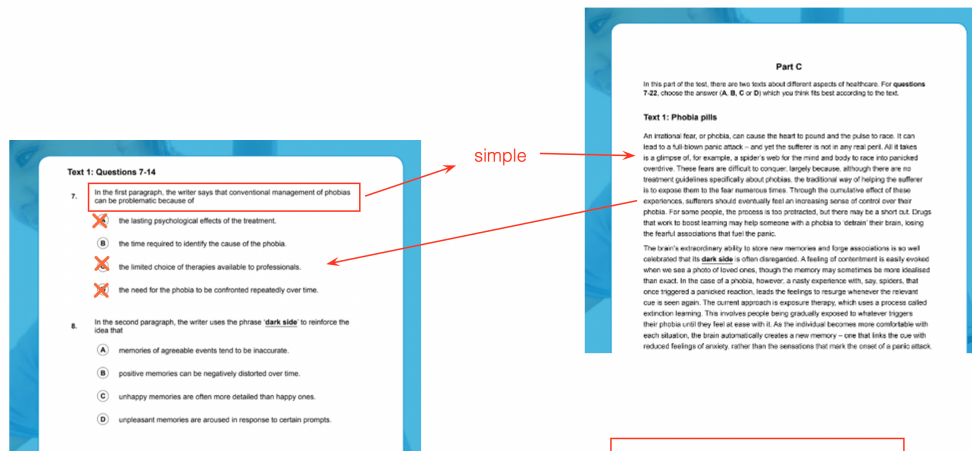


1. General technique
2. Simplifying the question & practice
3. **Three important points**

General Technique for Part B & C



Text 1: Questions 7-14

7. In the first paragraph, the writer says that conventional management of phobias can be problematic because of

- A the lasting psychological effects of the treatment.
- B the time required to identify the cause of the phobia.
- C the limited choice of therapies available to professionals.
- D the need for the phobia to be confronted repeatedly over time.

8. In the second paragraph, the writer uses the phrase **dark side** to reinforce the idea that

- A memories of agreeable events tend to be inaccurate.
- B positive memories can be negatively distorted over time.
- C unhappy memories are often more detailed than happy ones.
- D unpleasant memories are aroused in response to certain prompts.

Part C

In this part of the test, there are two texts about different aspects of healthcare. For questions 7-22, choose the answer (A, B, C or D) which you think fits best according to the text.

Text 1: Phobia pills

An irrational fear, or phobia, can cause the heart to pound and the pulse to race. It can lead to a full blown panic attack – and yet the sufferer is not in any real peril. All it takes is a glimpse of, for example, a spider's web for the mind and body to race into panicked conditions. These fears are difficult to conquer, largely because, although there are no treatment guidelines specifically about phobias, the traditional way of helping the sufferer is to expose them to the fear numerous times. Through the cumulative effect of these experiences, sufferers should eventually feel an increasing sense of control over their phobia. For some people, the process is too protracted, but there may be a short cut. Drugs that work to boost learning may help someone with a phobia to 'detrain' their brain, losing the fearful associations that fuel the panic.

The brain's extraordinary ability to store new memories and forge associations is so well celebrated that its **dark side** is often disregarded. A feeling of contentment is easily evoked when we see a photo of loved ones, though the memory may sometimes be more idealised than exact. In the case of a phobia, however, a nasty experience with, say, spiders, that once triggered a panicked reaction, leads the feelings to resurge whenever the relevant cue is seen again. The current approach is exposure therapy, which uses a process called extinction learning. This involves people being gradually exposed to whatever triggers their phobia until they feel at ease with it. As the individual becomes more comfortable with each situation, the brain automatically creates a new memory – one that links the cue with reduced feelings of anxiety, rather than the sensations that mark the onset of a panic attack.

- 1 Read the question **stem**
- 2 Simplify the question (if necessary)
- 3 Read the text & keep the **simple question** in mind
- 4 Eliminate answers
- 5 Choose the answer (after 2 mins you move on)

1. Ng ✓
2. Opposite ✓
3. Partial ✓
4. Doesn't answer the question ✓

Ways to simplify:

- **Remove unnecessary words: the/an etc.**
- **Add ‘what’ at the end of a statement**
- **Paraphrase: only do this when you are sure**

Greenfield hospital Doctors should always go shops when they...what?

RULE NUMBER 1:

Do not change the meaning

2. As explained in the protocol, the position of the RUM container will ideally
- Ⓐ encourage participation in the scheme.
 - Ⓑ emphasise the value of recycling.
 - Ⓒ facilitate public access to it.

Unwanted medicine: pharmacy collection protocol

A Returned Unwanted Medicine (RUM) Project approved container will be delivered by the wholesaler to the participating pharmacy.

The container is to be kept in a section of the dispensary or in a room or enclosure in the pharmacy to which the public does not have access. The container may be placed in a visible position, but out of reach of the public, as this will reinforce the message that unwanted prescription drugs can be returned to the pharmacy and that the returned medicines will not be recycled.

Needles, other sharps and liquid cytotoxic products should not be placed in the container, but in one specifically designed for such waste.

What point does the training manual make about anaesthesia workstations?

What point about painkiller workstations?

Note: we don't need this in Part B as you only have 1 text

In cases of snakebite, the flying doctor should be aware of

Snakebite cases, flying doctor should know...*what?*

The two reports mentioned in the first paragraph both concluded that homeopathy

Two reports concluded that homeopathy...what?

From the comments quoted in the sixth paragraph, it is clear that Johanna Ashmore is

It is clear that Ms Ashmore is... what?

What do we learn about the experiment Cathy Hutchinson took part in?

What learn about experiment Cathy participated in?

What is said about the experiment done on the patient in the third paragraph?

Experiment done on patient...what?

When is it acceptable for a health professional to pass on confidential information given by a patient?

When acceptable share confidential patient info?

1. **x** of **y**

In the first paragraph, the writer says that conventional management of phobias can be problematic because of

- (A) the lasting psychological effects of the treatment.
- (B) the time required to identify the cause of the phobia.
- (C) the limited choice of therapies available to professionals.
- (D) the need for the phobia to be confronted repeatedly over time.

The patient treatment is regarded as an important

The case study of the 67-year-old man is given to show that

67 man study is given to show...what?

In the fifth paragraph, some critics believe that one drawback of using DCS is that

2. The writer?

What I am simplifying the question... do I need 'the writer'?

the writer suggests that digital therapeutics providers have adopted similar practices drug industry in order to

<p>Do I need the writer says?</p> <p>Is there more than one opinion in the text</p>	<p style="text-align: center;">Quote</p> <div style="border: 1px solid red; padding: 10px;"> <p>Digital therapeutics providers are careful to distance themselves from the rest of the digital health market of 'wellness' gadgets such as activity monitors and sleep trackers. Consequently, they have striven to mimic the drug industry's practices and standards, including carrying out clinical tests and sometimes seeking regulatory approvals. <i>WellDoc</i>, the makers of <i>BlueStar</i>, describe it as the first FDA-cleared mobile prescription therapy (although digital therapeutics don't usually need approval by the U.S. Food and Drug Administration, since they often promote lifestyle or dietary changes that are deemed to be low-risk). And <i>Big Health</i> successfully opted to test a placebo version of its insomnia app against the real thing. The digital treatment 'absolutely spanked the placebo,' says Hames.</p> </div> <p style="text-align: right;">Names</p>
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22. The writer suggests that his grandmother

- (A) may ultimately have benefited from her non-compliance.
- (B) would have appreciated closer medical supervision.
- (C) might have underestimated how ill she was.
- (D) should have followed her doctor's advice.

When discussing the complicated nuances of compliance with my students, I give the example of my grandmother. A thrifty, no-nonsense woman, she routinely sliced all the cholesterol and heart disease pills her doctor prescribed in half, taking only half the dose. If I questioned this, she'd wave me off with, 'What do those doctors know, anyway?' Sadly, she died suddenly, aged 87, most likely of a massive heart attack. Had she taken her medicines at the appropriate doses, she might have survived it. But then maybe she'd have died a more painful death from some other ailment. Her biggest fear had always been ending up dependent in a nursing home, and by luck or design, she was able to avoid that. Perhaps there was some wisdom in her 'non-compliance.'

3. Descriptions of the of the text in Part B

The memo reminds nurses to avoid

- (A) x-raying a patient unless pH readings exceed 5.5.
- (B) the use of a particular method of testing pH levels.
- (C) reliance on pH testing in patients taking acid-inhibiting medication.

It doesn't matter what the memo is ABOUT

Alain book states that

Checking the position of a nasogastric tube

It is essential to confirm the position of the tube in the stomach by one of the following:

- Testing pH of aspirate: gastric placement is indicated by a pH of less than 4, but may increase to between pH 4-6 if the patient is receiving acid-inhibiting drugs. Blue litmus paper is insufficiently sensitive to adequately distinguish between levels of acidity of aspirate.
- X-rays: will only confirm position at the time the X-ray is carried out. The tube may have moved by the time the patient has returned to the ward. In the absence of a positive aspirate test, where pH readings are more than 5.5, or in a patient who is unconscious or on a ventilator, an X-ray must be obtained to confirm the initial position of the nasogastric tube.

The email **about plant farming in venesuala** makes the point that

Description of text

The protocol states that...what?

The email emphasises..what?

5. ~~The purpose of the email to practitioners about infection control obligations is to~~
email purpose

- (A) act as a reminder of their obligations.
- (B) respond to a specific query they have raised.
- (C) announce a change in regulations affecting them.

Something here describes the email. And we dont want that because it is not the question.

Email from Dental Board of Australia
<p>Dear Practitioner,</p> <p>You may be aware of the recent media and public interest in standards of infection control in dental practice. As regulators of the profession, we are concerned that there has been doubt among registered dental practitioners about these essential standards.</p> <p>Registered dental practitioners must comply with the National Board's Guidelines on infection control. The guidelines list the reference material that you must have access to and comply with, including the National Health and Medical Research Council's (NHMRC) Guidelines for the prevention and control of infection in healthcare.</p> <p>We believe that most dental practitioners consistently comply with these guidelines and implement appropriate infection control protocols. However, the consequences for non-compliance with appropriate infection control measures will be significant for you and also for your patients and the community.</p>

email pupose
is...what?

What language do we use to describe 'emails' or 'guidelines'

REGARDING
 ABOUT
 ON
 WHICH

6. The results of the study described in the memo may explain why
- (A) superior communication skills may protect women from dementia.
 - (B) female dementia sufferers have better verbal skills.
 - (C) mild dementia in women can remain undiagnosed.

Memo to staff: Women and Dementia

Please read this extract from a recent research paper

Women's superior verbal skills could work against them when it comes to recognizing Alzheimer's disease. A new study looked at more than 1300 men and women divided into three groups: one group comprised patients with amnesic mild cognitive impairment; the second group included patients with Alzheimer's dementia; and the final group included healthy controls. The researchers measured glucose metabolic rates with PET scans. Participants were then given immediate and delayed verbal recall tests.

Women with either no, mild or moderate problems performed better than men on the verbal memory tests. There was no difference in those with advanced Alzheimer's.

Because verbal memory scores are used for diagnosing Alzheimer's, some women may be further along in their disease before they are diagnosed. This suggests the need to have an increased index of suspicion when evaluating women with memory problems.