

OET Reading Part B – Format, Technique & Practice

Format

- 6 texts & questions
- MCQ 3 options

1. The email reminds prescribers of controlled drugs that they should

- (A) document the reasons for doing so.
- (B) ensure that there is no record of addiction.
- (C) discuss the dangers of sharing medication.

question stem

answer options

Short texts - 100 - 150 words

Content

Workplace texts:

- email - manager to staff
- memos / reminders - processes, protocols, procedures
- instructions - equipment: nasogastric tubes, x ray, monitoring equipment
- medications - guidelines, definitions
- authorisation - who can authorise
- safety - recent incidents
- new policies
- working environment - mobile phones, uniforms

Expect anything that might be communicated to an employee in the workplace

Strategy / Technique

- elimination
- be aware of how questions are structured and how answers are presented
- be familiar with **gist** (main idea)

Practice
materials from Cambridge OET Nursing

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 - (A) document the reasons for doing so.
 - (B) ensure that there is no record of addiction.
 - (C) discuss the dangers of sharing medication.

To: Prescribing physicians

Re: Controlled Drug (CD) Prescriptions

This is a polite reminder that when prescribing CDs the benefits for the patient must be weighed against the risks, which include dependency, overdose and diversion. All medication currently being taken by the patient should be considered and if necessary, further advice and information from other healthcare professionals should be sought.

A prescription exceeding a 30-day supply should not be given, other than in exceptional circumstances, which must be entered on the patient's notes. The prescriber must note and ensure that the patient (or administering carer) understands how long he or she is expected to take the medication, how long it will take to have an effect and why it has been prescribed. It should also be made clear that the medication is intended solely for the patient.

2. The extract from the policy document states that decontamination of equipment
 - (A) must be done by official suppliers.
 - (B) should occur outside the hospital.
 - (C) may not always be necessary.

3.4.2 Decontamination of equipment prior to service or repair

Anyone who inspects, repairs or transports medical equipment has a right to expect that it has been appropriately treated in order to remove or minimise the risk of infection or other hazards. Appropriate documentation must be provided to indicate the contamination status of the item.

If items are dispatched to suppliers or presented for service or inspection on hospital premises without a declaration of status and without prior agreement, they may be rejected until the appropriate paperwork has been provided.

In particular situations, for example when the condition of an item which is the subject of complaint or investigation may be altered or influenced by neutralisation process, the investigator may wish the item not to be decontaminated.

3. According to the guidance notes, an assessment should be offered if a patient is
 - (A) unsteady on their feet.
 - (B) at risk in their home.
 - (C) visually impaired.

Preventing falls

Elderly patients should be routinely asked whether they have fallen in the past year, and about the frequency, context and characteristics of any such fall/s. Those responding positively should be observed for balance and gait deficits and considered for their capacity to benefit from interventions to improve strength and balance. If an abnormality is identified, a multifactorial assessment should be offered. This would check a variety of possible contributing factors, including loss of sight, osteoporosis, muscle weakness and urinary incontinence. An evaluation on the safety of the home may also be carried out and if hazards are identified, intervention may take place.

4. The extract from the guidelines establishes that a personal search can be carried out if a patient has
- (A) a criminal record.
 - (B) self-harmed in the past.
 - (C) hidden a dangerous item before.

Personal search procedure

We are required to provide an environment which is safe and secure for patients, staff and visitors. Conducting a personal search of a patient and/or their belongings is a delicate and potentially provocative procedure, which should be managed with the utmost integrity and highest professional standards at all times.

A decision to carry out a search can be made if the following indicators apply:

- A patient has threatened to injure another person with an offensive weapon.
- Information has been received that the patient has an offensive weapon in their possession.
- A patient is behaving in a threatening and unpredictable manner and is reluctant to give any information or cooperate with a search.
- A patient has a known recent history of carrying or concealing an offensive weapon.
- There is reason to believe that the patient is concealing an item that is a potential threat to their own health and safety or that of others.

5. The guidance states that young people with recurrent UTIs
- (A) should be involved in any decision-making process.
 - (B) sometimes prefer sweet products to antibiotics.
 - (C) may need to review their hygiene routines.

Guidance: Treatment for children and young people under 16 with recurrent UTIs

Ensure first that any current UTI has been effectively treated. If behavioural and self-care measures alone are neither appropriate nor effective, then trialling a daily antibiotic prophylaxis should be considered.

After having carried out specialist investigations and assessment, take into account any underlying causes, previous antibiotic use, urine culture and susceptibility results, as well as severity and frequency of previous symptoms. Risks of long-term antibiotic use and developing complications should be discussed with the patient, as well as their preferences.

Some patients may wish to try cranberry products, although evidence of benefit is uncertain. A warning should be given about the sugar content of these products.

6. The guidelines state that care home residents should
- (A) be given responsibility for their own oral hygiene.
 - (B) be consulted about their oral hygiene routine.
 - (C) be visited by an oral hygiene specialist.

Oral health care guidelines

An oral health assessment must be given to all residents on arrival at the home and the results should be recorded in their care plan. The oral health assessment tool should be used and it may be appropriate to involve family and friends, if they are involved in ongoing care. Oral hygiene should be discussed with the patient and the following information collected and recorded:

- how daily mouth care is usually managed and whether support is required
- which dental aids are used
- whether the patient wears dentures (or partial dentures) and whether they are marked or unmarked
- the name and address of their dentist and when they were last seen

Oral healthcare needs should be regularly reviewed and updated. Residents' teeth should be brushed at least twice a day, using a fluoride toothpaste and the patient's own choice of cleaning products for dentures. Dentures should be cleaned (brushed and debris removed) and removed overnight.

Answers

- 1) A
- 2) C
- 3) A
- 4) C
- 5) A
- 6) B