

'to modulate'	'simultaneous'	'prompted'	'expose'
'perseverance'	'capitalise on'	'severe'	'compensation'
'to make headway'	'to curb'	'sever'	'constitute'
'misgivings'	'antipathy'	'to stimulate'	'threshold'
'deep-seated'	'pejorative'	'indiscriminate'	'tissue'
'relapse'	'bitter'	'to skip'	'lodged in'
'to overlay'	'exploit'	'straight forward'	'embedded'
'retrieval'	'dilute'	'tactile'	'friable'
'consolidated'	'credible'	'grasp of'	'Durability'
'informed consent'	'crux of the debate'	'subtlety'	'onset'
'swathe'	'consultation'	'evaporate'	'outset'
'counterpart'	'adverse effects'	'vapour'	'designate'
		'dissolve'	'comply'

READING WEEK: PART A

1. Review the techniques
2. Main idea, Key words, Function
3. *Practice with 4 real texts [not a mock – analysing texts]*

REVIEW PART A TECHNIQUE

I will show you a text... (written by me)

You guys will read the text and answer the questions.

MEMO: SET students

There are two steps to the OET Reading Part A technique that SET recommend. The first step is to analyse the texts by spending approximately 2 minutes reading them, 30 seconds per text. After that, students must start to answer the questions. They have approximately 45 seconds for each question although the first 7 questions should be done in about 3 to 10 seconds as they are much easier (especially if you have analysed the texts at the start).

What is the first step of OET Reading? **Analyse the texts**

What is the second step? **Answer the questions**

How long should we analyse texts for? **2 mins or 30 seconds per text**

Step 1 is important, and we practice it a lot in class because it **saves you time**. This can be **counterintuitive** because it seems like you are losing time when you spend 2 minutes without answering any questions. However, it saves you time because you can find the answers faster (if you do it well). How? Medical professionals who don't analyse texts often must read 3 or 4 texts to find each answer. In contrast, those professionals who have a good understanding of the texts will usually only need to read **1 text** to find the answer, **sometimes 2**. Never 3 or 4. This saves time in the all together.

What is the problem for someone who does not analyse the texts at the start?

You need to read all 4 texts for each question.

What is meant by **counterintuitive** in the text?

Your instructions were very intuitive. (Easy to understand because it's as expected)

Your instructions were a bit counterintuitive (Not easy to see why)

SCANNING FOR KEY WORDS

When we answer the questions, we usually find 2 words in the question that are important and we then go to the text where we think the answer is. We search (scan) for those words or for synonyms of those words. When we find them, we know that we have found the 'answer area'. But what makes a good key word? A good key word is a word that is unique: it is not repeated many times in the text

The text

A states that

- A. Key words are words that give you the answer directly
- B. Key words should always be totally unique in every possible way
- C. Key words help us find the part of the text with the answer ✓

When we analyse texts we are trying to separate them from each other. If we can see their differences, it will help us to select the correct text to search later on. There are only 3 useful ways to do this: main idea, key words, function. The most important of these is main idea as this usually helps us the most. However, function and key words can also help us when main ideas fail to help us.

What is the main idea of this text?

- A. Main ideas can fail to help us. ?
- B. Step 2 is just as important as Step 1
- C. **Differentiation is the immediate goal of analysis** ✓

In the 2 mins before we are trying to differentiate the texts.

ANALYSIS: to separate the texts

TYPE	How do we obtain it?
<p>Main idea:</p> <p>What is <i>ABOUT</i>?</p>	<p>1 Headings / title 2 Repeated words in the text 3 Read first sentence</p> <p>Example:</p> <p>Diabetes, UTI, hypertension, etc.</p>
<p>Function:</p> <p>Purpose, use</p>	<p>Look for what does the DO to you</p> <p>Example:</p> <p><i>Guidelines/advice, classification, information, definition</i></p> <p>No topic!</p>
<p>Key words</p>	<p>Look for unique (not repeated) words and underline them</p> <p>You might guess a word that they ask about later:</p> <ul style="list-style-type: none"> • Dates • Numbers • Brackets () • Capital e.g. WHO • Jargon: technical terms <p>Footnote:</p> <hr/> <p><small>SLT=speech and language therapist. Seek advice from: *Speech and language therapist +/- occupational therapist, physiotherapist, dietician (if involved in dysphagia management) †Supplying pharmacist and/or Medicines Information Centre.</small></p>

Weight and contraceptive choice: texts

TEXT A

The Cu-IUD is the most effective form of emergency contraception (EC) for all women and its effectiveness is not affected by weight or BMI.

Oral levonorgestrel EC (LNG-EC) may be less effective in women weighing >70 kg or with BMI >26 kg/m² and oral ulipristal acetate EC (UPA-EC) may be less effective in women weighing >85 kg or with BMI >30 kg/m².¹² The guideline advises that if a Cu-IUD is not suitable or acceptable, UPA-EC should be considered, and if UPA-EC is not suitable either, women can be offered a double dose of LNG-EC if their BMI is >26 kg/m² or their weight is >70 kg.

It is not known how effective the double dose of LNG-EC is or how its effectiveness compares with that of UPA-EC. A double dose of UPA-EC is not recommended for women of any body weight or BMI.^{4,12}

Key Words

Main idea: **emergency contraception (EC)**

Function: Information

Advice/Guideline:

Modal verbs: should, must, have to

TEXT B

Asthma

Refer children for additional investigation and specialist advice if:

- Diagnosis unclear
- Poor response to monitored initiation of asthma treatment
- Severe/life-threatening asthma attack 'Red flags' and indicators of other diagnoses
- Failure to thrive
- Unexplained clinical findings (e.g. focal signs, abnormal voice or cry, dysphagia, inspiratory stridor)
- Symptoms present from birth or perinatal lung problem
- Excessive vomiting or possetting
- Severe upper respiratory tract infection
- Persistent wet or productive cough
- Family history of unusual chest disease
- Nasal polyps Patient or parental anxiety or need for reassurance

Key Words

Main idea: *asthma referrals for children*

Function: guidelines / advice

Instructions: step by step

TEST USING REAL MATERIALS

SOURCE:

https://www.guidelines.co.uk/eye-ear-nose-and-throat/nice-sore-throat-guideline/454009.article?_ga=2.226885021.1838161366.1590437654-7706533334.1590437654

Write it down. Don't speak

TEXT A

- In people diagnosed with delirium, identify and manage the possible underlying cause or combination of causes
- Ensure effective communication and reorientation (for example explaining where the person is, who they are, and what your role is) and provide reassurance for people diagnosed with delirium. Consider involving family, friends and carers to help with this. Provide a suitable care environment

Distressed people

- If a person with delirium is distressed or considered a risk to themselves or others, first use verbal and non-verbal techniques to de-escalate the situation. For more information on de-escalation techniques, see the NICE guideline on [violence and aggression](#). Distress may be less evident in people with hypoactive delirium, who can still become distressed by, for example, psychotic symptoms
- If a person with delirium is distressed or considered a risk to themselves or others and verbal and non-verbal de-escalation techniques are ineffective or inappropriate, consider giving short-term (usually for 1 week or less) haloperidol. Start at the lowest clinically appropriate dose and titrate cautiously according to symptoms
- Use antipsychotic drugs with caution or not at all for people with conditions such as Parkinson's disease or dementia with Lewy bodies⁵

TEXT B

The Cu-IUD is the most effective form of emergency contraception (EC) for all women and its effectiveness is not affected by weight or BMI.

Oral levonorgestrel EC (LNG-EC) may be less effective in women weighing >70 kg or with BMI >26 kg/m² and oral ulipristal acetate EC (UPA-EC) may be less effective in women weighing >85 kg or with BMI >30 kg/m².¹² The guideline advises that if a Cu-IUD is not suitable or acceptable, UPA-EC should be considered, and if UPA-EC is not suitable either, women can be offered a double dose of LNG-EC if their BMI is >26 kg/m² or their weight is >70 kg.

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TEXT D

Improved communication

- Healthcare providers **should** always ask the patient or carer whether they have difficulty swallowing medication, and assess the reasons for this
- Speech and language therapists **should** state, if it is relevant, in their assessment recommendations that the patient could have potential problems with swallowing their medication
- Doctors **should** ensure that known swallowing difficulties are taken into consideration when prescribing medication
- Community pharmacists **should** assess the suitability of medication formulations for individual patients, and report swallowing difficulties to the prescriber
- Carers **should** inform the patient's doctor if they know or suspect that swallowing medication is an issue

Guidelines:

Should / must / have to

If you go out, you should watch a movie

Imperative: starts with the VERB

In which text can I find:

1. Details about delirium: **A**
2. How to prevent pregnancy quickly: **B**
3. People who have difficulties with taking medications: **D**
4. Information about a medical issue **B (information text)**
5. What to do after SLT evaluation **C**
6. When to review the NICE guidelines **A**
7. *Instructions* on swallowing **C**
8. Guidelines about swallowing **D**