



# OET<sup>®</sup>

OCCUPATIONAL ENGLISH TEST

# Trainer

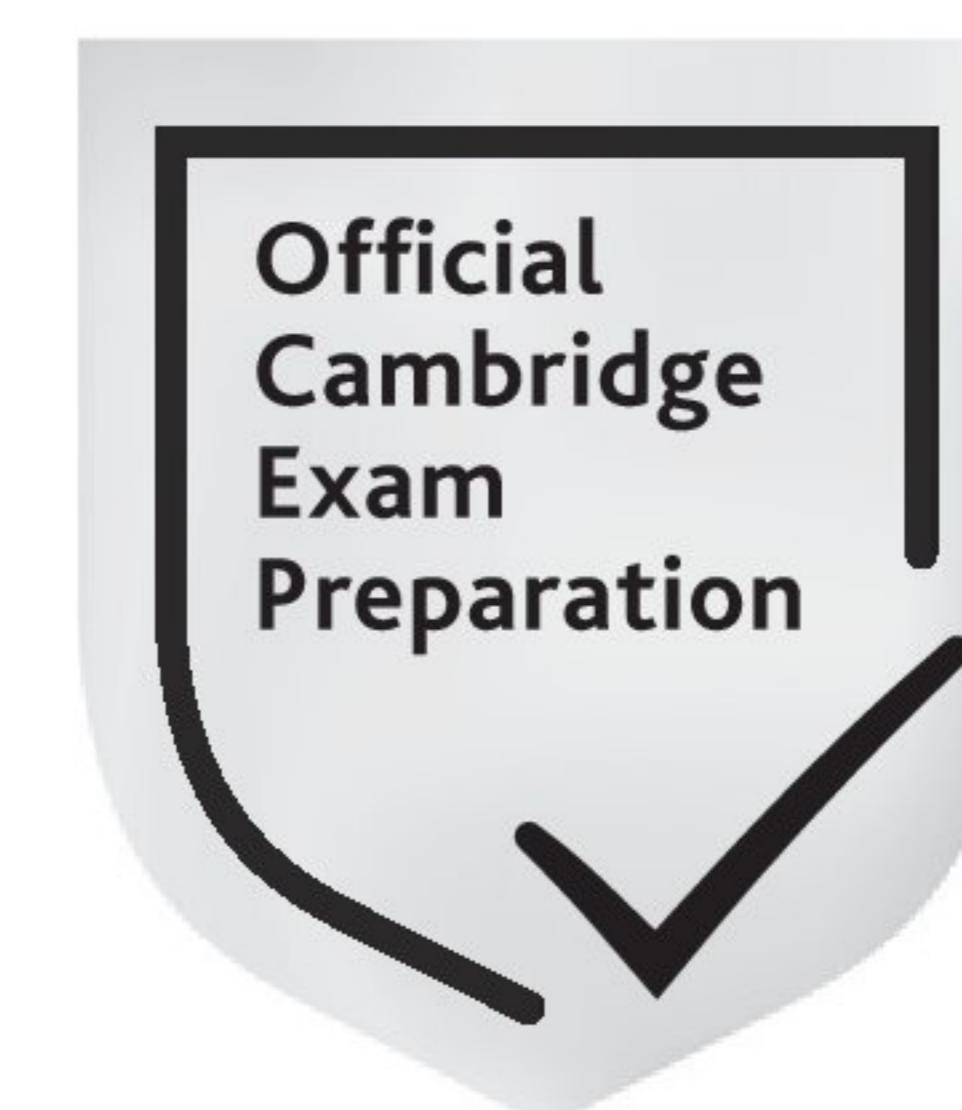
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Nursing

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Shaftesbury Road, Cambridge CB2 8EA, United Kingdom

One Liberty Plaza, 20th Floor, New York, NY 10006, USA

477 Williamstown Road, Port Melbourne, VIC 3207, Australia

314–321, 3rd Floor, Plot 3, Splendor Forum, Jasola District Centre, New Delhi – 110025, India

103 Penang Road, #05–06/07, Visioncrest Commercial, Singapore 238467

Cambridge University Press & Assessment is a department of the University of Cambridge.

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[www.cambridge.org](http://www.cambridge.org)

Information on this title: [www.cambridge.org/9781009162869](http://www.cambridge.org/9781009162869)

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First published 2023

20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1

Printed in the United Kingdom by XXXX

*A catalogue record for this publication is available from the British Library*

ISBN 978-1-009-16286-9 OET Trainer for Nursing with answers with audio

Additional resources for this publication at [www.cambridge.org/go](http://www.cambridge.org/go)

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# Acknowledgements

This Trainer has been developed by Cambridge University Press and Assessment using experienced material writers and trainers, in collaboration with OET and with Cambridge English Language Assessment reviewers and SMEs (Specialist Medical Experts).

We would like to thank Nick Kenny (writer/audio recording coordinator/reviewer), Catherine Leyshon (writer), David Clark (writer), Susan White (writer), Jessica Worthing (writer), Gurleen Khaira (writer), Eleanor Lindberg (writer), Shakina Mohol (writer), Judith Wilson (reviewer), Joanna Kosta (reviewer), Susan Kingsley (reviewer), Nicola Mooney (reviewer), Liz Shruballs (reviewer), Angela McCarthy (reviewer), Dr Paul Siklos (SME), Dr Alexander Leguia (SME) and Jane Broadley (SME) for their work on the material.

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Keys: Test = T, Part = P

Text

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## Listening:

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Photography

Cover photography by Tom Merton/OJO Images/Getty Images and The Good Brigade/DigitalVision/Getty Images.

Audio

Audio produced and recorded at dSound, London

Typesetting

Designed and typeset by QBS Learning

# Introduction

## Who is *OET Trainer* for?

This book is suitable for anyone who is preparing to take the OET (Occupational English Test) for healthcare professionals. OET is recognised by healthcare trusts, boards and councils in the UK, the USA, Australia, Ireland, New Zealand, Singapore and Dubai amongst others as proof of a candidate's ability to communicate effectively in a healthcare environment and covers a number of medical professions. This book focuses on the medical speciality of Nursing. It is designed both for self-study or to be used by teachers for preparing students for the exam. All users can access or download a variety of support materials via an access code on the inside front cover for our Cambridge One online platform, such as answer keys, audio files and transcripts, and an eBook, and with audios also available via QR codes accessible on your smartphone, so that you can even study on the go.

## What is *OET Trainer*?

*OET Trainer for Nursing* contains six authentic practice tests for the exam, covering the four papers, or sub-tests, that form the complete exam: Reading, Listening, Speaking and Writing. The first two tests in the Trainer are 'guided tests', which means they include extra training and information to familiarise you with each part of the exam, what it tests and the skills and kinds of language that can help you to complete the exam tasks successfully. Tests 3 to 6 are purely practice tests. All six tests match the exam in format and standard.

In Test 1, each part of each of the papers/sub-tests is introduced separately in the form of a **Training** section and an **Exam Practice** section. The **Training** sections give key information about each part of the exam in the **Task Information**, and have advice and guidance to help you understand what each task is testing, alongside exercises that will build the language and skills directly relevant to each.

An **Exam Practice** section follows each **Training** section. Authentic versions of each task are accompanied by an **Action Plan**, which gives step-by-step guidance on how to approach the task, alongside tips on general exam strategy. For the Reading and Listening exam tasks, there is also **Advice** linked to specific questions, providing hints and clues to guide you through your first exposure to the tasks.

Test 2 follows a similar pattern to Test 1 in that it also consists of **Training** and **Exam Practice** sections to review and further develop important skills, language and exam task familiarity. The **Exam Practice** section follows the same format as Test 1, with the exception of the **Action Plan**, which is simply referenced.

Test 3 to 6 are complete practice tests without advice or training. They give you the opportunity to put into practice the skills, language and strategies you have acquired while working through Tests 1 and 2.

All tests have an **Explanatory Answer Key** (see next section).

## Features of *OET Trainer*

- An **Explanatory Answer Key** is available for download via the Cambridge One online platform. It is ‘explanatory’ in the sense that it not only provides you with the correct answers for the tests, but also where relevant, explains why the answers are correct and why other options are not.
- For Writing tasks, the **Explanatory Answer Key** provides **model answers** for you to compare your answers with, with notes on how the model was put together.
- A **Listening transcript** is also provided via Cambridge One for all audio tracks in the Training as well as for the Listening exam tasks themselves.
- Full **Downloadable Audio** is available for all tracks, covering both the Listening exam tasks and Listening and Speaking Training sections. In addition, each audio track has a QR code alongside the activity, permitting you to access individual tracks via your smartphone, allowing you to practice Listening activities wherever you are. Note that if your smartphone does not come with a QR code reader, you will need to download a third-party QR reader app to use this feature.
- An **Interactive eBook version** of the print book is also available via the code in the print book, allowing online access via our Cambridge One platform. All audio tracks are included in the eBook.
- **Marking criteria** for the Speaking and Writing papers (sub-tests) are provided at the end of the print book to help you understand what you are being assessed on in these two sub-tests, and where relevant, are referenced by the Training sections, so that you can see how Training exercises are focussed on helping you score well in each criterion.

## How to use the *OET Trainer*

### Test 1 Training

- For each part of each paper (sub-test), you should begin by studying the **Task Information**, which provides an overview of each part and, depending on the task, covers key information, such as the task description, task style, duration and timings, rules to be observed during the exam and even the skills and language that will aid in its completion.
- Throughout Test 1 Training, you will also find information marked **Tip!** These tips relate to both specific aspects of the Training and more generic practical information to help you understand and complete the tasks you will face in the actual exam.
- The exercises in the Training cover skills and language that will help you deal with all the practice tests in this book as well as the actual test itself.
- The answers to all the training exercises are included in the **Explanatory Answer Key**, and just like the answers for the practice tests themselves, are, where required, detailed to the extent that they not only provide the correct answers, but also explanations as to why other answers or approaches are incorrect.

### Test 1 Exam Practice

- Start by looking at the **Action Plan**, which gives you a set of recommendations of how best to deal with each exam part or task on the day of the exam itself. Depending on the task/part, you may even get pointers on what to do BEFORE, DURING or AFTER the task.
- Then look at the practice exam task itself. For receptive skill tasks (Reading and Listening) you will find **Advice** sections, which provide hints on what to look/listen for in each question in the task. For productive skills (Writing and Speaking), there are more **Tips!** which point out aspects of the specific task you should be aware of. Such **Tips!** will commonly refer to points covered in the preceding Training sections as well as covering general FAQs (Frequently Asked Questions) that candidates have about the exam.
- As ever, the downloadable **Explanatory Answer Key** will provide not only correct answers, but also explanations as to why they are correct and other options are not, or a model text in the case of the Writing paper (sub-test). Note that for obvious reasons, a model answer is not provided for the Speaking paper. However, Speaking tests do include the examiner’s role cards so you can use them to understand/predict the general structure of each role play.

## Test 2 Training and Exam Practice

- The Test 2 Training and Exam Practice build on, develop, extend and review what has been covered in Test 1.
- The same features are present such as **Tip!** and **Advice** to guide you through the new exam task being practised, but note that some sections such as **Task Information** and **Action Plan** are not repeated.

## Tests 3 to 6 Exam Practice

- In Tests 3, 4, 5 and 6 you should apply the skills, techniques, strategies, and language you have practised in Tests 1 and 2.
- You can do these tests and the papers within them in any order, but you are encouraged to stick to the time recommendations, in order to better recreate exam conditions when practising.
- Note that for OET Listening papers, unlike like many Cambridge exams, you will only hear the audios one time.
- It will be easier to keep to the exam instructions and recreate exam conditions if can find somewhere quiet to work, and if you give yourself enough time to do each paper in its entirety. That said, it is perfectly feasible to take a bite-size approach and break down the papers into individual tasks. Remember that each part of the Listening paper has its own separate audio, accessible via QR code on your smartphone, so you can practise whilst on the go.
- As mentioned, the Speaking paper comes with the role card for both candidate and examiner. Ideally, you would work with another candidate or health specialist to practise the Speaking paper. If working on your own, you can see the examiner's role card, which will help you understand what you might be expected to say during your 'turns'.

## Overview of OET exam papers (sub-tests)

### Reading 60 minutes

The Reading sub-test consists of three parts and has a total of 42 question items. All three parts take in total 60 minutes to complete. The topics are of generic healthcare interest and are therefore accessible to candidates across all professions.

Part A comes separately from Parts B and C and has two parts: a text booklet with the four texts you have to read and a separate question paper. You have 15 minutes for this part and then your answers will be collected. Part A is an expeditious reading task and has three sets of questions. The first part is always a multiple matching exercise. The second two parts are short answer questions and sentence completion questions. Note that the number of each of these types of questions may vary from test to test, but in total there will be 13 questions.

Parts B and C comes together in one paper, and include both texts and the questions papers. The focus in both parts is on careful reading. You have 45 minutes in total to complete these two parts.

| Part | Task Types                                   | No. of questions | Format  | Task Information |
|------|--|------------------|---|------------------|
| A    | Multiple matching                            | 7 (may vary)     | Four short texts on the same healthcare topic. Candidates' ability to quickly and efficiently locate specific information is tested, with candidates asked either to identify which of the texts contains information or to find specific information within the texts. | Page 10          |
|      | Short answer questions / Sentence completion | 13 (may vary)    |   |                  |
| B    | Multiple choice                              | 6                | Six short healthcare workplace texts (100–150 words). Each text has a single three-option multiple choice question.   | Page 18          |
| C    | Multiple choice                              | 16               | Two longer texts (800 words) on topics of interest to healthcare professionals with eight four-option multiple choice questions on each.  | Page 24          |

### Writing 45 minutes

The Writing sub-test takes 45 minutes and is profession-specific. There is one task set for each profession based on a typical workplace situation and the demands of the profession – a nurse does the task for nursing, a dentist does the task for dentistry, and so on.

The Writing paper is assessed against six criteria. For more details of these criteria, please refer to page 212.

| Task Type | No. of words | Format   | Task Information |
|-----------|--------------|--|------------------|
| Letter    | 180–200      | You write a letter, usually a referral letter, but possibly a letter of transfer or discharge, based on a set of information (case notes and/or other related documentation) | Page 35          |

## Listening approximately 40 minutes

The OET Listening sub-test consists of three parts, and a total of 42 question items. The topics are of generic healthcare interest and accessible to candidates across all professions. The total length of the Listening audio is about 40 minutes, including recorded speech and pauses to allow you time to write your answers. You will hear each recording once and are expected to write your answers while listening. In contrast to the Reading, all three parts of the Listening sub-test are in the same paper.

| Part | Task Types          | No. of questions | Format  | Task Information |
|------|---------------------|------------------|---|------------------|
| A    | Sentence completion | 24               | You hear two extracts from medical consultations of about five minutes and need to complete a set of notes for each extract with a word or short phrase.  | Page 40          |
| B    | Multiple choice     | 6                | You hear six short extracts set in the healthcare workplace of about one minute in length. Each extract has a single three-option multiple choice question.   | Page 45          |
| C    | Multiple choice     | 12               | You hear two longer extracts on topics of interest to healthcare professionals in the form of an interview or presentation. Each is around five minutes in length and has six three-option multiple choice questions. | Page 50          |

## Speaking approximately 20 minutes

The Speaking sub-test is delivered individually and takes around 20 minutes in total. This part of OET also uses materials specifically designed for your profession and is role play based. In each role play, you take your professional role (for example, as a nurse or as a pharmacist).

Note that before the role plays begin, there is a short warm-up conversation with the interlocutor about your professional background, which is not assessed. Note also that you have three minutes to prepare for each role play, during which time you can make notes on the role card and ask the interlocutor about anything you are unsure of.

The Speaking paper is assessed against various linguistic and clinical communication criteria. For more details of these criteria, please refer to page 214.

| Task Type | Format   | Task Information |
|-----------|--|------------------|
| Role play | You do two role plays of about five minutes in length. You are given role cards for each and the interlocutor has their own cards. For each role play, you deal with a typical workplace situation for your profession with the interlocutor typically playing the role of a patient, carer or parent. | Page 56          |

## Further information

The information in this Trainer is designed to provide an overview of OET. For more detailed information on OET, including booking information, please visit the official OET website ([www.occupationalenglishtest.org](http://www.occupationalenglishtest.org)).

**Task information**

- Part A tests your ability to skim, scan and record information quickly and accurately.
- You read four short texts (A–D) typically encountered in the medical workplace on the same topic, usually a medical condition or procedure.
- Each text addresses a different aspect of the topic, and at least one text will be graphical, for example, a table, graph, or flow chart.
- The texts can contain a variety of information, such as dosages, how to administer medication, what advice to give patients, symptoms and risk factors.
- There are three sets of questions. The first set is a multiple matching task where you have to identify in which text certain pieces of information are located.
- The other two sets of questions (short answer questions and sentence completion) ask you to find specific information within the texts.
- For these sets of questions, each answer / piece of missing information is a precise word or short phrase in one of the texts.
- You have 15 minutes to answer 20 questions.

**Skimming: identifying types of information in the four texts**

Before you read the first set of questions, skim-read the texts to familiarise yourself with them so that you have a ‘map’ in your head of what type of information each contains.

**1** Read the following statements about skim-reading and put a tick (✓) if they are correct and cross (X) if they are incorrect.

- 1 You use it to get an in-depth understanding of the text.
- 2 You use it to get a general idea of the subject and purpose of a text.
- 3 You use it to find specific words that you are looking for.
- 4 You need to read the text slowly and carefully to ensure you understand every word.
- 5 You focus on text features, such as format, structure, title, headings and sub-headings, graphical information, bold or highlighted information.
- 6 For a paragraph or paragraphs of text, you move your eyes both horizontally and vertically across the text to find what you need.

**2** Look at Text A on the subject of inflammatory bowel disease on the opposite page. Quickly skim read the text (30 seconds). Think of a title or heading to describe its overall content.

**Tip!** You only have 15 minutes in total for Part A. Aim to skim all four texts in two minutes or less.

**Tip!** Some Part A texts have clear titles which explain their overall content and some do not. Text B which we will see later has its own title.

## Text A

Inflammatory bowel disease (IBD) is an umbrella term used to describe disorders that lead to chronic, relapsing intestinal inflammation. The two main types are:

**Ulcerative colitis (UC):** causes prolonged inflammation and sores (ulcers) in the colon and rectum

**Crohn's disease (CD):** characterised by inflammation of the digestive tract lining. Often extends deep into affected tissues.

**Symptoms** include: diarrhoea, fever, fatigue, abdominal pain and cramping, rectal bleeding, reduced appetite, unintended weight loss

**Treatment** aims to relieve and prevent recurrence of symptoms and includes:

*Dietary and lifestyle changes:*

- smaller and more frequent meals
- soft, bland foods & avoidance of trigger foods (fatty, fried, spicy, fibre-rich and dairy)
- stress management – relaxation therapies such as meditation
- adequate sleep & regular exercise

*Medication:*

- aminosalicylates or mesalazines
- immunosuppressants eg. steroids or azathioprine
- biologics
- antibiotics

*Surgery:* Approximately 25% of IBD patients will require surgery. Common reasons include poor reaction to medication or nutritional treatment, strictures in the intestine and abscesses or fistulas.

## Text B

### Classification of ulcerative colitis by severity

| Symptoms                             | Severe            | Mild            |
|--------------------------------------|-------------------|-----------------|
| frequent defecation                  | > 6 times daily   | < 4 times daily |
| fever                                | 37.5 °C or higher | absent          |
| tachycardia                          | 90/min or more    | absent          |
| anaemia                              | Hb 10g/dl or less | absent          |
| erythrocyte sedimentation rate (ESR) | 30 mm/h or more   | normal          |

**3** Now look at the topic box below. Look at Text A again and also Text B which has a title. Skim read the texts to identify which of the topics are included in each.

medication types    dosages    risk factors    types of treatment  
patient assessment    administration    diagnosis    symptoms    definitions  
types of condition    side-effects    investigations    (contra)indications  
patient advice    surgical

Text A topics: .....

Text B topics: .....

**4** Look at the following Part A multiple-matching questions and focus on the underlined words. Match the words to the alternative ways they could be expressed. In which text can you find information about:

a) types or varieties

b) dietary and/or lifestyle changes

c) severity

1 how to assess the seriousness of an IBD? .....

2 definitions of the different kinds of IBD? .....

3 recommended daily routine adjustments for IBD patients. ....

**5** Look again at the questions in Exercise 4. Decide in which text (A or B) you are most likely to find the answer. Then scan-read the text to confirm your ideas.

**Tip!** Some topics may be mentioned in more than one text so you need to read the question carefully to understand which aspect of the topic you are looking for.

**Tip!** The words used in the questions may be expressed differently in the four texts so think about the meaning of the questions rather than just focusing on the specific words in the questions.

**Tip!** There are usually seven of these multiple matching questions at the start of Part A.

**Action plan**

Remember that you only have 15 minutes for Part A, after which the Paper will be collected in. There are 20 questions and three question types with each requiring a slightly different approach. It is recommended that you try to answer the questions in order, as for example, doing the matching questions exercise first will help you for the later short answer and sentence completion questions.

**Matching questions**

- 1 Start by skim reading the texts to get an overview of the type of content each contains. Try not to spend more than a minute on each text.
- 2 Focus on text features, such as titles, headings, and words in bold that help you understand what information each text contains.
- 3 For each question, think about what is being asked for and decide which of the four texts you think most likely contains the information, based on your skim reading.
- 4 Check the text to confirm your ideas and if you cannot, check the next most probable text.
- 5 Indicate your answer by writing the capital letter of the text in the space provided.

**Short answer and sentence completion questions**

- 1 Read the questions / incomplete sentences and underline key words which help you decide what you are looking for and consider in which text you might find the answer.
- 2 Think about what type of information you are being asked for (a name, quantity, medication, etc.).
- 3 Scan the text you have chosen for the answer using the key words to guide you.
- 4 Write your answer (a word or short phrase) in the space provided clearly. Remember that the word or phrase required must be in the same form as it appears in the text.
- 5 For sentence completion questions, read through the sentence with the answer in place to check spelling, grammatical fit, that you haven't repeated words from the sentence and that the information is complete.

**Pneumonia: Texts****Text A****Assessment, admission and discharge**

The CURB65 score is used to determine 30-day mortality risk for patients with Community Acquired Pneumonia (CAP). It may also be used to inform admission and discharge decisions in conjunction with clinical judgement. Give 1 point for each of the following:

- Confusion: Abbreviated Mental Test Score <8
- blood Urea nitrogen: >7mmol/L
- Respiratory rate: >30 breaths / minute
- Blood pressure: systolic < 90 mmHg /diastolic < 60 mmHg
- age: >65

**Admission guide:**

- >1: low risk → home care
- >2: moderate risk → admission
- >3 to 5: high risk → urgent admission / ICU care

**Do not discharge patients with a score of 3 or above.**

Before discharging, consider the following additional risk factors:

- temperature > 37.5°C
- heart rate >100 BPM
- oxygen saturation < 90% on room air
- inability to eat without assistance.
- End of life patients – agree approach for managing pneumonia in context of overall care plan.
- If a patient has a dementia diagnosis, the mental assessment must be adapted accordingly.

## Text B

### Information to give patients – community acquired pneumonia

Awareness of what to expect when recovering can help to reduce patients' anxiety and highlight the need to consult their healthcare professional if they feel that their condition is deteriorating or not improving as expected. Explain to patients that after starting treatment their symptoms should steadily improve, although the rate of improvement will vary with the severity of the pneumonia. It is expected that after:

1 week: fever resolved

4 weeks: chest pain and sputum production substantially reduced

6 weeks: cough and breathlessness substantially reduced

3 months: most symptoms resolved but fatigue may still be present

6 months: most people will feel back to normal

Provide patients with additional, specific advice regarding:

- possible adverse reactions to antibiotics.
- seeking medical help if symptoms worsen rapidly or significantly, if symptoms do not start to improve within three days, or if the person becomes systemically very unwell.

## Text C

### Thoracentesis procedure

A thoracentesis involves the removal of fluid from the pleural space. It involves the following steps.

- 1 Ask the patient to sit, leaning forwards, with their arms resting on a table.
- 2 Use auscultation and chest percussion to estimate the fluid height.
- 3 Select and mark the insertion point, one intercostal space below the top of the effusion. Insertion below the ninth rib should be avoided due to the risk of intra-abdominal injury. Prepare the insertion area and apply a sterile drape.
- 4 Use a 25-gauge needle to anaesthetise the skin over the insertion point.
- 5 Switch to a 22-gauge needle and advance this over the superior edge of the rib. In order to avoid intercostal vessel injury, the needle must not touch the inferior surface. Intermittently aspirate and inject.
- 6 Once pleural fluid is aspirated, withdraw slightly then inject additional anaesthetic to the highly sensitive parietal pleura. Note the penetration depth.
- 7 Attach an 18-gauge over-the-needle catheter to the syringe and advance over the superior aspect of the rib, pulling back while advancing. When fluid is aspirated, stop advancing, guide the catheter over the needle and remove the needle. Cover the open catheter hub to prevent air entering the pleural cavity.
- 8 Attach a syringe with a 3-way stopcock to the catheter hub. Aspirate the fluid required for diagnostic analysis (generally 50ml). If a larger amount is to be withdrawn for therapeutic reasons, attach a collection bag to the stopcock. Aspiration should be limited to 1500ml in order to avoid the risk of pleural edema or hypotension.
- 9 When aspiration is complete, ask the patient to hum whilst the catheter is removed. This lowers the chances of pneumothorax occurring. Cover the site with an occlusive dressing.

## Text D

| Complication   | Comment  | Treatment  |   |
|--|--|--|---|
| <b>Bacteremia:</b><br>Presence / multiplication of bacteria in the bloodstream           | Untreated & clinically significant bacteremia progresses to SIRS, sepsis, septic shock and MODS.                       | Antibiotics (typically IV infusion)  |   |
| <b>Acute Respiratory Distress Syndrome (ARDS)</b><br><b>Build up of fluid in alveoli</b> | More common in patients with severe pneumonia or chronic underlying lung diseases.                                     | May require ventilation.   |   |
| <b>Pleural effusion:</b><br>Accumulation of fluid in pleura.                             |  |  | Antibiotics, drainage (thoracentesis, thoracostomy), pleurectomy. |
| <b>Empyema:</b><br>Infection of the fluid  |  |  |   |
| <b>Pleurisy:</b><br>Inflammation of pleura   |  | NSAIDs   |   |
| <b>Lung abscess:</b><br>Formation of pus in a lung cavity.                               | Most frequently arises as a complication of aspiration pneumonia, caused by periodontal disease and poor oral hygiene. | Antibiotics. Surgical / percutaneous intervention required for abscesses > 6 cm. Lobectomy / pneumonectomy considered for patients who do not respond. |   |

## Part A

**TIME:** 15 minutes

- Look at the four texts, **A–D**, in the separate **Text Booklet** that follows the questions.
- For each question, **1–20**, look through the texts, **A–D**, to find the relevant information.
- Write your answers on the spaces provided in this **Question Paper**.
- Answer all the questions within the 15-minute time limit.
- Your answers should **only** be taken from texts **A–D** and must be correctly spelt.

### Pneumonia: Questions

#### Questions 1–7

For each question, **1–7**, decide which text (**A**, **B**, **C** or **D**) the information comes from. You may use any letter more than once.

In which text can you find information about

- 1 the typical recovery timeline for pneumonia? \_\_\_\_\_
- 2 the definitions of medical terms related to pneumonia? \_\_\_\_\_
- 3 the equipment required to carry out a specific procedure. \_\_\_\_\_
- 4 patient guidance regarding medication side effects? \_\_\_\_\_
- 5 how to decide whether a patient should be hospitalised? \_\_\_\_\_
- 6 the underlying cause of some conditions associated with pneumonia? \_\_\_\_\_
- 7 the type of patient for whom the standard evaluation will need adapting? \_\_\_\_\_

#### Questions 8–14

Answer each of the questions, **8–14**, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

- 8 Removing too much fluid during thoracentesis increases the risk of low blood pressure or \_\_\_\_\_.
- 9 Most patients can expect to make a full recovery from pneumonia within \_\_\_\_\_ months.
- 10 In order to reduce the risk of a pneumothorax, the patient should \_\_\_\_\_ during withdrawal of the catheter.

#### Advice

**1** Look for information related to periods of time.

**2** What punctuation sometimes introduces definitions?

**3** The key word here is 'equipment'.

**4** Which text's title tells you it refers to things to tell the patient?

**5** Which text explains how to handle pneumonia patients?

**6** Look for names of various conditions.

**7** Which text explains how to handle pneumonia patients?

#### Advice

**8** Look in the text about thoracentesis.

**9** You are looking for a number.

**10** What kind of word is missing – noun, adjective, or verb?

- 11 Choosing an insertion point above the \_\_\_\_\_ during thoracentesis reduces the chance of injury to the abdomen.
- 12 A patient may still feel tired \_\_\_\_\_ months after having pneumonia.
- 13 Patients who cannot \_\_\_\_\_ independently may be required to remain in hospital.
- 14 Patients whose blood oxygen levels are lower than \_\_\_\_\_ may be at greater risk of dying.

### Advice

- 11 You need two words here.
- 12 You are looking for a number.
- 13 What kind of word follows 'cannot'?
- 14 Look in a text that is about examining the patient.

### Questions 15–20

Answer each of the sentences, **15–20**, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

- 15 How many mls of fluid should be removed from the lung for investigation of the patient's condition?  
\_\_\_\_\_
- 16 When performing a thoracentesis, which part of the rib should be avoided whilst inserting the needle?  
\_\_\_\_\_
- 17 Which treatment may be necessary for patients with ARDS?  
\_\_\_\_\_
- 18 What should be used to protect the insertion site following a thoracentesis?  
\_\_\_\_\_
- 19 What is the risk level of a patient with a CURB65 score of 2?  
\_\_\_\_\_
- 20 How is medication for bacteremia usually administered?  
\_\_\_\_\_

### Advice

- 15 Look in the text that gives procedures.
- 16 In the correct text, it tells you what the needle mustn't touch.
- 17 The key words here are 'ARDS' and 'treatment'.
- 18 This is likely to come at the end of a text.
- 19 Think about what CURB65 is used to determine.
- 20 Which text mentions bacteremia and its treatment?

### Task information

- Part B tests your ability to identify the main idea, gist, purpose and to locate a specific detail within a text.
- There are six unrelated texts of 100–140 words with a three-option multiple choice question on each text.
- The question stems are either direct questions answered by one of the answer options or sentences that are completed by one of the answer options.
- The texts cover a variety of healthcare workplace text types, such as memos and emails to staff, guidelines for treatments or dealing with patients, manuals, and policy documents.
- No specialist knowledge is required to understand the texts as they are designed to be accessible to all medical professionals.
- You have 45 minutes to complete both Part B (6 questions) and Part C (16 questions).

### Question focus

**1** There are four main types of reading skills tested in the questions in Part B. Match the reading skills (1–4) being tested to the correct explanation (a–d) of what the reader is looking for in a text.

- |             |  |
|-------------|--|
| 1 gist      | a) one specific piece of information given in the text |
| 2 main idea | b) the overall topic or message of the text            |
| 3 detail    | c) the reason the text was written (its intention)     |
| 4 purpose   | d) the most important point the writer is making       |

### Main idea and detail questions

The main idea is the key message in the text and is given more emphasis, whereas a detail is one aspect of the text, often, but not necessarily related to the main idea.

**1** Look at the sample Part B text (memo) and two possible Part B question stems below (without answer options) that you could be asked about it. Decide which question is asking for the main idea (M) of the text and which a specific detail (D) in the text.

**To:**

All staff

**Subject:**

Patient involvement in treatment decisions

This is a reminder that staff should facilitate the involvement of patients in treatment decisions wherever possible. This supports adherence to treatment without necessarily increasing the overall length of a consultation. Some patients may find the consultation process intimidating, so the style, speed and tone of speech should be adapted to the needs of individual patients. Any factors which could affect the patient's interpretation of explanations, such as learning disabilities or language barriers, must be considered. Avoid making assumptions about the patient's understanding and be aware of any unspoken gestures, expressions or body language which indicate that the patient wishes to make a point or does not understand what has been said. Remember that fully informed patients who have the capacity to make such decisions have the right to decide whether or not to take medication.

- 1 According to the memo about patient involvement in treatment decisions, it is very important for staff to .....
- 2 According to the memo about patient involvement in treatment decisions, one way that patients may indicate a lack of understanding is .....

**2** Now look at question 1 again. Read the text. Think about the main message the writer is trying to communicate about patient involvement in treatment decisions. Write down in your own words what you think the writer's main point is.

**3** Now look at the question with answer options. Which option best matches your ideas in Exercise 2 and summarises the overall message?

According to the memo about patient involvement in treatment decisions, it is very important for staff to

- A make a range of adjustments to how they communicate.
- B accept that poor outcomes are sometimes inevitable.
- C establish whether extra support would be helpful.

**4** Now look at question 2. This question stem is asking you to locate a detail in the text, specifically how patients may indicate a lack of understanding. Read the memo again. Locate and underline the section in which it mentions patient's understanding.

According to the memo about patient involvement in treatment decisions, one way that patients may indicate a lack of understanding is by ...

**5** Read the underlined section closely. Which way that patients may indicate their lack of understanding is mentioned? Then look at the answer options. Decide which option matches this.

- A asking for advice to be repeated
- B using non-verbal communication
- C disregarding important information

**Tip!** The main idea may be stated directly or be a summary of what the writer is trying to communicate. In this text, you're looking for a summary of the message to staff.

**Tip!** Think about the meaning of each option rather than focusing on individual words.

**Tip!** All of the answer options in Part B questions are logically possible, so do not guess based on your own real life experience. Find the answer in the text.

**Action plan for multiple choice questions**

- 1 For each short text and question, quickly read the question to understand the medical context (a memo to all staff, instructions for equipment, etc.).
- 2 Look for and underline the locating idea(s) in the question. For example, are you reading for the main idea or specific information? It's sometimes useful to paraphrase the question in your own words as the ideas in the text will not use the same words as the options.
- 3 Then read the text and look for the corresponding section(s) in the text that relate to the question.
- 4 Underline in the text the part that answers the question and then choose the option that matches it.
- 5 For questions that ask you for the main idea or purpose, think about the overall message.
- 6 Check that the meaning in the text is a full and accurate match to the question + answer option.

**Part B**

In this part of the test, there are six short extracts relating to the work of health professionals. For **questions 1–6**, choose the answer (**A**, **B** or **C**) which you think fits best according to the text.

Fill the circle in completely. Example:



- 1 When first using Cough Assist, the guidelines recommend
- (A) checking that the patient is confident with the necessary technique.
  - (B) giving the patient a chance to get used to the sensation it causes.
  - (C) ensuring that the face covering fits the patient correctly.

**Advice**

1 Look for a short phrase that means something is recommended.

**Extract: Cough Assist – Instructions**

Cough Assist is a device that blows air into the lungs then rapidly withdraws it to clear mucus. It may need calibrating for each individual patient, in order to ensure the maximum positive (inhalation) and negative (exhalation) pressures. It is advisable to start with lower pressures, to enable the patient to become accustomed to the feel of the device. During subsequent treatments, pressures can be increased as necessary to achieve adequate secretion clearance. Note that at these lower pressures the Cough Assist may have limited effectiveness in clearing secretions.

Fix the circuit to the output, including a bacterial/viral filter, smoothbore tubing and an appropriate interface (mask, mouthpiece or trachy mount). Check starting pressures or changes in pressure requirements several times (while viewing the gauge) by blocking the circuit and having the patient rotate from inhale to exhale.

2 What does the memo say about immunoglobulin treatment?

- (A) A lack of availability could lead to patients' therapy being revised.
- (B) Permission may be given after administration in urgent situations.
- (C) Patients should be advised that contracting a serious illness is unlikely.

### **Memo: Patient consent and review — immunoglobulins**

All treatment with immunoglobulins requires approval from the assessment panel. In the case of a clinical emergency that requires immunoglobulin for a Class II indication to be given out of hours, approval is required from the relevant on-call service.

Patients should be informed that prior consent to treatment is required. Immunoglobulins are a blood product and therefore carry an inherent low risk of blood borne infection transmission, although hepatitis A and parvovirus B19 are generally not found in clinical experience.

In the event of a supply shortage, treatment plans for long-term patients should be modified. This may include delaying treatment, switching to an alternative product, or providing an alternative treatment. Any patient whose treatment is cancelled or delayed by a duration of two weeks or more must be recorded in the incident reporting system.

### **Advice**

2 The answer options all contain two ideas. In which one are both ideas covered in the text?

3 All of the ideas in the options are mentioned but two contain a word or phrase which makes them incorrect.

3 What does the guideline say is the preferred approach to sterilising instruments?

- (A) using disposable items
- (B) purchasing an appropriate machine
- (C) having it done by a dedicated facility

### **Guidelines: sterilisation systems**

Where possible, sterilisation should be carried out centrally using an approved local service which is bound by safeguards and supplies re-sterilised instruments. These sterile services are managed and operated by trained staff in a purpose-built environment and offer a system which is quality-controlled, cost effective and trackable.

Where such services are not available, a pre-sterilised, single-use object may be used. Advantages include convenience and suitability for use in areas where decontamination may be difficult to achieve. Alternatively, a bench top vacuum steam steriliser may be used. However, this must be installed, tested and managed appropriately according to safety regulations. It should also be noted that storage, technique and method may hinder the effectiveness of decontamination at any stage of the process.