therapy.

Professional	Purpose
_____	<ul style="list-style-type: none"> • Reduce requirement for pharmacological treatment
Neurosurgeon	<ul style="list-style-type: none"> • _____
Neurologist	<ul style="list-style-type: none"> • _____
_____	<ul style="list-style-type: none"> • Treatment of muscular/skeletal instability

11. Match the **SIGNS** on the right which indicate that a horse may require osteopathic treatment with a **CATEGORY** on the left (an example is given - D). Use each option once only. One option is not required.

Category	Signs
Difficult behaviour	<ul style="list-style-type: none"> A refusing to jump B holding their tail to one side C sensitivity to brushing D ✓ objecting to saddling E lameness in legs F not eating G slow in warming up
Performance problems	
Physical problems	

Marker's use only

Item 24

5

Item 25

4

Item 26

5

12. Circle TRUE, FALSE or NOT GIVEN for the following statements.

- The Australian Osteopathic Association is the only association of its kind in Australia.

TRUE FALSE NOT GIVEN

- Osteopathy treatment is generally available through the public health system.

TRUE FALSE NOT GIVEN

- Patients must have a referral to see an osteopath.

TRUE FALSE NOT GIVEN

- The speaker believes the number of osteopaths is increasing.

TRUE FALSE NOT GIVEN

Marker's use only

Item 27

4

END OF PART B

You have two minutes to check your answers

END OF LISTENING TEST

Listening Answer Keys

Practice Test 2 - Part A & B

Note on scoring procedures for the Listening Sub-test

The following marking guides are intended to be comprehensive, but the answers provided are not the only ways in which you may phrase your responses to questions. There may be acceptable variations, especially with technical terms and abbreviations.

The following conventions have been followed in preparing the key:

/ indicates an acceptable alternative within an answer

OR indicates an acceptable (complete) alternative answer

AND indicates that more than one piece of information is required for the mark

() words, figures, or ideas in brackets are not essential to the answer – they are also not a sufficient substitute on their own for the main idea

vital underlined words in bold type (or their equivalent) are essential to the answer

NOT indicates an unacceptable answer or part of an answer

Answer key Part A

Total marks: 44 marks

Question 1. Reason for Phoebe's visit

(Done for candidate as model)

Question 2. Initial symptoms and first doctor's discovery

1 mark for each of the following

- 2a pains/tingling (feeling) in arms
- 2b (discovered) lump on thyroid/neck
- 2c swelling in neck

Question 3. Following the discovery

The first test and its results

1 mark for each of the following

- 3a ultrasound
- 3b (unusually) large lump **AND** (right) thyroid/right side
- 3c other/lumps left (hand) side **NOT** large lump left side

Tests recommended by specialist and their results

1 mark for each of the following

- 3d biopsy
- 3e blood tests
- 3f showed nothing (sinister) **OR** nothing sinister

Specialist's recommendations and actions

1 mark for each of the following

- 3g have lump taken out (and looked at) **OR** surgery
- 3h booked (Phoebe) into hospital/surgery/operation

Item

1

2

3

4

Question 4. Reasons why Phoebe did not pursue the matter

Insurance issues

1 mark for each of the following

- 4a not on private health cover **OR** worried about private health (cover/insurance)
- 4b nervous about someone cutting her throat **OR** worried about public hospital/surgeon
- 4c has private insurance now

Family issues

1 mark for each of the following

- 4d son had breakdown **OR** breakdown (in family)
- 4e forgot about own health (for a while) **OR** got distracted
- 4f (related to son's) emotional problems

Question 5. Doctor's advice

Doctor's opinion

1 mark for each of the following

- 5a needs to be examined (properly)
- 5b (have it) removed
- 5c (could have) further tests **OR** nuclear (bone) scan/ultrasound/guided biopsy **[2 of 3]**

Phoebe's reaction

1 mark for each of the following

- 5d feels (very) well
- 5e wants to be reassured (that its a problem)

Question 6. Phoebe's previous experience in hospital

1 mark for each of the following

- 6a lumbar puncture
- 6b non-issue **OR** shadow on x-ray
- 6c terrible headache **OR** headache for weeks (and weeks)

Item

5

6

7

8

9

Question 7. Phoebe's concerns about surgery and doctor's explanation

Item

1 mark for each of the following

10

- 7a (worried it) might affect voice/voice-box/
hobby/singing
- 7b (thyroid) different (anatomical) area (to larynx)/part
of body **OR** won't be affected/harmed
- 7c might improve singing/voice

Question 8. Specialist recommended by the doctor

11

1 mark for each of the following

- 8a conservative (thyroid) specialist
- 8b (will give) unbiased opinion
- 8c operates at Royal Melbourne [Hospital]
- 8d thyroid (specialist/surgeon)

Question 9. Timeline

Before surgery

12

1 mark for each of the following

- 9a next week or two (consultation)
- 9b take it from there **OR** decide after consultation

Surgery and recovery

13

1 mark for each of the following

- 9c day surgery (job) **OR** biopsy one/a day
- 9d wouldn't need much time **OR** a couple of days

Question 10. Risks of surgery

Possible risks

1 mark for each of the following

- 10a there will be scarring **OR** minimal scarring
- 10b general anesthesia **OR** any procedure has risks
- 10c morbidity
- 10d mortality

Surgeon's obligations

- 10e will explain all (possible) adverse effects

Question 11. Future plans

1 mark for each of the following

- 11a get a referral
- 11b (secretary) get appointment (asap)
- 11c see again after seeing specialist (at Royal Melbourne [Hospital])

Item

14

15

16

END OF PART A MARKING GUIDE

Answer key Part B

Total marks: 58 marks

Question 1.

(Done for candidate as model)

Item

Question 2.

1 mark for each of the following (in the order shown)

- 2a a complementary therapy
- 2b functional disorders
- 2c science and an art

17

Question 3.

1 mark for each of the following (in the order shown)

- 3a (are) interrelated
- 3b optimal function
- 3c the body is a (single, dynamic) unit (of function)
- 3d circulatory (system)
- 3e nervous (system)
- 3f the entire body
- 3g self-regulation **AND** self-healing
- 3h regulate their temperature
- 3i augment these mechanisms **OR** help the body heal itself
- 3j based on these principles [must show plurality of principles]
- 3k enhance fluid flow

18

Question 4.

1 mark for each of the following

- 4a massage **AND** stretching
- 4b articulation techniques
- 4c muscle energy techniques

Question 5.

1 mark each of the following (in the order shown)

- 5a primary respiration
- 5b pumps (cerebral) spinal fluid/CSF (through nervous system) **OR** (causes) venous drainage
- 5c feel for (this) motion

Question 6.

1 mark for each of the following (in the order shown)

- 6a they can prevent/avoid it **OR** it can be prevented/avoided
- 6b (simple) back pain
- 6c professionals **AND** patient
- 6d into their own hands

Item

19

20

21

Question 7.

Complaints

1 mark for each of the following up to a **maximum of six**

7a – 7f:

- back/neck pain
- arthritis
- joint/muscular problems
- sports injuries
- headaches
- migraines
- pre-/post-natal care
- sciatica
- asthma
- digestive problems
- chronic fatigue

People

1 mark for each of the following (in the order shown [top-bottom, left then right])

- 7g children
- 7h adults
- 7i cranial
- 7j structural **OR** depends on the practitioner

Question 8.

1 mark for each of the following (in the order shown)

- 8a asthma
- 8b tissue **AND** ribs
- 8c releasing the diaphragm
- 8d takes strain
- 8e relief
- 8f nutrients to muscles

Item

22

23

Question 9.

Body changes

1 mark for each of the following

- 9a stomach size (increases)
- 9b (get/put on) (extra) weight **OR** take on fluid
[increase must be clear]
- 9c organs pushed up (into diaphragm) **OR** lower
back/thoracic cage/rib-cage
pushed up **OR** not breathing properly

How oestopaths can help

1 mark for each of the following

- 9d take strain off tissue **OR** alleviate
tissue changes
- 9e give comfort **OR** (help them) move easier

Question 10.

1 mark for each of the following (in the order shown [top-bottom])

- 10a medical doctor
- 10b avoid surgery **OR** improve mobility
- 10c alleviate (severe effects of) nerve damage
NOT avoid
- 10d podiatrist

Question 11.

1 mark for each of the following (in the order shown [top-bottom])

- 11a C
- 11b/c A G (order may be reversed)
- 11d/e B E (order may be reversed)

Item

24

25

26

Question 12.

1 mark for each of the following (in the order shown)

- | | |
|-----|-----------|
| 12a | NOT GIVEN |
| 12b | FALSE |
| 12c | FALSE |
| 12d | TRUE |

Item

27

END OF PART B MARKING GUIDE



Listening sub-test transcript

Practice Test 2 – Part A & B

Part A: Phoebe

Part B: Osteopathy

Transcript Part A

In this part of the test, you will hear a general practitioner talking to Phoebe, a woman with a problem. You will hear the consultation once only, in sections.

As you listen, you must make notes about the consultation under the headings given on the answer paper. Turn over now and look quickly through Part A. You have one minute to do this.

PAUSE: 60 SECONDS

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading. There will also be two minutes at the end of the test for you to check your answers. Give your answers in note form. Don't waste time writing full sentences. Remember you will hear the consultation once only, and you should write as you listen.

Now look at Question 1. Question 1 has been done for you.

PAUSE: 10 SECONDS

Doctor: Now... ah, let's have a look. Now, how are you today?

Phoebe: *I'm... OK, thank you.*

Doctor: Phoebe... Phoebe John(son). Unusual name, Phoebe. We don't see many Phoebes coming through.

Phoebe: *Ah, it was a name my mother loved which I've...*

Doctor: Oh, that's good.

Phoebe: *... I've come... to live with.*

Doctor: And you've not been here before?

Phoebe: *Um no, I haven't. I've come for a second opinion, actually.*

Doctor: Oh, OK.

Phoebe: *If that's alright.*

Doctor: Oh, look. That's what I'm here for, I guess. So, um, who's your normal doctor?
Oh, is it...

Phoebe: *Um, oh...*

Doctor: ... local?

Phoebe: *... well, I don't really have a normal doctor. I used to go to the university doctor...*

Doctor: Right.

Phoebe: *... at my previous job.*

Doctor: Ah ha.

Phoebe: *And, um, this dates back... this...complaint dates back to then but I've done nothing about it for months and months... and I just thought I'd just better come and check in ...*

PAUSE: 5 SECONDS

Now look at question two. Take notes on Phoebe's initial symptoms, and the first doctor's discovery.

PAUSE: 10 SECONDS

Doctor: So what problem was that?

Phoebe: *Well... it's... kinda complicated story. I went to the doctor some... well, it was probably over a year ago now when I think about it. I'd, um, I was I was having pains in my... a tingling feelings in my arms and stuff and I was... at night, and I was worried about it. Um, and in the process of trying to work out what that was, the doctor actually discovered I had a lump on my thyroid. He noticed a sort of swelling in my neck ...*

Doctor: Oh, is the thyroid lump still there?

Phoebe: *I **think** so, but it's never given me...*

Doctor: Looks like it's... well, I'll have a... I'll examine it shortly...

PAUSE: 20 SECONDS

Now look at question three. You will hear a discussion about what happened following the discovery. First, take notes on the first test and its results.

PAUSE: 10 SECONDS

Phoebe: *And, ah... he sent me off to have tests. And I had a series of tests which I can try and tell you about.*

Doctor: You would'a had blood tests done, scans, nuclear scans done.

Phoebe: *I'll try and remember the order. I think I had... um, I had a, what you call it... ultrasound.*

Doctor: Ultrasound.

Phoebe: *Um, and that revealed I had a lump in my...*

Doctor: Yes.

Phoebe: *... an unusually large lump in my right thyroid and some other lumps in the left hand side ...*

PAUSE: 5 SECONDS

Now, take notes on tests recommended by the specialist and her results.

PAUSE: 5 SECONDS

Phoebe: *And ...the doctor then sent me to an endocrinologist, whose name escapes me at the moment but it will come to me, and he, ah, looked at the ultrasound results and suggested I have, um... a sort of a biopsy or something like that.*

Doctor: Yeah, that's right, yes.

Phoebe: *And various... various blood tests.*

Doctor: Yes... yes, and that's been done?

Phoebe: *That was done...*

Doctor: Good.

Phoebe: *... ages and ages ago.*

Doctor: Did you go... what did that show? Do you remember?

Phoebe: *Well, yeah, I do remember quite well. It showed nothing sinister...*

Doctor: Good.

Phoebe: *... and, um...*

PAUSE: 5 SECONDS

Now, take notes on the specialist's recommendations and actions.

PAUSE: 5 SECONDS

Phoebe: *The, ah... and what the doctor said, um, at the time... the specialist said that although it showed nothing sinister 'cause this lump was larger than a certain number of centimetres or something that, um, I... he would recommend having it ah taken out and looked at.*

Doctor: Right.

Phoebe: *Because often abnormalities don't show up in these... biopsies.*

Doctor: Did he refer you to a surgeon, the endocrinologist or you just decided not to pursue that?

Phoebe: *No, got it, got it, got to the point where he actually booked me... was he... maybe he was a surgeon himself but he booked me ...*

Doctor: Oh, OK.

Phoebe: *... into a hospital... to go and have an operation on my thyroid, which I never did so um...*

PAUSE: 20 SECONDS

Now look at question four. You will hear a discussion about why Phoebe did not pursue the matter. First, take notes on Phoebe's insurance issues.

PAUSE: 10 SECONDS

Phoebe: *And at the time I'd just come back from um overseas and I wasn't on private health cover...*

Doctor: Ah... that's always, always...

Phoebe: ... so he booked me into a public hospital...

Doctor: Yes, yes.

Phoebe: ... and I was pretty nervous about someone cutting my throat that I didn't know.

Doctor: Oh... look, I'm sure he'd be a competent sort of, ah, surgeon.

Phoebe: But it wasn't sure, it wasn't clear that he would be doing the operation.

Doctor: No. Well, look – I think public hospitals are very good, I think. I I...

Phoebe: Yeah.

Doctor: ... deal a lot with the public system and I'd have ah confidence in any surgeon cutting my neck open in a public hospital...

Phoebe: Yeah.

Doctor: ... if it's, basically if there was a need to have it done. So that shouldn't be an issue from your point of view.

Phoebe: Mmm.

Doctor: But I think... do you have private insurance now? Private medical insurance?

Phoebe: I do now.

PAUSE: 5 SECONDS

Now, take notes on Phoebe's family issues.

PAUSE: 5 SECONDS

Phoebe: And another thing happened in my family. My son had a bit of a breakdown ... and I got distracted from the whole business of my own health so I decided not to pursue this and basically forgot all about it for months and months.

Doctor: Was that related to... an emotional problems with him?

Phoebe: Mmm.

Doctor: But that's all resolved now.

Phoebe: Yes, I think so.

Doctor: Well, sometimes...

Phoebe: Though, one never... one never...

Doctor: One never, yes...

Phoebe: ... stops worrying...

Doctor: No you never stop worrying about things like that.

PAUSE: 20 SECONDS

Now look at question five. You will hear a discussion about the doctor's advice. First, take notes on the doctor's opinion.

PAUSE: 10 SECONDS

Phoebe: *And so, um... I'm now coming to find out whether you think I should pursue it or not.*

Doctor: If you've got a lump and you don't know what's causing it – whether it's in the breast or whether it's wherever it is – it needs to be examined properly.

Phoebe: *Mmm.*

Doctor: And the appropriate... my... my opinion would be to have it removed.

Phoebe: *Would you?*

Doctor: I think so.

Phoebe: *You don't think I should... have another test or something?*

Doctor: Well, look – you could have another nuclear bone scan and maybe a... ultrasound and guided biopsy but, really, if there's a lump there in the thyroid gland and it looks like there is a lump there, it should, it should be removed by the an appropriate specialist.

PAUSE: 5 SECONDS

Now, take notes on Phoebe's reaction.

PAUSE: 5 SECONDS

Phoebe: *But... but I am also... you know, I feel very well. I have no...*

Doctor: Well, that's good.

Phoebe: *... no, um... feeling that there's anything wrong with me and I'm a bit... I'm sort of person doctors like don't like because I'm a non-interventionist...*

Doctor: Well lump... lump, lumps are always a, always a worry and and... and doctors like to get a diagnosis whereas people like yourself obviously are... ah, don't want... not, not, it's not like holding, not like hiding your head in the sand, like an ostrich, it's more like you don't want to know which is good... sometimes.

Phoebe: *Oh, no. I think I do want to know, I just want to be reassured by someone else that... this really is a problem... you're not telling me what I want to hear.*

Doctor: No, no... I I'm just... but I'm speaking as as a, as a... my advice as a medical person is to get that done. But that's only my advice.

Phoebe: *Yes... no, no, no. I do understand.*

Doctor: My advice... you can... you can do whatever you like.

PAUSE: 20 SECONDS

Now look at question six. Take notes on Phoebe's previous experience in hospital.

PAUSE: 10 SECONDS

Phoebe: *I mean, I understand what you just said but I s'pose, um, when I was a child I had a rather, um... well, not a child, a young woman, I had a rather unpleasant experience having a lumbar puncture...*

Doctor: Mmm.

Phoebe: *... for, ah, what was... turned out to be a non-issue. It was a shadow on the, on the X-ray and they were thought I had a spot on the pituitary gland...*

Doctor: Ah.

Phoebe: *... and I went through the lumbar puncture and I had a terrible headache for weeks and weeks and... I guess it put me off hospitals and doctors.*

Doctor: Oh, well, I don't blame you and that is sort of, not the sort of, ah, not the sort of experience you'd like to remember.

Phoebe: Mmm.

PAUSE: 20 SECONDS

Now look at question seven. Take notes on Phoebe's concerns about surgery and the doctor's explanation.

PAUSE: 10 SECONDS

Phoebe: *I suppose the other thing that... one of my hobbies is singing. I sing in a choir...*

Doctor: Mmm.

Phoebe: *... I'm worried that having this operation might affect my, my voice box.*

Doctor: Oh, it shouldn't.

Phoebe: *Is that...?*

Doctor: Ah, the thyroid's different... a different anatomical area to the larynx, so I think it wouldn't affect your singing capabilities. It might even improve it.

Phoebe: *Oh, well, now you're, now you're talking.*

PAUSE: 20 SECONDS

Now look at question eight. Take notes on the specialist recommended by the doctor.

PAUSE: 10 SECONDS

Phoebe: So... what would you recommend I did from here on?

Doctor: Well, you can either go back to see the specialist who saw you originally... who recommended the surgery – either the public or the private sector, I don't really mind where you have it done.

Phoebe: Mmm.

Doctor: Or I can send you off to, ah, I've got a very good, ah... conservative thyroid or an, ah, specialist who'll examine you and give you a unbiased opinion. He's not the sort of surgeon who'll operate just for the sake of operating. He'll give you an unbiased opinion and he'll he'll... might be a good idea to do that.

Phoebe: Oh, I think I'd like... yes, I think I'd like a sec, a different opinion.

Doctor: Yes. Well, I think, and it would be appropriate. This this, ah, particular specialist, he operates at the Royal Melbourne and he's, he's a... a thyroid surgeon, if you like.

Phoebe: Mmhmm.

Doctor: All he does is thyroids.

Phoebe: OK.

Doctor: But he's very good so I can, I can give you a referral to see him if you like.

PAUSE: 20 SECONDS

Now look at question nine. You will hear a discussion about timelines. First, take notes on the timeline before surgery.

PAUSE: 10 SECONDS

Phoebe: Alright am I likely to have to wait a long time?

Doctor: Ah, look, oh, I can give him a ring. I know him fairly well. He can, I can, he can see you probably next week or two...

Phoebe: Mmhmm.

Doctor: ... and then, as a consultation, and then the if you need any surgery or whatever, he'll take it from there.

Phoebe: Mmhmm.

Doctor: But, no, you wouldn't have to wait very long.

PAUSE: 5 SECONDS

Now, take notes on the timeline for surgery and recovery.

PAUSE: 5 SECONDS

Phoebe: How long would it take me to recover from the surgery? Would I have to take time off work?

Doctor: Well, it's... if it, it depends what he does. If it's just an excisional biopsy it'll be a day, a day surgery job and... what sort of work do you do?

Phoebe: *I'm an academic.*

Doctor: Right, so, look, depends on what your duties are at the time, but you wouldn't need to have much time off work for a simple excisional biopsy from a thyroid. Couple of days...

Phoebe: *Mmhmm.*

Doctor: ... that's all.

PAUSE: 20 SECONDS

Now look at question ten. You will hear a discussion about risks associated with surgery. First, take notes on the possible risks.

PAUSE: 10 SECONDS

Phoebe: *Would there be any scarring?*

Doctor: Yes, yes. Well, any, any, any cutting of the skin does cause scarring but I think most surgeons nowadays are well aware of, ah, the possibility of scarring occurring so they're very careful with their surgical technique.

Phoebe: *Mmhmm.*

Doctor: So I'm sure there will be a scar but it'll be... he'll, he'll minimise it but you'll have to talk to him about that. But I'm sure that, ah, as far as, look, any operation when I tell anybody any patient who's having any surgical procedure has got risks.

Phoebe: *Mmhmm.*

Doctor: General anaesthesia's got risks...

Phoebe: *Mmhmm.*

Doctor: ... and there's morbidity and mortality rate with any operation.

PAUSE: 5 SECONDS

Now, take notes on the surgeon's obligations.

PAUSE: 5 SECONDS

Doctor: So, look, so, but, that's that's why if you see a surgeon he'll explain to you all the, um, possible adverse effects. Medico-legally we have to do that nowadays... advise patients...

Phoebe: *You don't want to be sued.*

Doctor: Don't want to be... no, oh, well... surgeons don't want to be sued. They pay a lot of medical indemnity insurance...

Phoebe: Yes, yes.

Doctor: So they'll certainly make sure that you, ah, are well aware of the, ah... the, ah...

Phoebe: *The risks.*

Doctor: ... of the risks.

PAUSE: 20 SECONDS

Now look at question eleven. Take notes on future plans.

PAUSE: 10 SECONDS

Phoebe: *OK. Well, I really appreciate that. It's not what I wanted to hear but...*

Doctor: Oh, look, well...

Phoebe: *... I think I, I did come to you for a reason, so...*

Doctor: No, no, no, I, I'll... look, I'll leave you... if you look, you can think about whether you do, you'd like me to give you a referral. I can, I can...

Phoebe: *Yes, I think I would.*

Doctor: ... I can, I'll I'll... I'll just, um, I'll fax one through to the, ah, the specialist directly and I can get my secretary to ring up to get you an appointment as soon as possible.

Phoebe: *Mmhmm.*

Doctor: Just... 'cause obviously you're worried about it. And you've obviously had a few problems in your family life. You don't want to be... too... stressed about things at the moment, do you?

Phoebe: *Mmm, mmm.*

Doctor: So you have to look after yourself.

Phoebe: *Well, thank you very much. I appreciate it.*

Doctor: So, look... but I'll, I'll fax it through. I'll... and I'll see you after you've seen the doctor at the Royal Melbourne.

Phoebe: *OK.*

Doctor: OK?

Phoebe: *Thank you, doctor.*

PAUSE: 30 SECONDS

That's the end of Part A.

Transcript Part B

In this part of the test, you will hear a talk on osteopathy. You will hear the talk once only, in sections. As you listen, you must answer the questions in the spaces provided on the answer paper.

Turn over now and look quickly through Part B. You have one minute to do this.

PAUSE: 60 SECONDS

You may write as you listen, and there will be pauses during the talk for you to complete your answers, and to read the following question. Remember, you will hear the tape once only, and you should write as you listen.

Now read question one. Question one has been done for you.

PAUSE: 15 SECONDS

Hi everyone. I'm an osteopath and today I'm going to talk to you about osteopathy: what it is and the philosophical principles behind it. I'm also going to talk to you about the kinds of treatments osteopaths use, who they treat, and the common conditions that they see. Finally, I'll talk about osteopathy in Australia more generally.

PAUSE: 10 SECONDS

Now read question two.

PAUSE: 20 SECONDS

Now listen, and answer question two.

Okay, so to start with, what is osteopathy? Osteopathy is a philosophy of health and health care. It was developed in the 1870s by an American doctor, Andrew Taylor Still, and is now widely recognised throughout the world as one of the most scientifically validated and effective 'complementary' therapies. A simple definition is that osteopathy is used to treat musculoskeletal injuries and other functional disorders within the human body. But, it's certainly more than that. It takes a different approach to other medicines – it's a science and an art.

PAUSE: 20 SECONDS

Now read question three.

PAUSE: 20 SECONDS

Now listen, and answer question three.

Osteopathy is based around four key principles. These are: one, that structure and function are interrelated; two, that the body is a single, dynamic unit of function; three, that the body is capable of self-regulation and self-healing; and four, that rational treatment is based on the application of these principles. I'll talk a bit about each one of these principles. When we say that the structure and function are interrelated, we mean that the parts of our body need to be in proper position and move correctly for the body to achieve optimal function. When motion becomes impaired, tissues will not function as they were intended. The second principle, the body is a unit, relates to our conception of the body as a single unified whole. Everything in the body is related and interconnected, and there are several unifying systems in the body: the circulatory system, the nervous system, the fascia. So when we look at a body, we don't think of just one organ as one organ. We don't think of one limb as just one limb. When we look at a patient or a person who has been injured, we look at the entire body. Concerning the third principle, what do we mean by 'the body is capable of self-regulation and self-healing'? The human body is always working to maintain a state of balanced function. When you look at a small child, for example, they can regulate their temperatures, they can regulate how they function.

We are specifically designed to regulate absolutely everything. Osteopaths recognize this, and work to augment these mechanisms – to help the body heal itself better and more quickly. Finally, rational treatment is based on these principles. Osteopathic treatment applies these principles with a sound and thorough knowledge of anatomy and physiology. An osteopathic approach typically integrates osteopathic manipulation to restore structural freedom in the tissues, enhance fluid flow throughout the body, and create the optimal setting for healing to occur.

PAUSE: 20 SECONDS

Now read question four.

PAUSE: 20 SECONDS

Now listen, and answer question four.

I'll turn now to discuss how we treat people. The way we treat people is all manual medicine – that is with our hands – so we do not use other equipment at all. That's a main distinction between us and most other health professionals: we work with our hands and with the body of the patient. Some of the manual techniques we use are massage and stretching, articulation techniques – that's where joints are mobilised by being taken passively through their range of motion – and muscle energy techniques, where tight muscles are released by a combination of stretching, and being able to work against resistance. As you can see, some of these techniques require the patient to be passive, and others require the patient to actively participate in the movements.

PAUSE: 20 SECONDS

Now read question five.

PAUSE: 20 SECONDS

Now listen, and answer question five.

I'll talk a bit about cranial osteopathy as well because it's an approach that I'm very familiar with as an osteopath. Cranial osteopathy was developed as an extension to the osteopathic approach by the osteopathic doctor William Sutherland. It maintains the same four key principles of 'structural osteopathy', but the cranial practitioner looks at one specific motion in the body, and that's what we call 'primary respiration'. Central to the idea of primary respiration is that the skull is actually moving - the flexion and extension in the single bone, so let's say the occiput or the frontal bone, and in paired bones in an internal/external rotation. Now this motion pumps cerebral spinal fluid through the nervous system, and it also has been said that it causes venous drainage within the dura and within the skull. But, this motion has an effect on the whole neurological system and the skeletal system as well. So what a cranial osteopathic practitioner will do is go in and actually feel for this motion. And this motion allows the practitioner to almost bring the whole body into balance. For example, if you've got an injury in the lower back or along the spine, it actually disrupts the movement of the dura moving up and down the spine, and causes tension right through the spinal cord. So, if a practitioner goes in and feels for this motion and works with this motion and puts it back into a sort of rhythm, it has a huge effect on the entire body.

PAUSE: 20 SECONDS

Now read question six.

PAUSE: 20 SECONDS

Now listen, and answer question six.

A great thing about osteopathy treatment is that it's actually drug free. This gets back to the principles of the body as a single unit and as self-regulated so we don't believe in using drugs if we can prevent it. A drug in its natural form is a toxin to prevent pain or to do whatever the drug is designed to do. And that's probably where osteopathy is a little bit different. I'm not saying that we don't believe in drugs because some people do require them. But if a person does not actually have to take a drug for a simple little back pain, well that's a good thing, because they're not putting a chemical into their body, and we can prevent it with manual medicine. So it's a little bit of a balancing act. Does a person need medicine or can we prevent it by doing the manual medicine that an osteopath does in treatment. So that's where an osteopath can work in conjunction with a professional and work with a patient to decide whether they actually need a drug. Or whether the patient can think 'I can get through with maybe doing some stretches' ... and so we start putting the person's health back into their own hands.

PAUSE: 20 SECONDS

Now read question seven.

PAUSE: 20 SECONDS

Now listen, and answer question seven.

So let's move on now to what osteopaths commonly treat. The most common complaints for which patients consult osteopaths include: normal back and neck pain, arthritis, joint and muscular problems, sports injuries, headaches, migraines, pre- and post-natal care, sciatica, asthma, digestive problems and chronic fatigue. In osteopathy, we can treat children and teenagers to adults to the elderly. There's no distinction between who we can and can't treat. Usually a child is going to be treated in a cranial sense, and adults might be treated with a structural method, especially sports injuries and things like that, depending on the practitioner.

PAUSE: 20 SECONDS

Now read question eight.

PAUSE: 20 SECONDS

Now listen, and answer question eight.

I'll give a couple of examples of how we might treat some of the particular complaints I've mentioned. First, let's look at asthma. It's not an injury as such; it's a condition where people are unable to breathe properly. So as an osteopath, what do we do? Now, firstly, I'll just say that we believe in people taking medication and everything that doctors prescribe for asthma. But we see that asthma has an effect on the whole rib-cage – the entire thoracic cage, the diaphragm, the thoracic inlet just below the neck ... so what we do is, we feel for the tissue and the ribs and what we try and do is mobilise this area, and take the pressure off the diaphragm. This is what we call 'releasing a diaphragm' to actually try and help expand the chest as much as possible; it takes the strain out of the thoracic cage. So it gives people relief in breathing, and helps to maintain blood flow through the muscles which gives nutrients to the muscles. And this helps the entire system. So if they do have an attack at some stage, their rib-cage and their diaphragm are moving to the best of their ability at that point in time.

PAUSE: 20 SECONDS

Now read question nine.

PAUSE: 20 SECONDS

Now listen, and answer question nine.

Another example is pregnancy. When women become pregnant, their body changes, and these changes put forces on them. The size of their stomach is, of course, increasing. They've got this extra weight, they're putting on weight ... quite often they'll take on fluid. In the lower back, in the thoracic cage, in the rib-cage, all of their organs are being pushed up into the diaphragm, which prevents them from breathing properly. So if we take a bit of strain off the tissue, that helps them move a little easier, and actually go through pregnancy a lot more easily. Osteopathy can help them in trying to alleviate the tissue changes and to just give them comfort and help them move a little easier.

PAUSE: 20 SECONDS

Now read question ten.

PAUSE: 20 SECONDS

Now listen, and answer question ten.

Health professionals in other disciplines often employ osteopathy as adjunctive therapy. Some of the more common treatment combinations are: with medical doctors, to reduce the requirement for pharmacological treatments, especially in musculo-skeletal conditions; with neurosurgeons, to avoid surgery where osteopathy proves effective, or to improve mobility where there is nerve impairment; with neurologists, to alleviate the severe effects of nerve damage; and with podiatrists, complimentary therapies in the treatment of muscular/skeletal instability due to disorders associated with the lower limbs.

PAUSE: 20 SECONDS

Now read question eleven.

PAUSE: 20 SECONDS

Now listen, and answer question eleven.

Osteopathy is mainly about humans, but there are a few osteopaths who have taken their philosophy and moved it out to treat animals. They'll treat, let's say, dogs and horses, some people do cats. There are very few, as I say, but myself, I do treat animals: mainly horses. And we take our philosophy of how we can treat a human, and we apply it in the same way to treating animals. Horses, especially those in the racing industry, have huge strains and require massive amounts of work to be able to perform. I hate to say it but in the racing industry, they are a commodity: they earn money. So, they're pushed to their absolute limit. There are different signs that a horse may be in need of osteopathic treatment. They may be exhibiting difficult behaviours such as objecting to being saddled, or hypersensitivity to being brushed. They may have performance problems such as refusing to jump or being slow to warm up. Or they may present physical signs: hind or front leg lameness, turning their head to one side more than the other or holding their tail to one side. Whatever the case, the same kinds of osteopathic techniques can be used to help horses as are used to help humans.

PAUSE: 20 SECONDS

Now read question twelve.

PAUSE: 20 SECONDS

Now listen, and answer question twelve.

There are now over a thousand osteopaths in Australia. And we're all governed by an association – The Australian Osteopathic Association – and I believe most members are involved in that association. So the association is growing stronger and stronger. Most osteopaths are in private practice, we're not in the hospitals, and we're not covered by Medicare or anything like that. So, we're more or less all in private practice. Our patients are usually referred to us by other patients, so word of mouth is probably our strongest way of letting people know what we do. We do get referrals from some doctors and other health care providers. But you don't need a referral to actually see an osteopath. You can ring up an osteopathic clinic and you would be able to get an appointment very soon. We are a small profession, but, we are certainly growing. And I think, in the last few years, osteopathy has taken a huge step, because society now actually understands what we do and how we can help people.

PAUSE: 20 SECONDS

That's the end of Part B.

You now have two minutes to check your answers.

PAUSE: 120 SECONDS

That's the END OF THE LISTENING TEST.

FOR OFFICE USE ONLY

ASSESSOR NO.

Listening sub-test

Practice test 3

You may answer this sub-test in **pen or pencil**.

Please print in **BLOCK LETTERS**

Candidate number

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Family name

Other name(s)

City

Date of test

Candidate's signature

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THIS TEST HAS TWO PARTS

Listening Test – Part A

Time allowed: 23 minutes

In this part of the test, you will hear a general practitioner talking to Josh, a man who wants to quit smoking.

You will hear the consultation **ONCE ONLY**, in sections.

As you listen, you must make notes about the consultation under the headings given on the answer paper.

Turn over now and look quickly through Part A. You have **ONE MINUTE** to do this.

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading.

There will also be two minutes at the end of the test for you to check your answers.

Give your answers in **NOTE FORM**. Don't waste time writing full sentences.

Remember, you will hear the consultation **ONCE ONLY**, and you should write as you listen.

Now look at Question 1. Question 1 has been done for you.

PLEASE WRITE CLEARLY

1. Reason for Josh's visit

- *Wants to quit smoking*
- *Start off process*
- *Find out different options*

2. Details of Josh's smoking habit

-
-

3. Josh's reasons for quitting

Health reasons

-
-
-
-
-

Other reasons

-
-

Marker's use only

Item 1

2

Item 2

5

Item 3

2

4. Josh's reasons for smoking

- _____
- _____
- _____
- _____
- _____
- _____

5. Josh's general health

- _____
- _____
- _____

6. Josh's quitting history

- _____
- _____
- _____
- _____
- _____
- _____

7. Motivation

Doctor's advice

- _____
- _____
- _____

Marker's use only

Item 4

6

Item 5

3

Item 6

6

Item 7

3

Josh's response

- _____
- _____
- _____
- _____
- _____
- _____

8. Doctor's explanation and opinions of two quitting strategies

Replacement therapies

- _____
- _____
- _____

Hypnotherapy

- _____
- _____
- _____
- _____

9. Doctor's suggested exercise

- _____
- _____
- _____

Marker's use only

Item 8

6

Item 9

3

Item 10

4

Item 11

3

10. Pattern intervention

Doctor's explanation

- _____
- _____

Josh's patterns

- _____
- _____
- _____

Doctor's suggestions

- _____
- _____
- _____
- _____
- _____

11. Josh's homework

- _____
- _____
- _____
- _____

Marker's use only

Item 12

2

Item 13

3

Item 14

5

Item 15

4

PAUSE — 30 SECONDS

END OF PART A

TURN OVER FOR PART B

THIS TEST HAS TWO PARTS

Listening Test – Part B

Time allowed: 26 minutes

In this part of the test, you will hear a talk on stuttering.

You will hear the talk **ONCE ONLY**, in sections.

As you listen, you must answer the questions in the spaces provided on the answer paper.

Turn over now and look quickly through Part B. You have **ONE MINUTE** to do this.

You may write as you listen, and there will be pauses during the talk for you to complete your answers, and to read the following question.

Remember, you will hear the tape **ONCE ONLY**, and you should write as you listen.

Now read Question 1. Question 1 has been done for you.

PLEASE WRITE CLEARLY

1. Note down two effects of stuttering.

Stuttering disrupts:

i. *rhythm of speech*

ii. *fluent production of speech*

2. Complete the following summary.

Disfluency can occur for people who are studying _____
_____.

When they try to remember words and grammar, they may make _____
_____.

However, this is a disruption to fluency that is _____
_____.

Older people can also be disfluent, and this may lead to a great amount of
_____ for _____.

3. Complete this table.

Dimensions of fluency	Impact of stuttering
_____of speech production	_____ words out
_____of speech production	more effort required
_____of speech	_____ is disrupted

Marker's use only

Item 16

4

Item 17

5

4. Complete this set of lecture notes.

Marker's use only

Ways in which stuttering disrupts speech

1. **REPETITIONS**
 For example:
 » _____
 » syllables
 » _____
 » _____
 » phrases

2. _____
 » person knows what to say but _____

3. **ELONGATION**
 » _____

4. **INSERTION OF WORDS**

5. _____ OR _____ WORDS

Item 18

8

5. Note down three examples of overt features and six examples of covert features of stuttering.

Overt	Covert
• _____	• _____
• _____	• _____
• _____	• _____
	• _____
	• _____
	• _____

Item 19

9

6. Complete the following sentences.

- a) Researchers currently believe that stuttering stems from a problem with _____
- b) Stuttering occurs across _____
- c) Around 60% of people who stutter _____
- d) Compared to females, males are _____

7. Answer the following questions.

- a) What percentage of school-age children stutter?

- b) What are two groups whose risk of stuttering is greater than in the rest of the population?

- c) What is the earliest age that stuttering might become evident in some children?

- d) What happens to many children who stutter at a young age?

8. Note down eight examples of fluency-inducing conditions for people who stutter.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Marker's use only

Item 20

4

Item 21

4

Item 22

8

11. Complete the following sentences.

a) The severity of a stutter may not always match

_____.

b) Stuttering can have a strong impact on a person's sense of

_____ and _____.

c) Assessors should always ask a person who stutters _____

_____.

d) Assessors should check the effects of stuttering in terms of _____

_____ and _____.

Marker's use only

Item 25

6	
---	--

END OF PART B

You now have two minutes to check your answers.

END OF LISTENING TEST

Listening Answer Keys

Practice Test 3 - Part A & B

Note on scoring procedures for the Listening Sub-test

The following marking guides are intended to be comprehensive, but the answers provided are not the only ways in which you may phrase your responses to questions. There may be acceptable variations, especially with technical terms and abbreviations.

The following conventions have been followed in preparing the key:

/ indicates an acceptable alternative within an answer

OR indicates an acceptable (complete) alternative answer

AND indicates that more than one piece of information is required for the mark

() words, figures, or ideas in brackets are not essential to the answer – they are also not a sufficient substitute on their own for the main idea

vital underlined words in bold type (or their equivalent) are essential to the answer

NOT indicates an unacceptable answer or part of an answer

Answer key Part A

Total marks: 57 marks

Question 1. Reason for Josh's visit

(Done for candidate as model)

Question 2. Details of Josh's smoking habit (1)

1 mark for each of the following

- 2a packet/20 a day
- 2b smoking since 15/15½ (now 29)
OR smoking 14/15 years

Question 3. Josh's reasons for quitting

Health reasons

1 mark for each of the following

- 3a give up before 30 (TV doctor's advice) **OR** 30
good time to stop **OR** deadline of 30
- 3b reverse (majority of) damage **OR** start to repair
- 3c chest infections
- 3d throat infections
- 3e tonsillitis

Other reasons

1 mark for each of the following

- 3f cost/expensive/financial (side-benefit)
- 3g social pressure **OR** more difficult/feels
uncomfortable in public now
OR socially unacceptable

Item

1

2

3

Question 4. Josh's reasons for smoking

1 mark for each of the following

- 4a (out of) habit
- 4b enjoys (it)
- 4c physical addiction
- 4d breaks at work **OR** get out of office
- 4e likes with coffee **OR** tastes nice
- 4f nice with alcohol

Item

4

Question 5. Josh's general health

1 mark for each of the following

- 5a not the best/good **OR** a bit unfit
- 5b not enough/doesn't exercise **OR** (only) walking/walks (a lot)
- 5c shortness of breath climbing stairs

5

Question 6. Josh's quitting history

1 mark for each of the following

- 6a couple of times
- 6b (first time) five years ago
- 6c pressure/nagging from teacher
- 6d used gum/nicotine replacement
- 6e went/lasted one week (without a cigarette)
- 6f started crying **OR** upset/emotional

6

Question 7. Motivation

Doctor's advice

1 mark for each of the following

- 7a (if) reason strong (enough), you'll do it
- 7b (need to have) clear reasons why quitting
- 7c (clear reasons) why leaving smoking behind **OR** why smoked before

7

Josh's response

1 mark for each of the following

- 7d health reasons (strong)
- 7e cough recurrent/went on and on
- 7f doctor gave inhaler/medication/puffer
- 7g (treatment/cough) scared him
- 7h afraid of/might get (lung) cancer
- 7i knows smoking not good for health

Item

8

Question 8. Doctor's explanation and opinions of two quitting strategies

Replacement therapies

1 mark for each of the following

- 8a use gums/patches
- 8b offer nicotine in different form **OR** take nicotine through skin/mucous membrane (of mouth)
- 8c don't make you quit **OR** not a solution

Hypnotherapy

1 mark for each of the following

- 8d focus (clearly) on reasons for quitting (smoking)
- 8e emphasise reasons to quit **OR** substitute reasons **OR** increase status/priority
- 8f (use) imagination creatively
- 8g bring about quicker/more rapidly

9

10

Question 9. Doctor's suggested exercise

1 mark for each of the following

- 9a (become) more aware of the habit (of smoking)
- 9b don't smoke more or less [i.e., maintain habit]
- 9c more aware/observant of feeling (and thinking)

11

Question 10. Pattern intervention

Doctor's explanation

1 mark for each of the following

- 10a psychological (term)
- 10b go about life differently for different result

Josh's patterns

1 mark for each of the following

- 10c (get up and have) coffee and cigarette
OR with coffee
- 10d after food/meal
- 10e at café **OR** on campus **OR** later on in day

Doctor's suggestions

1 mark for each of the following

- 10f glass of water
- 10g walk/go outside
- 10h walk around the block [i.e., with purpose]
- 10i (has to be) enjoyable **OR** something you
(feel) you want to do
- 10j (ten) deep breaths

Question 11. Josh's homework

1 mark for each of the following

- 11a become (consciously) aware of
every cigarette
- 11b write down patterns (of every cigarette)
- 11c ways to modify patterns **OR** think about
(all the) possibilities
- 11d think/read about hypnotherapy

Item

12

13

14

15

END OF PART A MARKING GUIDE

Answer key Part B

Total marks: 58 marks

Question 1.

(Done for candidate as model)

Item

Question 2.

1 mark for each of the following (in the order shown)

- 2a another language
- 2b inappropriate pauses **OR** 'ums'
- 2c (perfectly) normal
- 2d frustration **AND** families ['for' is given]

16

Question 3.

1 mark for each of the following (up-down, left-right)

- 3a rate **OR** speed
- 3b ease
- 3c coordination **OR** flow
- 3d less **OR** fewer
- 3e continuity **OR** flow

17

Question 4.

1 mark for each of the following (in the order shown)

- | | | | | |
|----|-------------------------------------|--|-------|------------------------|
| 4a | sounds | | | in any order |
| 4b | parts of words | | | |
| 4c | whole words | | | |
| 4d | blocking | | | |
| 4e | can't get anything out/say it | | | |
| 4f | prolonged OR stretched (out) | | | |
| 4g | avoid | | | in either order |
| 4h | substitute | | | |

Item

18

Question 5.

Overt

1 mark each of the following

- | | | | | |
|----|------------------------------------|--|-------|---------------------|
| 5a | (getting) stuck OR blocking | | | in any order |
| 5b | frowning | | | |
| 5c | (excessive eye) blinking | | | |

Covert

1 mark for each of the following up to a maximum of six

- | | | | | |
|---------|--------------------------|--|-------|---------------------|
| 5d – 5i | | | | in any order |
| • | increase in body tension | | | |
| • | anticipation | | | |
| • | frustration | | | |
| • | guilt | | | |
| • | anxiety | | | |
| • | despair | | | |
| • | embarrassment | | | |

19

Question 6.

1 mark for each of the following (in the order shown)

- 6a speech motor control
- 6b (all) races
- 6c have a family history
- 6d (3-4 times) more likely to stutter

Item

20

Question 7.

1 mark for each of the following (in the order shown)

- 7a 2½ - 5%
- 7b pre-school children **AND/OR** young school-age children **AND/OR** (identical) twins **AND/OR** intellectually disabled (2 of 4)
- 7c two
- 7d (they will spontaneously) remit **OR** (they will) grow out of it

21

Question 8.

1 mark for each of the following up to a maximum of eight

- 8a – 8h
- speaking alone
 - speaking in unison
 - saying poetry
 - saying prayers
 - speaking to a baby
 - speaking to an animal
 - singing
 - swearing
 - speaking to a rhythm/beat
 - speaking while writing
 - putting on an accent

22

Question 9.

1 mark for each of the following

Family Compensation

- 9a excuse from talking (activities)
- 9b protect (the child)
- 9c treat (the child) differently

Social Avoidance

- 9d avoid telephoning
- 9e avoid asking people out
- 9f tend to be quieter **OR** say less

Question 10.

1 mark for each of the following (letters a-d show order)

- 10a teasing **OR** bullying
- 10b subject choice
- 10c seminar **OR** class presentation **OR** oral assessment
- 10d answer questions **OR** make extended comments

Question 11.

1 mark for each of the following (in the order shown)

- 11a the (degree of) impact (on the individual)
- 11b self
- 11c well-being
- 11d what it means to them **OR** how it has affected them
- 11e levels of anxiety
- 11f social functioning

Item

23

24

25

END OF PART B MARKING GUIDE



Listening sub-test transcript

Practice Test 3 – Part A & B

Part A: Josh and smoking

Part B: Stuttering

Transcript Part A

This test has two parts. Part A. In this part of the test, you will hear a general practitioner talking to Josh, a man who wants to quit smoking. You will hear the consultation once only, in sections. As you listen, you must make notes about the consultation under the headings given on the answer paper. Turn over now and look quickly through Part A. You have one minute to do this.

PAUSE: 60 SECONDS

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading. There will also be two minutes at the end of the test for you to check your answers. Give your answers in note form. Don't waste time writing full sentences. Remember you will hear the consultation once only, and you should write as you listen.

Now look at question one. Question one has been done for you.

PAUSE: 10 SECONDS

Doctor: Well, thanks for coming in this morning.

Josh: *Thank you.*

Doctor: Nice to meet you. What can we do for you this morning, Josh?

Josh: *Oh, well I really – I've just... I'm, I'm considering, ah, quitting smoking at the moment. So I really wanted to come in and sort of start that process off and... ah, find out about the different options that I have available to... to sort of looking at doing that and hopefully be successful.*

Doctor: Mm

PAUSE: 10 SECONDS

Now look at question two. Take notes on the details of Josh's smoking habit.

PAUSE: 10 SECONDS

Doctor: Can you tell me a little bit about your smoking? How long, you know, how long you've been smoking and how many a day, that sort of thing.

Josh: *Yeah, sure. Um, well, I smoke about a packet a day – of twenty – um and I've been smoking since I was fifteen. I'm twenty-nine now so... it's um, yeah, it's been pretty much every day since I was, yeah, fifteen and a half or so.*

PAUSE: 20 SECONDS

Now look at question three. You will hear a discussion about Josh's reasons for quitting. First, take notes on the health reasons.

PAUSE: 10 SECONDS

Doctor: Why do you want to stop? Why do you want to quit smoking?

Josh: *Well...*

Doctor: Why now?

Josh: *Why now?*

Doctor: Yes.

Josh: *Because, well, actually, yeah... a couple of years ago I saw on TV, there was a doctor on TV saying that, ah, if you give up by the time you're thirty, you can reverse, or... yeah, you can reverse the majority of of any sort of damage that you've done... that, you know, you can start to repair but... and so I got it in my head that thirty was probably a good age to stop.*

Doctor: Yeah.

Josh: *So I've had that in my mind for a few years now and I'm turning thirty at the end of the year... and also, in the last couple of years, you know, I've had some recurrent sort of problems with my... chest infections and, um, throat infections, tonsillitis and that sort of thing which I figure are probably related to smoking.*

Doctor: Could be aggravated by the smoking.

Josh: *Yeah... yeah.*

Doctor: Mmm. So the deadline of thirty's approaching.

Josh: *It is, rapidly.*

Doctor: Rapidly. And, ah, you want to do something about it.

Josh: *Yeah.*

PAUSE: 5 SECONDS

Now, take notes on other reasons.

PAUSE: 5 SECONDS

Doctor: Have you, have you got, do you have any other reasons why you want to quit?

Josh: *Um... nnn...*

Doctor: Some people want to quit 'cause it's expensive. Like it costs, you know, about a hundred thousand dollars to smoke for your adult life.

Josh: *Yeah.*

Doctor: Ah, cost... things like that.

Josh: *Well... that's probably a side benefit more than anything else.*

Doctor: Side benefit.

Josh: *Yeah.*

Doctor: Family? Is anyone nagging you or have you got pressure from any... anybody else who...

Josh: *Not really.*

Doctor: ...social pressure? Colleagues?

Josh: *Only the, only the, sort of, the greater social pressure, you know...*

Doctor: Yeah, yeah.

Josh: *...because it's becoming more and more difficult to smoke in public now...*

Doctor: It's become socially unacceptable, less acceptable now, hasn't it?

Josh: *Well, yeah... yeah, and I think it is quite unacceptable. I mean, I do feel like, you know, sometimes people look at you, you know, when you're in public places where there are lots of people around it's sort of... very, you're very uncomfortable, I think, smoking...*

Doctor: Yes.

Josh: *Even in open-air areas.*

Doctor: Yes.

Josh: *Yeah.*

Doctor: It's a sort of dying habit, isn't it?

Josh: *It is, it is.*

PAUSE: 20 SECONDS

Now look at question four. Take notes on Josh's reasons for smoking.

PAUSE: 10 SECONDS

Doctor: Um. They're the reasons why you want to quit.

Josh: *Mmhmm.*

Doctor: Why do you smoke?

Josh: *Um... well, now, I mean, it's so long ago that I started that I smoke out... out of habit and...*

Doctor: Yes, out of habit.

Josh: *...I do enjoy it.*

Doctor: Yes.

Josh: *Like I, I, and that's, I think, one of my major problems... is, you know, apart from having the physical addiction, I do...*

Doctor: Yes.

Josh: *...it's something that I enjoy doing and...*

Doctor: When you say, 'enjoy', what, what, what do you... what do you get out of it?

Josh: *Well, it gives me an opportunity... it gives me an opportunity to have breaks at work...*

Doctor: Yes, yes.

Josh: *You know, I get out of the office for five minutes and...*

Doctor: That's a common reason. A common reason. People have a bit of time out.

Josh: *Yeah. Yeah. That's it – get a bit of headspace and, um, yeah... ah, you know, there are certain things that I enjoy with a cigarette that, you know, my, when I go for a coffee...*

Doctor: Yes, yes.

Josh: *...it's really nice to have a cigarette with a coffee. The taste is nice.*

Doctor: Taste.

Josh: *Um... and, you know, with alcohol as well... you know, it, yeah.*

Doctor: So you actually enjoy it?

Josh: *I I I feel that I do. And... and I think that's something that I need to try and, overcome which... I... yeah.*

PAUSE: 20 SECONDS

Now look at question five. Take notes on Josh's general health.

PAUSE: 10 SECONDS

Doctor: You mentioned, you mentioned, you know, cough and tonsillitis and...

Josh: *Mmm.*

Doctor: ...ah, things like that. Is there anything else you've... noticed about your health? Do you think... how do you think your health is, generally?

Josh: *Oh... I think it's probably, generally, um... not the best. I feel, you know, generally... a bit unfit, you know. Um... and I find myself...*

Doctor: Do you exercise?

Josh: *Oh... no, not really. Not enough.*

Doctor: Not enough.

Josh: *I try to walk a lot.*

Doctor: Right.

Josh: *But that's, sort of the most exercise that I do.*

Doctor: Yes.

Josh: *And I really go through periods where, you know, I'm conscious of having to exercise and try to be fit and then getting caught up in study and work and not really thinking about it and then find, you know, after six months that, you know, I'm, getting out of breath just climbing a set of stairs.*

Doctor: So getting short of breath just climbing some stairs.

Josh: *Yeah... yeah.*

PAUSE: 20 SECONDS

Now look at question six. Take notes on Josh's quitting history.

PAUSE: 10 SECONDS

Doctor: Have you ever tried to quit?

Josh: *Yeah, a couple of times.*

Doctor: Tell me what happened then.

Josh: *Ah... so about five years ago, I think, was the first time and... I was doing my VCE then. And, ah... yeah... I just, I actually had a teacher on my back who I was really close to and she was sort of putting a lot of pressure on me..., and...*

Doctor: As in nagging?

Josh: *Yeah, yeah... she was a bit of a nagger. And, but, I know that it, you know, it was only because she cared about me...*

Doctor: Mmm

Josh: *...and, which is one of the reasons why I tried...*

Doctor: Yes.

Josh: *...to, to give up. And, ah... I was using the gum...*

Doctor: Yes.

Josh: *...um, nicotine replacement gum.*

Doctor: Mmm

Josh: *And, ah... yeah, I just... I went one week, really, um, without a cigarette and then I found, on the Friday I was studying in the library and I just, ah, started crying this this day, for for no apparent reason. And I mean I was getting the nicotine replacement so, yeah... and, um, I saw that teacher, actually, and she desaid to me, 'oh, no – you need to go and get a packet of cigarettes'.*

Doctor: Yes. So...

Josh: *(Laughter)*

Doctor: So how long did that last, that experiment?

Josh: *A week.*

Doctor: A week only.

Josh: *Yeah... yeah.*

PAUSE: 20 SECONDS

Now look at question seven. You will hear a discussion about motivation. First, take notes on the doctor's advice.

PAUSE: 10 SECONDS

Doctor: How hard do you think it'll be this time?

Josh: *Oh, look, I think, I I, I th... yeah. I'm... quite aware that it's going to be very hard, I think.*

Doctor: The real question there is how motivated are you, isn't it?

Josh: *Mmm.*

Doctor: Don't you think?

Josh: *Oh... absolutely.*

Doctor: I think, if if the reason to do something...

Josh: *Mmhmm*

Doctor: ...is strong enough, then we'll often do it.

Josh: *Yep.*

Doctor: And I think this is the thing we need to, you need, we need to be clear of the reasons why we're quitting...

Josh: *Mmhmm*

Doctor: ...and also clear of the reasons we're leaving behind...

Josh: *Yep.*

Doctor: ...why we, you know, why we were smoking previously.

Josh: *Mmhmm*

PAUSE: 5 SECONDS

Now, take notes on Josh's response.

PAUSE: 5 SECONDS

Doctor: So how strong are your reasons? The health reasons and the social reasons.

Josh: *The health reasons are pretty strong. Like, the last time I had a recurrent sort of cough, um... it went on and on and the doctor ended up giving me a... an inhaler to use.*

Doctor: Oh, OK. Like a puffer.

Josh: *Yeah. Um... and I, yeah... that kind of actually scared me because, ah... you know, it was very clear – she made it very clear – that it was because of my smoking that I was having this ongoing cough and, I I, yeah... I, um... I suppose... yeah, I just was kind of thinking – and maybe it's because I'm a bit of a hypochondriac – but, you know, if I'm starting to have really obvious recurrent problems from the smoking that, you know, maybe I'm gonna get lung cancer, like. Yeah... so...*

Doctor: So that reason's been in your mind for a while now. You've been thinking about it and...

Josh: *Yeah, for a few months, anyway, that, that particular reason.*

Doctor: Mmm

Josh: *Yeah. And, I mean, I s'pose, you know, I'm, I've always been aware that... smoking's not good for your health.*

Doctor: No.

Josh: *I mean, you can't sort of get through life without realising that with all the information that's out there, so... um...*

PAUSE: 20 SECONDS

Now look at question eight. You will hear a discussion about the doctor's explanation and opinions of two quitting strategies. First, take notes on replacement therapies.

PAUSE: 10 SECONDS

Doctor: Just to explain, I think there's there's two parts to the quitting now. One is you can use things like replacement therapies like ah, Nicabate, Nicorette gums...

Josh: *Yeah*

Doctor: ...and patches and those sort of things. They don't really make you quit, they just offer the nicotine in a different form, so instead of... inhaling it, you're taking it through the skin or across the mucous membrane of the mouth. I don't usually see those as a solution in themselves.

PAUSE: 5 SECONDS

Now, take notes on hypnotherapy.

PAUSE: 5 SECONDS

Doctor: There are other things you can do of a behavioural technique. The technique that I've used most in the past is hypnotherapy which focussing clearly on the reasons why you want to quit...

Josh: *Right.*

Doctor: And you're focussing on the reasons why you want to keep smoking. And you're substituting and you're emphasising the ones why you want to quit.

Josh: *OK.*

Doctor: So you're... increasing their status and priority in your mind.

Josh: *Yep. Well that's one thing, actually, the the hypnotism is one sort of avenue that I've been interested in, um, finding out about 'cause I, you know, I don't really understand how hypnotism works and...*

Doctor: Right...

Josh: *...yeah,*

Doctor: Hypnotherapy is really just using the imagination creatively.

Josh: *Mmhmm.*

Doctor: You don't achieve things that you definitely couldn't achieve other ways but sometimes it helps bring it about slightly... quicker.

Josh: *Oh, OK.*

Doctor: More rapidly.

Josh: *Yep.*

Doctor: I'll come back to the hypnotherapy in a minute.

PAUSE: 20 SECONDS

Now look at question nine. Take notes on the doctor's suggested exercise.

PAUSE: 10 SECONDS

Doctor: One of the little exercises that I've... given many people is to become more aware of the habit of smoking.

Josh: *Yep.*

Doctor: For example, if you smoked twenty cigarettes the day before yesterday...

Josh: *Mmhmm*

Doctor: How many of those do you remember smoking?

Josh: *Oh, mmm... what's today? I, I... yeah, I can't really recall enjoying any of them... can't remember smoking any of them.*

Doctor: No. So what I'd encourage you to do is to say, 'OK, I'm gonna smoke... I'm not gonna smoke any more and I'm not gonna smoke any less. But I'm gonna become more aware and more observant of how I'm feeling...'

Josh: *Mmhmm*

Doctor: '...what I'm thinking and more importantly how I'm feeling, as I have each cigarette.'

Josh: *Yep.*

Doctor: So... those twenty cigarettes, at least you get your money's worth. Rather than just... money going up in smoke...

Josh: *Mmhmm*

PAUSE: 20 SECONDS

Now look at question ten. You will hear a discussion about pattern intervention. First, take notes on the doctor's explanation.

PAUSE: 10 SECONDS

Doctor: The the other area that's important is is a psychological term called pattern intervention.

Josh: *Right.*

Doctor: And pattern intervention is where you go about life slightly differently to bring about a different result.

Josh: *Mmhmm*

PAUSE: 5 SECONDS

Now, take notes on Josh's patterns.

PAUSE: 5 SECONDS

Doctor: What are your patterns?

Josh: *Oh, that's definitely one. I get up and I make a cup of coffee and then I have a cigarette and a coffee.*

Doctor: Yes.

Josh: *Um... I always have a cigarette after I eat.*

Doctor: After you've had food.

Josh: *Yes. Ah... like a meal just doesn't feel complete if I don't do that...*

Doctor: No.

Josh: *Um, and, ah... yeah, I have a cigarette with coffee... like, when I have a coffee later on in the day, which I usually go to a cafe on the campus.*

Doctor: Yes, yes, yes.

Josh: *...and sit down and have a cigarette there.*

PAUSE: 5 SECONDS

Now, take notes on the doctor's suggestions.

PAUSE: 5 SECONDS

Doctor: Is there any way you could change those patterns? So, with breakfast is there anything else you could do? Could you have a... glass of water and walk outside ...

Josh: *Oh, I suppose so, but I usually...*

Doctor: What could you do differently?

Josh: *...feel so sluggish in the morning until I have that cigarette.*

Doctor: What could you do? What could you do?

Josh: *Yeah...*

Doctor: If you really wanted to do it,...

Josh: *Mmhmm.*

Doctor: What might you do?

Josh: *Well, I suppose, you know, that idea of getting up and going outside is... considering that I want to improve my overall fitness as well, um...*

Doctor: Yeah. Walk around the block...

Josh: *Yeah.*

Doctor: Say.

Josh: *Yeah.*

Doctor: These are just suggestions. I'm not saying you should do any of these.

Josh: *No, but that's actually quite a good idea to me... to my mind.*

Doctor: Needs to be something you feel you, want, to do.

Josh: *Mmhmm.*

Doctor: You... something you feel... you could do and you could enjoy doing.

Josh: *Yep.*

Doctor: And it's gotta, in time, be capable of being more enjoyable, than having a cup of coffee, with a cigarette.

Josh: *Right. (Laughter). That's gonna be an idea to really... ah, yeah, get used to.*

Doctor: So you might try different things. You might try a glass of water, you might try going outside and having ten deep breaths, you might try walking around the block.

PAUSE: 20 SECONDS

Now look at question eleven. Take notes on Josh's homework.

PAUSE: 10 SECONDS

Doctor: Before I see you next time, I'd like you to do some homework.

Josh: *OK.*

Doctor: Would you be happy to do that?

Josh: *Yeah, sure.*

Doctor: I'd like you to... consciously become more aware...

Josh: *Mmhmm*

Doctor: ...of each cigarette that you smoke.

Josh: *Yep.*

Doctor: That's the first one. The second thing is, I'd like you to write down on paper...

Josh: *Mmhmm*

Doctor: ...when I smoke... and what the patterns are...

Josh: *Yep.*

Doctor: ...when I smoke.

Josh: *OK.*

Doctor: And possible ways in which I could modify those patterns ... I'm not saying to do it straight away but say look ... what what are all the possibilities?

Josh: *Sure.*

Doctor: Write them down... we'll look at the look at the choices and we can discuss them next time ... The third thing is, I'll give you a little handout on hypnotherapy.

Josh: *Right.*

Doctor: You can have a think about that and we can talk about that, perhaps we can discuss it in a week or two when you're one week closer to quitting.

Josh: *Fantastic.*

Doctor: How does that sound?

Josh: *That sounds good.*

Doctor: OK?

Josh: *All right, thanks.*

Doctor: Very nice to meet you.

Josh: *You too, thanks very much.*

Doctor: Good.

Josh: *Cheers.*

Doctor: Catch up next time.

Josh: *Great, thanks.*

Doctor: Bye.

PAUSE: 30 SECONDS

That is the end of Part A.

Transcript Part B

In this part of the test, you will hear a talk on stuttering. You will hear the talk once only, in sections. As you listen, you must answer the questions in the spaces provided on the answer paper. Turn over now and look quickly through Part B. You have one minute to do this.

PAUSE: 60 SECONDS

You may write as you listen, and there will be pauses during the talk for you to complete your answers, and to read the following question. Remember, you will hear the tape once only, and you should write as you listen.

Now read question one. Question one has been done for you.

PAUSE: 15 SECONDS

What we're going to look at, now, is an introduction to fluency, and to stuttering. We're interested in looking at a speech disorder of rate, or rhythm ... or flow, called stuttering. And stuttering is a disruption to the rhythm of speech ... to the disa disruption to the fluent production of speech.

PAUSE: 10 SECONDS

Now read question two.

PAUSE: 20 SECONDS

Now listen, and answer question two.

Now before we look at what stuttering is, what we have to look at, is what constitutes fluency. We know that people are disfluent in many many normal situations. People can be disfluent when they're learning another language, and they're trying to think of the correct words to use, they're trying to think of the correct grammar... and, so... 'um... um...' you'll get lots of disruptions like 'ums', inappropriate pauses at times, or quite appropriate pauses while they... formulate the language. That's a disruption to fluency that's perfectly normal. Age can sometimes disrupt fluency. Older people might take longer to... find the right word, to... be very precise about what they want and so, as people age, then their fluency becomes disrupted and often, can dis-, ah, can frustrate their families enormously.

PAUSE: 20 SECONDS

Now read question three.

PAUSE: 20 SECONDS

Now listen, and answer question three.

Now the dimensions of fluency, generally are considered to be rate of speech production, which is the speed at which somebody talks... ease of speech production, which is the effort somebody puts in... to speaking... and coordination, or flow, of speech. And, stuttering can disrupt any of these dimensions. Stuttering can have an impact on speed of talking... because the more stuttering there is, the less somebody gets out. It can have an impact on effort of speech production. People who stutter often put a lot of effort into talking. It's effortful to get the words out. And certainly the continuity, or flow, of their speech, is disrupted.

PAUSE: 20 SECONDS

Now read question four.

PAUSE: 20 SECONDS

Now listen, and answer question four.

Now someone who stutters can have their speech disrupted in a variety of ways. They might do repetitions, and repetitions can be of sounds, syllables, parts of words, whole words, or phrases. 'So, so, so,' you might get this sort of thing, 'or you'd, or you'd, or you'd,' get this sort of thing. A variety of repetitions. Blocking, is another type of stuttering, where the person knows exactly what they want to say but they are unable to get anything out. So you might get [extended pause] this sort of thing happening, where nothing comes out. And we call that blocking. Sounds can be elongated, and that's another aspect of stuttering behaviour. So sounds are prolonged or stretched out and you miiiiiiiiiiiiiiiiight get this sort of thing, where sounds are really stretched inappropriately. It's a loss of control of the flow of speech. People can insert words, so you might, um, get this, um, this, um, this sort of thing, where "um" or any other word is inserted to keep the flow. People can avoid words, substitute words, um, in an attempt to keep their speech moving. And there are other aspects of stuttering as well. But they're the main categories of disfluency.

PAUSE: 20 SECONDS

Now read question five.

PAUSE: 20 SECONDS

Now listen, and answer question five.

Additionally, we have, what are called overt features and covert features of stuttering. An overt feature is ... a feature of stuttering that you can see or hear. So, if somebody is ... stuck. If they're blocking ... and they're frowning. Or they're doing, excessive eye blinking. You can see that... you can count that behaviour... you can measure that behaviour. That's an overt sign of stuttering. A covert feature of stuttering is really what we consider the person's reaction ... to stuttering. It's what they have to deal with, that we don't hear. So it might be an increase in body tension. It might be anticipation. It might be frustration. It might be feelings of guilt, of anxiety, of despair, of embarrassment. Those sorts of things are what we call the covert or hidden ... features of stuttering.

PAUSE: 20 SECONDS

Now read question six.

PAUSE: 20 SECONDS

Now listen, and answer question six.

Now we basically think that stuttering at the moment is ... a problem with speech motor control. People who stutter, know what they want to say. They know exactly what they want to say, but at that instance in time, they're unable to produce their speech fluently and easily. They lose control ... of their speech production. And we think that the evidence is that stuttering is a speech motor control problem. Certainly we know that some people can inherit a predisposition to stutter. We know that stuttering occurs in all races. We know that the onset of stuttering might be sudden ... or it might be gradual. We know that people who stutter, report fluctuations ... in their fluency. And we know that approximately sixty percent of people who stutter, have a family history of stuttering. We also know that males are more likely to stutter than females. And the general incidence that's quoted is three or four times more males than females, stutter.

PAUSE: 20 SECONDS

Now read question seven.

PAUSE: 20 SECONDS

Now listen, and answer question seven.

Approximately one percent of the population stutters. And, significantly more preschool and school-age children stutter. Incidence figures range, for the school-age population, from about two and a half, to five percent. So many many more, preschool and young school-age children stutter than in the normal, total population. Children who are twins, especially identical twins, are more at risk to stutter ... and there's a greater incidence of stuttering, in the population with intellectual disability. We also know that about seventy-five percent of the risk of stuttering has occurred by three and a half years. So, it is highly likely that professionals will come across, young children who are stuttering. And children as young as two, can certainly be exhibiting stuttering behaviours. And most children by their third birthday, are likely to have started stuttering, if they are going to. Having said that, most children who start to stutter, will spontaneously remit. So in other words, most children who start to stutter when they're young, will grow out of it.

PAUSE: 20 SECONDS

Now read question eight.

PAUSE: 20 SECONDS

Now listen, and answer question eight.

There are certain conditions that facilitate or induce fluency. So ... if you were, for example a speech pathologist ... and you wanted to show somebody that they could be fluent, that they had the ability to be fluent, certain fluency- inducing conditions for people who stutter, ah, when they speak ... alone ... when they speak in unison, with other people. So for example ... um, saying poetry ... ah, saying prayers, talking situations where they speak with others. Speaking to a baby. Speaking to an animal. And singing which, in fact uses a different part of the brain. People can also be fluent when they're swearing ... when they're speaking in rhythm, so speaking to a beat generally in syllable timing. Um ... they tend to be fluent when they're writing, simultaneously to when they're speaking ... and when they're putting on an accent. And interestingly, there are a number of actors, who stutter, who don't stutter, when they're assuming a role.

PAUSE: 20 SECONDS

Now read question nine.

PAUSE: 20 SECONDS

Now listen, and answer question nine.

One of the things that professionals dealing with people who stutter, need to consider, is what are the implications or the impact of stuttering on the person who stutters. And these implications and impacts can be far-reaching. Stuttering has an impact on families, it has an impact on somebody's social ... life, and on their social wellbeing. From the point of view of the family, obviously somebody growing up with stuttering from an early age, may well have parents who're extremely concerned ... about their speech ... and ... about the impact of stuttering. Families can compensate. Families can excuse the person who stutters, the child who stutters, from some talking activities. They may treat the child differently. They may protect the child. They can react in a variety of ways. Social situations, for many people who stutter, can be a nightmare. Many people who stutter, report avoiding social situations. Particularly, they might avoid telephoning people. And text messaging on mobile phones has become a godsend for many people who stutter ... because they can maintain communication with people without actually having to speak. People who stutter also might avoid asking people out. They might avoid ... doing things like, buying movie tickets or asking for ... train tickets, bus tickets. They'll do all of that nonverbally. Ah, or it may just be, that they go into social situations but they tend to be quieter than they would like to be, or they say less.

PAUSE: 20 SECONDS

Now read question ten.

PAUSE: 20 SECONDS

Now listen, and answer question ten.

In terms of education, stuttering can have many implications. One of the biggest problems, for those who stutter, is dealing with teasing and bullying, particularly in the early school years... and, in the years of transition from primary to secondary school, where bullying can often increase. Certainly, it might affect subject choice, and ... for people who have been stuttering in secondary school or higher school ... years ... stuttering can impact on their assessment. People often have to give seminars or class presentations, oral assessments ... and stuttering can have a huge impact on that. Many people who stutter feel that their teachers never really know how much they know, ah, because they don't answer questions in class, or make extended comments in class.

PAUSE: 20 SECONDS

Now read question eleven.

PAUSE: 20 SECONDS

Now listen, and answer question eleven.

Now I am, exaggerating ... or overgeneralising to make the point. And not everybody who stutters, has the same degree of impact. And it's important, to note ... that ... a mild stutter – a low level of stuttering – can impact on somebody significantly, to the point where they will avoid, avoid social situations, and people who have quite severe stutters, might be outgoing, and might say that the stutter doesn't make a great deal of difference to them. So, the amount of stuttering is not always related to the impact of stuttering on the individual. Stuttering, though, can affect how somebody views themselves. It can rot them to the core, for want of a better expression. It can ... totally overwhelm ... their sense of self, and their sense of wellbeing. And it's important when, considering stuttering and its impact on an individual, that we ask the person who stutters, how stuttering affects them ... and what they feel about this disorder, that they're grappling with. So, when we are assessing somebody who stutters, it is very important, to look, not only at the stuttering behaviour, and at the speech behaviours, but what stuttering means to that person, and how it has affected them, in terms of levels of anxiety, in terms of social functioning, so that we get an overall view of stuttering and... a very comprehensive look at the person who stutters and the disability of stuttering, that they are having to deal with, on a daily basis.

PAUSE: 20 SECONDS

That's the end of Part B.

You now have two minutes to check your answers.

PAUSE: 120 SECONDS

That's the END OF THE LISTENING TEST.

Further practice

There are resources for English-language learners on the web which can help candidates develop the general listening skills involved in a medical context. Check the language style, appropriate use of the language and some medical terms used in the following websites.

GENERAL HEALTH:

ABC Australia Health

- <http://www.abc.net.au/health/>
[Health Matters – index with links to programmes and features]
- <http://www.abc.net.au/rn/allinthemind/>
[All in the Mind]
- <http://www.abc.net.au/rn/healthreport/>
[Health Report]
- <http://www.abc.net.au/rn/lifematters/>
[Life Matters]
- <http://www.abc.net.au/health/minutes/>
[Health Minutes]

BBC World Service Health

- http://www.bbc.co.uk/worldservice/programmes/health_check.shtml
[Health Check]
- http://www.bbc.co.uk/worldservice/programmes/science_in_action.shtml
[Science in Action]

Newsletters

You could subscribe to the regular health-related newsletters:

- <http://www.abc.net.au/health/subscribe/default.htm>

Englishmed.com

- <http://www.englishmed.com/>
[English learning resources with a medical focus]

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