

## Listening Part A

### Format

- **24 questions** in total
- 2 x audios – **12 questions per audio**
- Each audio is **a consultation** – 5 minutes – communication between a healthcare professional and a patient
- **Question type:** gap fill
- Challenges:
  - 1) spelling – be as close as you can but there is some tolerance for misspelling:
    - easy words – you have to get them right!
    - long / difficult words - you can get them wrong to a degree
  - 2) keeping track – have some technique that allows you to stay in control
  - 3) speed
  - 4) accents

### Exercise 1

Listen to the audio and fill in the answers. Look at the transcript after so you can see how the signposts/clues are presented.

Check out *synonyms* / signposts. See how they change order in relation to the order of the question? Check the transcript below:

### John Edwards

- Junior football tournament: freak incident led to a .....
- Started school wearing cast
- Missed ..... for first 2 months

## Anticipation

### Follow the Clues – Don't lose your place!

Every word is useful in Part A Listening- don't ignore the information around the questions.

Correct spelling in the two minutes at the end of the whole listening exam.

### Categorise

When there's a gap, try and think of what type of word goes in there:

- Broke ..... on ski trip (**bone**)
- Experienced ..... during sickness – lost 4kg (**symptom – problem**)
- Had ..... as a child (Now resolved) (**condition – sickness**)

Typical categories:

- illnesses
- body parts
- symptoms
- job
- hobby
- procedure
- equipment
- tests / investigations
- medications
- therapy
- times
- descriptions

### Extract 1: Questions 1-12

You hear an orthopaedic surgeon talking to a new patient called Gemma Harris. For **questions 1 to 12**, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

**Patient:** Gemma Harris

#### Development of Condition

- problems with right hand
  - commenced soon after starting work as a **(1)** \_\_\_\_\_ (clothing factory)
- loss of strength in hands
- reduced ability to manipulate equipment with **(2)** \_\_\_\_\_
- no longer able to do handicrafts
- sports activities affected, especially **(3)** \_\_\_\_\_
- initially attributed problems to earlier injury to her right **(4)** \_\_\_\_\_

#### Current symptoms

- sensation of **(5)** \_\_\_\_\_ at base of fingers - constant
- appearance of **(6)** \_\_\_\_\_ on the palm
- impossible to **(7)** \_\_\_\_\_ whole hand

#### Tests and treatment

- carpal tunnel syndrome ruled out by **(8)** \_\_\_\_\_
- advised to avoid work that involved use of **(9)** \_\_\_\_\_
- using a **(10)** \_\_\_\_\_ at night
- has tried **(11)** \_\_\_\_\_ (ceased after two sessions)

#### Family history

- sister has diabetes
- mother had **(12)** \_\_\_\_\_

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## Answers

### John Edwards

- Junior football tournament: freak incident led to a ruptured achilles tendon
- Started school wearing cast
- Missed physical education classes / PE for first 2 months

I've had a lot of injuries. My first major one was in a football tournament when I was around 12-13. In a completely innocent tackle, I got a ruptured achilles tendon. It was bad and at the hospital they gave me a plaster cast, which was still in place when I returned to school after summer. What was really frustrating was that, for around the first 8 weeks, I couldn't do Physical Education classes. It was horrible watching my friends playing and running around from the library window.

M: Mrs Harris, I've got your notes here. But I wonder if you could tell me, in your own words, about the background to your condition, the treatment you've had, and anything you think would be helpful for me to know.

F: Well, I began having problems with my right hand after about a year into my a job as a machine operator – it's in a factory which produces coats and jackets. I have to say I really enjoy my job – it's very skilled and well paid, so I'd really be gutted if I couldn't continue doing it. Anyway, I began to notice my hands were not as strong as they had been and I couldn't get a proper grip. I began to feel I couldn't use some of the equipment as well as I need to, you know, with the necessary precision. My supervisor's been really helpful though and put me onto some other types of work which I can manage better. One thing I ought to mention is that I also noticed I wasn't able to do things like knitting and crocheting which I really like – I couldn't

hold the needles properly. Also, I like to keep fit – I'm still into swimming and working out at the gym at least three times a week but since the problem with the hand I can't get on with tennis anymore and I used to play a lot – I've just not got the strength now. I still manage badminton OK, but I don't know for how much longer.

M: What did you think might have caused the problems?

F: Well, when all this started I had the idea that it might've been a hangover from an accident I had about four years ago, when I was skiing. I broke my elbow – quite a bad break, on that same side, which took a while to get better. But I don't think that was anything to do with it.

M: So what are your symptoms now?

F: Well, apart from this loss of strength and ability to grip, the main thing is I feel tingling at the bottom of my fingers – at the base. It isn't numbness, and it isn't what you'd call painful, but it's always there. And I've got what I'd call dimples, which have appeared on my right palm – no idea what they're about but I reckon they're related to the other symptoms. And over the months, I've gradually come to realise that I can't flatten my right hand. That's what made me think I really ought to get it looked at.

M: Was that when you saw your GP?

F: Yeah – he discussed my symptoms with me and had a few ideas about what it might be. He sent me for an ultrasound scan, because he thought it might be carpal tunnel syndrome. But the test showed it wasn't that. The GP said that while we were trying to get a firm diagnosis, I should basically avoid doing certain things – like in my job I shouldn't be using vibrating tools cos they can exacerbate any kind of hand problem, whatever the cause. As I say, my supervisor's been really supportive so it hasn't been a problem avoiding that. The doctor also told me to wear a wrist splint, which I have on while I'm sleeping – it doesn't go on during the day, which is great cos that would've got it the way – and I can do without that. Oh, and a friend suggested I look into some alternative therapies, like homeopathy and massage. I've actually heard massage might make things worse, but I did give acupuncture a go a couple of times – it didn't seem to do any good though, so I gave that up.

M: What about your family – anyone with any conditions you might think we should know about?

F: Well my older sister has diabetes, but I've been checked and I don't have it. My mum did have rheumatoid arthritis starting in her late fifties – that was pretty bad and affected her hands too.

M: OK, thanks. So let's ...[fade]

### Listening Part A

1. light
2. volunteer
3. drusen
4. green vegetables
5. macular degeneration
6. size
7. blurred
8. peripheral
9. night driving
10. angiogram
11. leaking blood vessel
12. laser surgery