

Think about the questions below:

In OET Listening Part B...

1. What difficulties might you have with timings?
2. What difficulties might you have with understanding the questions?
3. What difficulties might you have with answering the questions?
4. How can you manage the difficulties above?

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 community nurse visiting an elderly patient in his home.

She's going to suggest a reassessment of the patient's _____ ?

- (A) mobility needs.
- (B) skin integrity.
- (C) leg injury.

Question 28

Nurse: So, before I put a fresh dressing on, I'm just gently washing your legs to get rid of this flaky skin – that'll keep the new skin healthy – but I'm being very careful not to create any new wounds. Is that OK?

Patient: That's fine. I can't manage much myself these days. I hardly ever get out of the wheelchair actually – I even slept in it one night. And I'm afraid I've not been using that cushion you gave me, – it gets in the way when I try to do anything and makes me feel too high up. Could I have a smaller one, or even a different chair?

Nurse: Well, we may need to consider that actually. Your legs are coming on fine, but we don't want you to develop skin problems elsewhere. I'm going to talk to the doctor to see if we can get something sorted out for you.

Patient: Thanks, Nurse.

- 29 You hear part of an induction programme for new members of clinical staff at a hospital.

The session on **electronic medical records** is going to **focus on** _____ ?

- (A) **familiarisation** with the system.
- (B) **how to avoid errors** in the system.
- (C) **linking medical devices** to the system.

Question 29

So, this morning we're looking at the hospital's electronic medical record system. **Now, I expect you've used similar systems before, but you need to engage with the specifics of ours and be totally on board with its functionality – so that's our aim today.** A key feature of this system is that you've got a single sign-on for most applications – you just enter your username and password once when you log in, rather than each time you use a separate application. Now, this makes life easier and means you get to spend time with your patients rather than staring at a screen. **On top of that, some medical equipment's already integrated into the system.** This is great from a patient-safety perspective because there's no need to transfer data from one machine to another, so **you avoid those inevitable slips where you type a digit wrong and don't notice.**

30 You hear part of a briefing meeting for staff in a local health centre.

The patient being discussed needs nursing help to learn how to _____.

- (A) change her own dressings.
- (B) self-administer her medication.
- (C) cope with her activities of daily living.

Question 30

F: So, Mustafa, tell us about any patients being discharged from hospital this week.

M: Well, first up we've got Elaine Stokes, a 67-year-old-female who was admitted following a fall, but who's now fully mobile. But she has vascular wounds on her feet that need to be dressed daily. She's had a procedure to improve her circulation, so won't need that doing long-term.

F: OK – so we're providing home visits?

M: That's right. We're doing that because another thing the patient needs is eye-drops four times a day to treat bacterial conjunctivitis. Our main goal is to get her to use an auto-dropper, to reduce the number of visits. She's not keen on the idea, but whoever goes needs to be moving towards that. For the first few days, she'll be cared for by her son – just until she gets used to being back in the home environment – and hopefully we'll have his support.