

Put the words below into the correct question and then think about your answer to the question:

postponement / establish / aspects

1. If a patient is shy or reluctant to provide information, how can we **establish** the most important details about their condition?
2. In terms of OET preparation, what **aspects** of the exam do you think most students could benefit from developing?
3. In your opinion, how can we help a patient deal with a **postponement** in their treatment?

How would you **prepare** before you listen?

28. You hear an emergency doctor talking to his team about using bedside **ultra-sound machines**.

Why is he talking to them?

- (A) to **clarify procedures** for using one correctly
- (B) to **establish** when it's **inappropriate** to use one
- (C) to **encourage** them to get **practice** in using one

Question 28. You hear an emergency doctor talking to his team about using bedside ultra-sound machines. Now read the question.

PAUSE: 15 SECONDS

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We have ultrasound machines here in the department that we bring to the bedside to look at patients immediately, without radiologist supervision. It's potentially a very useful resource, but **it's very dependent on how comfortable practitioners feel** obtaining and interpreting the images. It does **take a lot of skill** and **a lot of re-runs to get good at it**; to really be able to know what you're seeing. When I was a student, I thought everything on the ultrasound looked the same – it took a while to gauge what I was looking at! Nowadays, there's generally a lot more teaching around this in medical school, but **it's good to get hands-on time**. So do any of you have any questions?

How would you **prepare** before you listen?

29. You hear a junior doctor asking a consultant about a seriously ill patient who is **causing problems**.

The consultant **feels** that the **patient's behaviour**

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Description of behaviour

- (A) has **some positive** aspects.
- (B) is **affecting** his chances of **recovery**.
- (C) may **change** if he can **discuss his feelings**.

Question 29. You hear a junior doctor asking a consultant about a seriously ill patient who is causing problems. Now read the question.

PAUSE: 15 SECONDS

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- M:** Can I ask you about the guy in bed six with the spinal fracture? He's being really difficult.
- F:** Yes, well what we have here is a non-compliant patient. This is a young guy who's been very independent, very active, I mean he was a runner before his accident, and a dealer in a merchant bank, so probably a high earner. And all of a sudden he's gone from being independent and functioning to being immobilised in bed, having to make decisions that maybe he isn't quite ready to make yet.
- M:** But he's been dead set against every conceivable thing we've been doing for him since day one, so how's he ever going to be compliant?
- F:** Yes, it's a complex case but you have to remember that he doesn't actually want to die. When he talks to you, his concerns are of the moment. He'll talk about his work, about equities and accounting. That tells you something.

How would you prepare before you listen?

30. You hear an anaesthetist talking to a colleague about the postponement of a patient's surgery.

The surgery has been postponed because the patient

- (A) hasn't been seen by a cardiologist.
- (B) has a suspected chest infection.
- (C) isn't in a good emotional state.

Question 30. You hear an anaesthetist talking to a colleague about the postponement of a patient's surgery. Now read the question.

PAUSE: 15 SECONDS

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F: I'm afraid Mr Lucas won't be having surgery later today. He's going to have to be rescheduled.

M: OK. But wasn't Mr Lucas the gentleman whose surgery was postponed last month because we needed the cardiologist to check him over and make sure he was fit to have the operation?

F: Yes, that's right. He was given the go ahead in the end once his condition had been optimised. Unfortunately he seems to have developed a bit of a cough overnight. I

said he should've have called in first thing to inform us rather than coming in. He thought – or rather he hoped - it was nothing or else it wouldn't make much of a difference.

M: How's he taken it?

F: He seemed upset at first but he quickly calmed down. He accepts that we can't proceed with surgery if there's a possibility that a patient's picked up a virus.