

Think about the questions below:

In OET Listening Part B...

1. How many questions are there? **6**
2. How many recordings are there? **6**
3. How much time do you have to prepare before you listen? **15 seconds**
4. How much time is there between questions? **5 seconds**

In today's lesson, we will...

1. Read each question and analyse it – How can we catch the information to answer effectively?
2. Decide if we need to read the options A-C before we listen or if we have a clear focus for the question
3. Listen to the recording with the question in our heads and then choose the correct answer based on what we heard – we can use elimination to help with this process
4. Use the poll to answer each question after listening to the recording
5. If the majority of people get the answer correct, we will discuss why this is the correct answer and use the transcript to help us
6. If the majority of people choose an incorrect answer, we will listen again and try to understand why this answer is incorrect
7. We will answer each question in the same way

25. You hear a physiotherapist talking to a patient about leg-strengthening exercises.

The patient thinks that doing the exercises has led to an improvement in

- (A) her ability to balance.
- (B) the range of motion in her joints.
- (C) problems caused by fallen arches.

M: So how have you been getting on with the leg strengthening exercises I gave you?

F: Well, I've been trying to fit them in a couple of times a day, like you said. As you know, after my fall the problem I was worrying about was my stability. I have to say I haven't felt much change with that from doing the exercises. But I imagine I feel a bit less wobbly if I keep at them. I am noticing progress with my knees - I can bend and extend them more, and the same with my ankles, though it's more limited there. I haven't been as good as I should've been doing the toe crunches which you said would help with my feet, but I've been better at wearing my orthotics - they've been helping with my walking.

26. You hear a specialist respiratory nurse briefing a group of trainee nurses.

She suggests that during an asthma review it's worth taking the time to



- (A) work through some simple exercises with the patient.
- (B) ask the patient to demonstrate exactly how they use a device.
- (C) establish when the patient can take over responsibility for the treatment.

There are a lot of things to remember when carrying out asthma reviews for patients. Good monitoring is very important, both on the patient's side, and we need to encourage this because efficient self-management is the key to better outcomes, and on our side too. Then there's medication of course. Before we consider altering anything, we need to ask about the inhaler. Is the patient using it regularly? And we mustn't forget to check whether they're using it correctly and get them to show us what they do. It's so easy to assume everything's working well there when it may not be. Good technique can make a huge difference. Also is there anything that's making their asthma worse that we can address. Then we should investigate any current lifestyle issues like exercise and weight management. These can have a serious psychological as well as physical effect on patients.

27. You hear a nurse talking to a patient who's just been diagnosed with Type 1 diabetes.

What does the patient **want to know** about his **medication**?

- (A) what his **regular dosage** is going to be
- (B) the **best way** to **manage** the **equipment**
- (C) **how much to eat** before administering it

F: So today, we'll be giving **you four units of insulin**.

M: **Is that what I'll be getting from now on?**

F: No, he's composed what he calls a sliding scale, which basically means if your blood sugar falls within a certain range, you'll inject a certain amount of insulin - so it'll vary.

M: I get it.

F: Good. Now what I have here is the **insulin pen**. There's a little dial on this side to adjust the amount of insulin. Each number is one unit.

M: **And I use this pen once only?**

F: Well, actually you use it each time. You see there's no needle on here yet.

M: OK.

F: Now, we always give insulin with food.

M: **So if I skipped a main meal and took insulin, would that be a big problem?**

F: You'd become hypoglycaemic and get some scary side effects. Now I'll show you how to put the needle on the pen.

M: OK.