

**Think about the questions below:**

In OET Listening Part B...

1. What type of questions do you have to answer?
2. Are the questions all the same? Why (not)?
3. What techniques can you use to answer the questions?
4. Do you always have to read the options A-C before you listen?

**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 senior hospital nurse briefing her team about some guidelines.

The document she's talking about deals with

- (A) a new policy that is being introduced.
- (B) a health issue that may affect members of staff.
- (C) an aspect of patient care that needs particular attention.

**Question 25**

Now, given the ever-increasing risk from transmissible diseases, many of us are being required to wear Personal Protective Equipment – including masks or respirators – much more often, and often for much longer periods. As I'm sure you're all aware, this can result in pressure damage to facial skin, something the hospital's keen both to raise awareness of – and to address. New guidelines are in place that advise us how to self-manage skin damage if necessary, including guidance on the care of damaged skin and about appropriate dressings. The guidance also underlines what we should all already know: how to ensure that PPE is correctly fitted; how to make best use of skin barriers or protectants, and the importance of staying hydrated. I'm going to circulate the link, so that you're all up-to-speed on these latest guidelines.

26 You hear a doctor talking to a medical student who's going to observe her consultation with a patient.

Why has the patient come to see the doctor?

- (A) He's been having some issues following surgery.
- (B) He's experiencing some new symptoms.
- (C) He's due for a routine health check.

**Question 26**

**Doctor:** So, what I'm going to do today is a physical assessment of Mr Jodrell.

**Student:** OK.

**Doctor:** Mr Jodrell's a sixty-year-old male and I've already been over his medical history, family history and medications. Mr Jodrell has a dairy intolerance and takes statins to control his cholesterol levels.

**Student:** Right.

**Doctor:** About 12 weeks ago, Mr Jodrell underwent a right colectomy due to ischemic colitis. Since then, he's been recovering well, has no particular concerns and he's attending today for an annual review that would've taken place anyway. So, I'm going to do a very thorough head-to-toe assessment of Mr Jodrell, starting with his head. I'm going to be asking him all the standard questions, picking up on any replies that indicate there may be a cause for concern, for example if he feels any discomfort or tenderness when I palpate or check his articulation – that sort of thing.

**Student:** I see.

**Doctor:** So, if you have any questions, I'll be happy to answer them afterwards.

**Student:** Thanks.

27 You hear two hospital nurses conducting a patient handover.

What does the incoming nurse agree to do for the patient?

- (A) arrange for her to see a specialist
- (B) ensure that she has intravenous hydration
- (C) talk to her about possible triggers for her condition

**Question 27**

**Nurse 1:** So, in Bed 4 we have Mrs Singh – a 65-year-old female. She was admitted last night via the Emergency Department.

**Nurse 2:** Right.

**Nurse 1:** She'd been woken in the early hours by a sore throat and swollen tongue. She reported difficulty swallowing and her breathing was partially obstructed by the swelling. She also reports oesophageal discomfort and she's refusing liquids.

**Nurse 2:** OK.

**Nurse 1:** There are no signs of a rash, itching, chest pain or nausea, and no history of allergic reactions. She couldn't think of anything that might've caused this – though it might be worth running through that again with her.

**Nurse 2:** Sure.

**Nurse 1:** She's been afebrile for me. She was given IV antihistamines and an anti-inflammatory in ED and the swelling's come down. The plan is for an ENT consult to rule out an abscess or a foreign object, and then a pharmacological review. Those are both in hand.

**Nurse 2:** OK.

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The **document** she's talking about **deals with** .

talks about / focus on

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