

Think about the questions below:

In OET Listening Part B...

1. How long are the recordings?
2. How many people might speak?
3. What types of situations may you hear?
4. How many times do you hear each recording?

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 primary-care doctor talking to a practice nurse about a patient.

What is the **doctor requesting**?

- (A) **regular feedback** on the patient's progress
- (B) an **informal assessment** of the patient's **mental state**
- (C) advice on whether **home visits** would be more appropriate

Question 28

Doctor: Could I have a word with you, Molly?

Nurse: Yes, sure.

Doctor: You're going to be seeing Mrs Walsh. She's a 82-year-old lady who's coming in to have a dressing change following minor surgery on her varicose veins.

Nurse: Oh yes – I know Mrs Walsh.

Doctor: Great. **Well, when I saw her, I was a bit concerned that she seemed to be a bit disoriented and confused.** She picked up a UTI when she was in hospital, and so ended up staying longer than planned. **She's mobile, so she'll be coming into the clinic – otherwise this would be something the community nurse could follow up.** **Could you just keep an eye on her, get her talking, and see if there's any cause for concern?** If there is, we'll have to think about setting up something more formal.

Nurse: Sure. I'll report back to you either way.

Doctor: Yes, please.

29 You hear a community pharmacist talking to a patient.

What **concerns** the patient about his **medication**?

- (A) whether he's understood the **dosage instructions**
- (B) whether he has **sufficient supplies** for his needs
- (C) whether the **correct type** has been supplied

Question 29

Pharmacist: How can I help you?

Patient: I just wanted to ask you something. You see, I've been given some pills for my heart condition – it was the consultant who prescribed them, and she said they were low-dose beta-blockers and that I should take them 'as and when' – you know, only if my heart started playing up – and then only until it got back to normal – then to stop. Anyway, my daughter picked the pills up and I only noticed when I looked at the box that it says – 'take one tablet daily'. So, I went online, and sure enough it says they're beta-blockers, but all the websites say that's how you should take them, not 'as and when'. I mean, I just thought I'd make sure I've not got things mixed up in my own mind, somehow.

Pharmacist: OK, I can check that for you. Have you got the pills with you?

30 You hear part of a safety briefing on a hospital ward on the subject of hand hygiene.

What is the speaker doing?

- (A) recommending a newly published training tool
- (B) announcing a new way of accessing a standard training tool
- (C) suggesting a training tool to address a new problem that's arisen

Question 30

So on to the question of hand hygiene. Now in the questionnaire I sent round, many of you said you'd like to improve your hand-hygiene compliance. Hand hygiene's always been important within healthcare, and the global COVID pandemic really brought this home to us. As you know, we replaced the rather uninspiring training videos on this subject with the Clean Hands Interactive Training Package last year, and that's been getting lots of positive feedback – although take up could be better to be honest. With that in mind, you'll be pleased to hear that the package is now available on desktop and other platforms. This makes finding the time to engage with it so much easier – so there's no excuse for putting it off any longer. Infection control has never been so critical.