

**SCANNING:**

**Text D**

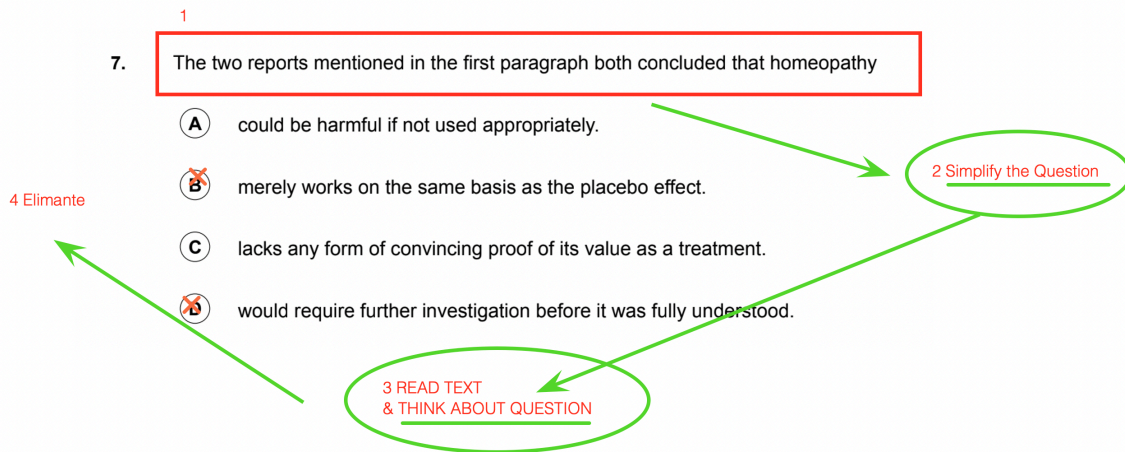
**Recommended Immediate Management for Major Burns**

- remove patient from danger (without endangering yourself)
- put out burning clothing e.g. rolling patient on the ground covered with a blanket
- if clothing still smouldering put out with large amounts for cool water
- perform primary and secondary surveys
- remove clothing, rings, watches, jewellery and belts
- immediately cool burnt area for 20 minutes under cool running water
- keep non-infected areas warm and dry
- give o<sub>2</sub> to maintain saturation > 93% adult or > 95% child
- if cervical spine cleared, raise head of bed to reduce swelling
- give analgesia
- use cling wrap for initial dressing as it keeps the burn moist and allows easier assessment
- limbs can be wrapped loosely with a non-adherent dressing and a loose bandage
- keep affected limbs elevated to minimise swelling and maintain perfusion
- consult medical officer ASAP as patient may require intubation and fluid resuscitation
- insert 2 x largest possible bore IV cannulas through unburnt skin if possible but if necessary through a burnt area.

**TODAY: Simplifying the Question**

1. What is it and why do we do it?
2. Practice as a class
3. 'The writer'

GENERAL TECHNIQUE:



**Why?**

We simplify to remember the question

Understand why we are reading / what am I looking for

We can read & think about a question

## QUESTION TYPES IN OET READING

Part B & Multiple Choice

Part C:

Reference questions

Lexical questions

**Statement questions**



STATEMENT QUESTIONS:

<p>1. If vaccines have been stored incorrectly, <u>      </u></p> <p>(A) this <u>should</u> be reported.</p> <p>(B) staff <u>should</u> dispose of them securely.</p> <p>(C) they <u>should</u> be sent back to the supplier.</p> <p><b>Manual extract: effective cold chain</b></p> <p>The cold chain is the system of transporting and storing vaccines within the temperature range of +2°C to +8°C from the place of manufacture to the point of administration. Maintenance of the cold chain is essential for maintaining vaccine potency and, in turn, vaccine effectiveness.</p> <p>Purpose-built vaccine refrigerators (PBVR) are the preferred means of storage for vaccines. Domestic refrigerators are not designed for the special temperature needs of vaccine storage.</p> <p>Despite best practices, cold chain breaches sometimes occur. Do not discard or use any vaccines exposed to temperatures below +2°C or above +8°C without obtaining further advice. Isolate vaccines and contact the state or territory public health bodies for advice on the National Immunisation Program vaccines and the manufacturer for privately purchased vaccines.</p>	<p><b>How to simplify the Question:</b></p> <ul style="list-style-type: none"> <li>• <b>ADD ‘WHAT’ AT END:</b></li> </ul> <p>If vaccine stored incorrectly...<b>what?</b></p> <ul style="list-style-type: none"> <li>• <b>Remove unnecessary words:</b></li> </ul> <p>If vaccines stored incorrectly?</p> <p><b>Small words:</b> aux. / prepositions / articles</p> <p>If you try and make a question... the grammar can change the meaning</p>
--	---

Don't paraphrase: you can change the meaning

QUESTION QUESTIONS:

<p>12. What is highlighted as an important component of patient management?</p> <p>(A) the use of corticosteroids</p> <p>(B) infection control</p> <p>(C) early intervention</p> <p>(D) excision of scarred tissue</p>	<p><b>How to simplify the Question...</b></p> <ul style="list-style-type: none"> <li>• <b>Remove unnecessary words:</b> prepositions, articles, aux.</li> </ul>
--	---

Do not paraphrase.

## PRACTICE

As explained in the government advice, the way to submit evidence that is important will ideally

### The real question:

- *way to submit important evidence will ideally...what?*

1. The email states that the doctors who have been exposed should

*Doctors who exposed should...what?*

*Exposed doctors should...what?*

2. What is the addition to the programme suggested in the sixth paragraph?

*What addition to programme suggested?*

3. In the fifth paragraph, what are issues that have been observed relating to the new trial results

*What issues observed relating to new results?*

*What issues observed **in** new results?*

4. What is suggested about the dangers of reducing smoking?

*What suggested about danger of reducing smoking?*

*Danger of reducing smoking...what?*

5. The case study of the 84-year-old man is presented as an illustration of

*Case of 84 old presented illustration of... what?*

6. In the second paragraph, it is suggested that medicine that is preventative should

*It suggested meds that is preventative should... what?*

*It suggested preventative medicine should... what?*

7. Part B:

The memo about safeguarding children states that

*Memo states...what?*

8. The guidelines on medicine storage **stress** that

*Guidelines stress what?*

  
emphasis

9. What point does the training manual **regarding anaesthesia workshops** make? . . .

*What point manual makes?*

10. ~~In the sixth paragraph, the~~ **writer** points out that safer cladding

When is it okay to remove '**the writer suggests**'...?

Answer: if there is only one opinion



Do we need 'the writer'?

<p>YES</p>	<p><b>writer suggests that digital therapeutics providers have adopted similar practices in the drug industry to</b></p> <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 <u>absolutely spanked the placebo,</u> says Hames.</p>
------------	--

10. In the third paragraph, the writer highlights the disagreement about
- (A) the relative safety of the two types of asbestos fibres.
  - (B) the impact of types of fibres on disease development.
  - (C) the results of studies into the levels of risk of fibre types.
  - (D) the degree of contact with asbestos fibres considered harmful.

There are two major groups of asbestos fibres, the amphibole and chrysotile fibres. The amphiboles are much more likely to cause cancer of the lining of the lung (mesothelioma) and scarring of the lining of the lung (pleural fibrosis). Either group of fibres can cause disease of the lung, such as asbestosis. The risk of developing asbestos-related lung cancer varies between fibre types. Studies of groups of patients exposed to chrysotile fibres show only a moderate increase in risk. On the other hand, exposure to amphibole fibres or to both types of fibres increases the risk of lung cancer two-fold. Although the Occupational Safety and Health Administration (OSHA) has a standard for workplace exposure to asbestos (0.2 fibres/millilitre of air), there is debate over what constitutes a safe level of exposure. While some believe asbestos-related disease is a 'threshold phenomenon', which requires a certain level of exposure for disease to occur, others believe there is no safe level of asbestos.

4. What point does the training manual make about anaesthesia workstations?
- (A) Parts of the equipment have been shown to be vulnerable to failure.
  - (B) There are several ways of ensuring that the ventilator is working effectively.
  - (C) Monitoring by health professionals is a reliable way to maintain patient safety.

**Anaesthesia Workstations**

Studies on safety in anaesthesia have documented that human vigilance alone is inadequate to ensure patient safety and have underscored the importance of monitoring devices. These findings are reflected in improved standards for equipment design, guidelines for patient monitoring and reduced malpractice premiums for the use of capnography and pulse oximetry during anaesthesia. Anaesthesia workstations integrate ventilator technology with patient monitors and alarms to help prevent patient injury in the unlikely event of a ventilator failure. Furthermore, since the reservoir bag is part of the circuit during mechanical ventilation, the visible movement of the reservoir bag is confirmation that the ventilator is functioning.