

## Listening Part B

### Basics

- 6 audio texts
- 45 seconds - 1 minute
- MCQ3
- Dialogue - two people speaking (generally professionals)

### Typical question:

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25. You hear a GP talking to a patient. context
- Why does the patient want to record the consultation? question stem
- (A) She wants others to benefit from the doctor's advice. answer options
- (B) She's afraid that she might miss some important points.
- (C) She's been told to keep a record in case of future problems.

### Context

#### Workplace situations:

- **Safety briefing:** use of equipment / needle disposal / drawing blood
- **Introducing new protocols /policies:** employee smoking habits / infection control / dosage management / security / communication
- **Colleague giving guidelines/instructions:** pre-procedure / handover / teaching
- **Feedback session:** observation / assessments

### What do we need to do?

- Try to identify the gist! Sometimes the gist might be inferred.
- Combine your understanding of the sentences to get an overall feel for the purpose.

### Main ideas in the audio:

- **Purpose** – Why is something happening, going to happen, did happen?
- **Advice** – What somebody should do, did do
- **Opinion** – What someone really thinks
- **Actions** – What is happening? What happened...
- **Future** - What is going to happen

### What are the difficulties?

- Inference is used.
- The 'matching' is variable:
  1. An option might be mentioned but it doesn't answer the question stem
  2. A part of an option might be mentioned but another part isn't
  3. An option is mentioned but contradicted
  4. An option might not be mentioned

### Example:

How can the nurse prepare for her next assessment ?

- a) revise and speak to colleagues - matches 100%
- b) practise new techniques - mentioned but is unrelated to the question stem
- c) ask the assessor for advice - contradicted

Transcript:

It's always good to practise new techniques as a nurse. However, for you I think you should reread your books and ask about the experience of other staff who have done this exam. Whatever you do, do not speak to the examiner about it.

## How can we prepare?

- **Watch** TV programs about hospitals – any vocabulary which is new – including phrases – ASK SET English!
- **Practise** test materials
- **Practise** professional, medical register – expect to hear what you would hear when you are at work!

## Have a look at how the questions match the text and deliver the answers. But also look for distractors!

### Listening B01

You hear a nurse reporting an incident to her manager.

What should the nurse do first?

- A fill out the appropriate documentation
- B go to another area of the hospital to be assessed
- C check the patient's history for possible infectious diseases

M: Sorry to bother you, but I need to report an incident. I've had some liquid, maybe blood, splash into my eye. I've already flushed it with normal saline.

F: Did this just happen now?

M: A few minutes ago. I was taking the drapes off after the operation and some fluid just flicked up.

F: Was the drape heavily soiled in blood?

M: No, it was fairly clean actually.

F: Do you know the status of the patient? Any history of blood-borne viruses?

M: I'm not too sure, his notes are with him in recovery. **But I can check.**

F: **You'll have to go straight downstairs to Occupational Health where they'll advise and evaluate you** and possibly take some blood. **Then** I'll help you fill in a formal Risk Assessment. Did anyone see the incident?

M: Yeah, Julie was helping me at the time.

F: **Then, we'll also need her to fill out some details.**

### Listening B02

You hear two nurses talking about a patient on their ward.

They agree that the patient is

- A entitled to complain.
- B **a threat to staff safety.**
- C **behaving unreasonably.**

unreasonable  
hardly fair = unfair

F: Mr Lee just threw a spoon at me!

M: A spoon. Why?

F: He hasn't stopped moaning about me all shift, so I told him to stop. That's when he threw the spoon!

M: **Did it hit you?**

F: **No, he's harmless** but that's not the point. He just won't let up. He's fine with other staff, but everything I do seems to be wrong. Apparently I wrapped his bandage too tight and he even moaned that I didn't close the curtains properly.

M: **Honestly! It does sound like he's singling you out a little. That's hardly fair.**

F: No, it's not, is it?

M: I know – let's ask if you can swap patients with me.

F: Really? I'd be glad if you don't mind. I'm sure it's just me he's taken against. I don't want to go back into his room ever again.

M: I'll give him a few minutes. Then I'll go in and try to talk to him.

### Listening B03

You hear a Nurse Manager briefing ward staff about patient who was injured in a fall.

What is she doing?

- A informing them of the seriousness of **the patient's injury.**
- B **stressing the need to follow hospital procedure.**
- C outlining **the probable consequences.**

F: So, as you all know, we had an incident today. Mr Parkes slipped and he's now undergoing further surgery, this time on his hip. So having come in for a thyroidectomy, he'll be leaving here with a **new hip**, **not to mention the added anxiety and stress to both him and his family.** **In the worse-case scenario, this could even result in legal action.**

**Now, all this could've been avoided if a minor spillage had been dealt with at once and protocol had been adhered to. I know it's been a very busy day and we're all under pressure, but incidents like this should never occur. I must emphasise our policy of immediate action upon any spillage of any liquid or substance is in place for a very good reason – to protect our patients as well as for ourselves.**