

Think about the questions below:

In OET Listening Part B...

1. How many questions are there? **Six**
2. How many recordings are there? **Six**
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

28. You hear a hospital doctor talking to a senior nurse about an elderly patient.

The nurse has observed that the patient

- (A) is showing the early signs of dementia.
- (B) seems to have lost interest in her own recovery.
- (C) may have a number of health problems that need identifying.

M Now, Mrs Jackson – admitted from ED last night – she’d had a fall at home. How’s she doing? Any sign of dementia at all?

F Well, she’s appeared very subdued, even when her son’s been here. She’s been living alone – recently widowed. At this stage, I’d be reluctant to put anything down to dementia – and there’s nothing in her notes. But she’s been refusing to eat, and her BMI’s low already - and her SATs weren’t great this morning.

M Well, I don’t think we should intervene too invasively at this stage. Let’s do routine bloods... check her iron levels, take a urine specimen, and check for infection.

F OK, but I’m not sure how beneficial it’ll be. My feeling is from what little I’ve seen of her, is that she’s turned her face to the wall – given up, if you like.

M Right, well. Let’s monitor her closely today. Hourly obs?

F OK.

29. You hear a specialist dermatology nurse talking to a patient with psoriasis.

What is the patient **concerned** about?

- (A) being **seen in public** after she's **applied facial creams**
- (B) whether she really **needs** her **current level of medication**
- (C) the extent to which her **care regime disrupts other activities**

M So, Tina, let's talk about your skin care regime...

F OK. I mean, I've been coming to this clinic for years with my psoriasis, haven't I, and **the doctors have always gone, 'Right, here's your creams, you have to put them on twice a day,' and obviously they know exactly what they're talking about**, how much stuff I should be using - but it was much easier when I was a kid. **Now I'm older, it's tricky**. Like, I probably *should* put the creams on morning and evening, but to be honest I only do it later in the day. **I literally can't fit it in first thing**. And anyway, if I did apply them then, my skin would look greasy all day. **But I'm not worried what people say when I'm out with my face plastered with stuff – I've coped with that all my life, after all...**

M Of course...

30. You hear a senior nurse briefing her team about patient-centred care.

What **advice** does she give them regarding **patients' wishes**?

- (A) They may lead to **false expectations**.
- (B) They **won't** always be **clearly expressed**.
- (C) They are often **incompatible** with the **most appropriate care**.

F: Does anyone have any questions?

M: When we speak about respecting patients' wishes, what exactly do we mean?

F: Good question. Put simply, it's about focusing care on a patient's needs and making our system suit them, rather than the other way round. **Most people needing health care nowadays aren't happy just to let health professionals do what they think is best. They have their own views and priorities, so we need to include them when planning care. This doesn't mean that whatever the patient says goes, but we should do our best to accommodate their wishes if we can.**

Do be aware, though, that patients won't necessarily tell us what they want. They may feel awkward about it, or have a condition that makes communication challenging. So we have to actively encourage them to participate in their own care, and negotiate with them to agree a plan that's acceptable to both them and their healthcare team.