



OET FREE PRACTICE MATERIALS



Complete OET Course
Practice
Materials

2020

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there
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HOW TO USE THIS BOOK.



This book contains mini mock exams. It is a short sample of the materials included in our courses.

You can use it to practice all areas of the OET and to find out whether you would benefit from more exam support.

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WHAT IS INCLUDED?

EXAM INFORMATION

Information about the exam so that you know what to expect.

COURSE INFORMATION

Information about the OET Complete Course.

LISTENING TEST

One section of Part A, B and C of a Listening exam with audio.

READING TEST

One section of Part A, B and C of Reading exam.

WRITING TEST

One set of OET case notes for medicine and nursing.

SPEAKING TEST

One set of OET case notes for medicine and nursing.

WHAT IS THE OET EXAM?

OET is **recommended for NMC and GMC registration**. It is considered to be an easier test than the IELTS exam but it still requires practice to achieve a passing grade.

It has four sections...



Listening Exam

You will be played a number of audio recordings from a hospital or clinic. You will be expected to listen to the recording once only and answer some questions.



Reading Exam

You will be given some healthcare academic texts to read and be asked to answer some questions based on what you have read.



Writing Exam

You will be given some case notes about a patient that you have been caring for and you will be required to write a letter to another healthcare professional to explain what has happened to them.



Speaking Exam

You will play the part of a nurse or doctor and you will be expected to have a conversation with an examiner; answering their questions and giving a medical consultation.

For **GMC registration**, you will need to achieve a grade B in every area.

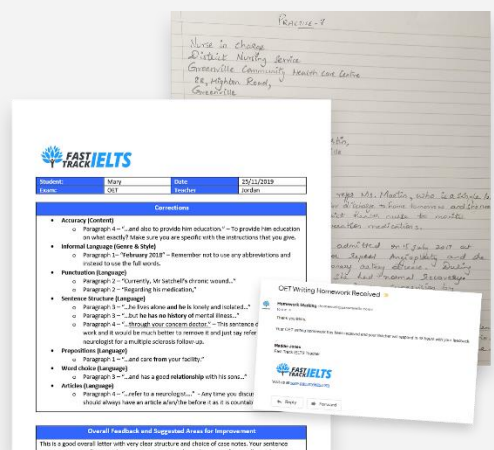
For **NMC registration**, you will need to achieve a grade B in every area except writing where a C+ will be accepted.

WHAT IS THE OET COURSE?

Fast Track IELTS is an NHS-approved provider of online OET lessons.

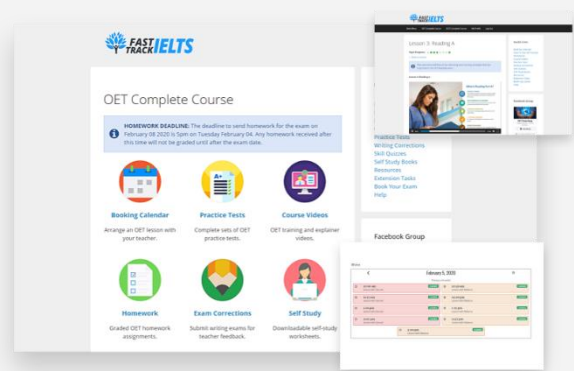
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OET LISTENING EXAM.

Please note: This is a shorter OET Listening test. The full exam contains more questions in Parts A, B and C.

Occupational English Test

Listening Test

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This test has three parts. In each part you'll hear a number of different extracts. At the start of each extract, you'll hear this sound: --beep---

You'll have time to read the questions before you hear each extract and you'll hear each extract **ONCE ONLY**. Complete your answers as you listen.

At the end of the test you'll have two minutes to check your answers.

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1 – 12**, complete the notes with the information you hear.

Now, look at the notes for extract one.

Extract 1: Questions 1 – 12

You hear a gastroenterologist talking to a patient called Andrew Taylor. For **questions 1 – 12**, complete the notes with a word or short phrase.

You now have 30 seconds to look at the notes.

Patient

Andrew Taylor

Background

- has had **(1)** over long period
- reports a frequent **(2)** sensation in the last year
- most recently **(3)** has become a problem
- words used to describe symptoms - **(4)**
- pre-existing skin condition aggravated
- frequent **(5)** -- patient didn't initially link these to bowel condition

Effects of condition on everyday life

- works as a **(6)**
- situation at work means patient is **(7)**
- complains of lack of **(8)**

Diet

- claims to be consuming sufficient **(9)**
.....
- claims to keep hydrated
- has experimented with excluding **(10)**
..... from diet
- very slight reduction in caffeine intake
- has undergone **(11)** -
no indications of anything problematic

Medication

- has taken an anti-spasmodic – not very effective
- now trying **(12)**

That is the end of Part A. Now look at Part B.

Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For **questions 25 – 30**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen.

Now look at question 25.

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25. You hear an optometrist talking to a patient who's trying contact lenses for the first time.

What is the patient concerned about?

- A.** His blurred vision.
- B.** Soreness in his eyes.
- C.** How to remove the lenses.

26. You hear a nurse asking a colleague for help with a patient.

Why does the nurse need help?

- A.** The patient's condition has deteriorated.
- B.** The patient is worried about a procedure.
- C.** The patient is reported increased pain levels.

27. You hear a senior nurse talking about a new initiative that has been introduced on her ward.

What problem was it intended to solve?

- A.** Patients' confusion over information given by the doctor.
- B.** Relatives not being able to discuss issues with the doctor.
- C.** Patients not discussing all their concerns when meeting the doctor.

28. You hear two radiologists talking about the type of scan to be given to a patient.

They agree to choose the method which will

- A.** allow them to see the whole of the appendix.
- B.** probably give the most accurate results.
- C.** have the fewest risks for the patient.

29. You hear part of a surgical team's briefing.

The male surgeon suggests that the patient could

- A.** require specialist equipment during surgery.
- B.** benefit from a specific anaesthetic procedure.
- C.** be at risk of complications from another health issue.

30. You hear a senior research associate talking about a proposal to introduce inter-professional, primary healthcare teams.

What hasn't been established about the teams yet?

- A.** The best way for collaboration to take place.
- B.** The financial impact that they are likely to have.
- C.** The aspects of medical care they are best suited to.

That is the end of Part B. Now look at Part C.

Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31 – 42**, choose the answer (**A**, **B** or **C**) which fits best according to what you hear.. Complete your answers as you listen.

Now look at extract one.

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Extract 1: Questions 31 – 36

You hear a presentation by a specialist cancer nurse called Sandra Morton, who's talking about her work with prostate cancer patients, including a man called Harry.

You now have 90 seconds to read **questions 31 – 36**.

31. What does Sandra Morton see as the main aim in her work?

- A.** To inform patients about the different treatments on offer.
- B.** To publicise the availability of tests for the condition.
- C.** To raise awareness of the symptoms of the illness.

32. When Harry was offered a routine health check at his local surgery, he initially

- A.** resisted the idea due to his wife's experience.
- B.** felt that he was too fit and well to be in need of it.
- C.** only agreed to attend because his doctor advised him to.

33. During Harry's investigations for prostate cancer at a hospital clinic, he

- A.** felt part of the examination procedure was unpleasant.
- B.** found it hard to cope with the wait for some results.
- C.** was given false hope by a preliminary blood test.

34. What was Harry's response to being diagnosed with prostate cancer?

- A.** He found himself reacting in a way he hadn't anticipated.
- B.** He was unconvinced by the prognosis he was given.
- C.** He immediately started researching treatment options online.

35. What typical patient response to the illness does Sandra mention?

- A.** An unwillingness to commence appropriate medication.
- B.** A failure to seek advice regarding different treatment options.
- C.** A reluctance to talk about the embarrassing aspects of treatment.

36. Sandra believes that community follow-up clinics are important because they

- A.** offer patients more personal aftercare.
- B.** are proven to be less traumatic for patients.

C. provide rapid treatment for patients developing new symptoms.

This is the end of the listening exam.

LISTENING SUB-TEST – ANSWER KEY

PART A: QUESTIONS 1 – 12

1. heartburn (after meals)
2. bloating
3. constipation
4. (so) unpredictable
5. migraines
6. accountant
7. anxious
8. energy
9. fibre
10. dairy (products)
11. (extensive) food allergy tests
12. anti-depressants OR (an) antidepressant

PART B: QUESTIONS 25 – 30

13. A – his blurred vision
14. B – the patient is worried about a procedure.
15. C – patients not discussing all their concerns when meeting the doctor.
16. C – have the fewest risks for the patient.
17. B – benefit from a specific anaesthetic procedure.
18. B – the financial impact that they are likely to have.

PART C: QUESTIONS 31 – 36

19. C – to raise awareness of the symptoms of the illness.
20. B – felt that he was too fit and well to be in need of it.
21. B – found it hard to cope with the wait for some results.
22. A – he found himself reacting in a way he hadn't anticipated.
23. C – a reluctance to talk about the embarrassing aspects of treatment.
24. A – offer patients more personal aftercare.

OET READING EXAM.

Please note: This is a shorter OET Reading test. The full exam contains more questions in Parts A, B and C.

Occupational English Test

Reading Test

15

Part A

TIME: 15 minutes

- Look at the four texts, **A – D**, on the following pages.
- For each question, **1 – 20**, look through the texts, **A – D**, to find the relevant information.
- Write your answers on the spaces provided in the **Question Paper**.
- Answer all the questions within the 15-minute time limit.
- Your answers should be correctly spelt.

Fractures, dislocations and sprains: Texts

Text A

Fractures (buckle or break in the bone) often occur following direct or indirect injury, e.g. twisting, violence to bones. Clinically, fractures are either:

- closed, where the skin is intact, or
- compound, where there is a break in the overlying skin

Dislocation is where a bone is completely displaced from the joint. It often results from injuries away from the affected joint, e.g. elbow dislocation after falling on an outstretched hand.

Sprain is a partial disruption of a ligament or capsule of a joint.

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Text B

Simple Fracture of Limbs

Immediate management:

- Halt any external haemorrhage by pressure bandage or direct pressure
- Immobilise the affected area
- Provide pain relief

Clinical assessment:

- Obtain complete patient history, including circumstances and method of injury
 - medication history – enquire about anticoagulant use, e.g. warfarin
- Perform standard clinical observations. Examine and record:
 - colour, warmth, movement, and sensation in hands and feet of injured limb(s)
- Perform physical examination

Examine:

- all places where it is painful
- any wounds or swelling

- colour of the whole limb (especially paleness or blue colour)
- the skin over the fracture
- range of movement
- joint function above and below the injury site

Check whether:

- the limb is out of shape – compare one side with the other
- the limb is warm
- the limb (if swollen) is throbbing or getting bigger
- peripheral pulses are palpable

Management:

- Splint the site of the fracture/dislocation using a plaster backslab to reduce pain
- Elevate the limb – a sling for arm injuries, a pillow for leg injuries
- If in doubt over an injury, treat as a fracture
- Administer analgesia to patients in severe pain. If not allergic, give morphine (preferable); if allergic to morphine, use fentanyl
- Consider compartment syndrome where pain is severe and unrelieved by splinting and elevation or two doses of analgesia
- X-ray if available

Text C

Drug Therapy Protocol:

Authorised Indigenous Health Worker (IHW) must consult Medical Officer (MO) or Nurse Practitioner (NP). Scheduled Medicines Rural & Isolated Practice Registered Nurse may proceed.

Drug	Form	Strength	Route of admin.	Recommended dosage	Duration
Morphine	Ampoule	10mg/mL	IM/SC	Adult only: 0.1 – 0.2 mg/kg to a max of 10mg	Stat
			IV (IHW may not administer IV)	Adult only: Initial dose of 2mg then 0.5-1mg increments slowly, repeated every 3 -5 minutes if required to a max. of 10mg	Further doses on MP/NP order

Use the lower end of dose range in patients ≥ 70 years.

Provider Consumer Medicine Information: advise can cause nausea and vomiting, drowsiness.

Respiratory depression is rare – if it should occur, give naloxone.

Text D

Technique for plaster backslab for arm fractures – use same principle for leg fractures

1. Measure a length of non-compression cotton stockinette from half way up the middle finger to just below the elbow. Width should be 2-3cm more than the width of the distal forearm.
2. Wrap cotton padding over top for the full length of the stockinette – 2 layers, 50% overlap.
3. Measure a length of plaster of Paris 1cm shorter than the padding/stockinette at each end. Fold the roll in about ten layers to the same length.
4. Immerse the layered plaster in a bowl of room temperature water, holding on to each end. Gently squeeze out the excess water.
5. Ensure any jewellery is removed from the injured limb.
6. Lightly mould the slab to the contours of the arm and hand in a neutral position.
7. Do not apply pressure over bony prominences. Extra padding can be placed over bony prominences if applicable.
8. Wrap crepe bandage firmly around plaster backslab.

Fractures, dislocations and sprains: Questions

Questions 1 – 7

For each question, **1 – 7**, decide which texts (**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. procedures for delivering pain relief?

2. the procedure to follow when splinting a fractured limb?

3. what to record when assessing a patient?

4. the terms used to describe different types of fractures?

5. the practitioners who administer analgesia?

.....

6. what to look for when checking an injury?

7. how fractures can be caused?

Questions 8 – 15

Answer each of the questions, **8 – 15**, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

8. What should be used to elevate a patient's fractured leg?

9. What is the maximum dose of morphine per kilo of a patient's weight that can be given using the intra-muscular (IM) route?

10. Which parts of a limb may need extra padding?

11. What should be used to treat a patient who suffers respiratory depression?

- 12.** What should be used to cover a freshly applied plaster backslab?
- 13.** What analgesic should be given to a patient who is allergic to morphine?
- 14.** What condition might a patient have if severe pain persists after splinting, elevation and repeated analgesia?

Questions 15 – 20

Complete 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.** Falling on an outstretched hand is a typical cause of a of the elbow.
- 16.** Upper limb fractures should be elevated by means of a

17. Make sure the patient isn't wearing any on the part of the body where the plaster backslab is going to be placed.

18. Check to see whether swollen limbs are or increasing in size.

19. In a plaster backslab, there is a layer of closest to the skin.

20. Patients aged and over shouldn't be given the higher dosages of pain relief.

END OF PART A

THIS QUESTION PAPER WILL BE COLLECTED

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 answer (**A**, **B** or **C**) which you think fits best according to the text.

1. The manual informs us that the Blood Pressure Monitor
- A. is likely to interfere with the operation of other medical equipment.
 - B. may not work correctly in close proximity to some other devices.
 - C. should be considered safe to use in all hospital environments.

Instruction Manual: Digital Automatic Blood Pressure Monitor

Electromagnetic Compatibility (EMC)

With the increased use of portable electronic devices, medical equipment may be susceptible to electromagnetic interference. This may result in incorrect operation of the medical device and create a potentially unsafe situation. In order to regulate the requirements for EMC, with the aim of preventing unsafe product situations, the EN60601-1-2 standard defines the levels of immunity to electromagnetic interferences as well as maximum levels of electromagnetic emissions for medical devices. This medical device conforms to EN60601-1-2:2001 for both immunity and emissions. Nevertheless, care should be taken to avoid the use of the monitor within 7 metres of cellphones or other devices generating strong electrical or electromagnetic fields.

2.The notice is giving information about

- A. ways of checking that an NG tube has been placed correctly.
- B. how the use of NG feeding tubes is authorised.
- C. which staff should perform NG tube placement.

NG feeding tubes

Displacement of nasogastric (NG) feeding tubes can have serious implications if undetected. Incorrectly positioned tubes leave patients vulnerable to the risks of regurgitation and respiratory aspiration. It is crucial to differentiate between gastric and respiratory placement on initial insertion to prevent potentially fatal pulmonary complications. Insertion and care of an NG tube should therefore only be carried out by a registered doctor or nurse who has undergone theoretical and practical training and is deemed competent or is supervised by someone competent. Assistant practitioners and other unregistered staff must never insert NG tubes or be involved in the initial confirmation of safe NG tube position.

3. What must all staff involved in the transfusion process do?

- A. Check that their existing training is still valid.
- B. Attend a course to learn about new procedures.
- C. Read a document that explains changes in policy.

'Right Patient, Right Blood' Assessments

The administration of blood can have significant morbidity and mortality. Following the introduction of the 'Right Patient, Right Blood' safety policy, all staff involved in the transfusion process must be competency assessed. To ensure the safe administration of blood components to the intended patient, all staff must be aware of their responsibilities in line with professional standards.

Staff must ensure that if they take any part in the transfusion process, their competency assessment is updated every three years. All staff are responsible for ensuring that they attend the mandatory training identified for their roles. Relevant training courses are clearly identified in Appendix 1 of the Mandatory Training Matrix.

Part C

In this part of the test, there are two texts about different aspects of healthcare. For **questions 7 – 22**, choose the answer (**A, B, C** or **D**) which you think fits best according to the text.

Text 1: Sleep deprivation

Millions of people who suffer sleep problems also suffer myriad health burdens. In addition to emotional distress and cognitive impairments, these can include high blood pressure, obesity, and metabolic syndrome. 'In the studies we've done, almost every variable we measured was affected. There's not a system in the body that's not affected by sleep,' says University of Chicago sleep researcher Eve Van Cauter. 'Every time we sleep-deprive ourselves, things go wrong.'

A common refrain among sleep scientists about two decades ago was that sleep was performed by the brain in the interest of the brain. That wasn't a fully elaborated theory, but it wasn't wrong. Numerous recent studies have hinted at the purpose of sleep by confirming that neurological function and cognition are messed up during sleep loss, with the patient's reaction time, mood, and judgement all suffering if they are kept awake too long.

In 1997, Bob McCarley and colleagues at Harvard Medical School found that when they kept cats awake by playing with them, a compound known as adenosine increased in the basal forebrain as the sleepy felines stayed up longer, and slowly returned to normal levels when they were later allowed to sleep. McCarley's team also found that administering adenosine to the basal forebrain acted as a sedative, putting animals to sleep. It should come as no surprise then that caffeine, which blocks adenosine's receptor, keeps us

awake. Teaming up with Basheer and others, McCarley later discovered that, as adenosine levels rise during sleep deprivation, so do concentrations of adenosine receptors, magnifying the molecule's sleep-inducing effect. 'The brain has cleverly designed a two-stage defence against the consequences of sleep loss,' McCarley says. Adenosine may underlie some of the cognitive deficits that result from sleep loss. McCarley and colleagues found that infusing adenosine into rats' basal forebrain impaired their performance on an attention test, similar to that seen in sleep-deprived humans. But adenosine levels are **by no means the be-all and end-all** of sleep deprivation's effects on the brain or the body.

Over a century of sleep research has revealed numerous undesirable outcomes from staying awake too long. In 1999, Van Cauter and colleagues had eleven men sleep in the university lab. For three nights, they spent eight hours in bed, then for six nights they were allowed only four hours (accruing what Van Cauter calls a sleep debt), and then for six nights they could sleep for up to twelve hours (sleep recovery). During sleep debt and recovery, researchers gave the participants a glucose tolerance test and found striking differences. While sleep deprived, the men's glucose metabolism resembled a pre-diabetic state. 'We knew it would be affected,' says Van Cauter. 'The big surprise was the effect being much greater than we thought.'

Subsequent studies also found insulin resistance increased during bouts of sleep restriction, and in 2012, Van Cauter's team observed impairments in insulin signalling in subjects' fat cells. Another recent study showed that sleep-restricted people will add 300 calories to their daily diet. Echoing Van Cauter's results, Basheer has found evidence that enforced lack of sleep sends the brain into a

catabolic, or energy-consuming, state. This is because **it** degrades the energy molecule adenosine triphosphate (ATP) to produce adenosine monophosphate and this results in the activation of AMP kinase, an enzyme that boosts fatty acid synthesis and glucose utilization. 'The system sends a message that there's a need for more energy,' Basheer says. Whether this is indeed the mechanism underlying late-night binge-eating is still speculative.

Within the brain, scientists have glimpsed signs of physical damage from sleep loss, and the time-line for recovery, if any occurs, is unknown. Chiara Cirelli's team at the Madison School of Medicine in the USA found structural changes in the cortical neurons of mice when the animals are kept awake for long periods. Specifically, Cirelli and colleagues saw signs of mitochondrial activation – which makes sense, as 'neurons need more energy to stay awake,' she says – as well as unexpected changes, such as undigested cellular debris, signs of cellular aging that are unusual in the neurons of young, healthy mice. 'The number [of debris granules] was small, but it's worrisome because it's only four to five days' of sleep deprivation,' says Cirelli. After thirty-six hours of sleep recovery, a period during which she expected normalcy to resume, those changes remained.

Further insights could be drawn from the study of shift workers and insomniacs, who serve as natural experiments on how the human body reacts to losing out on such a basic life need for chronic periods. But with so much of our physiology affected, an effective therapy – other than sleep itself – is hard to imagine. 'People like to define a clear pathway of action for health conditions,' says Van Cauter. 'With sleep deprivation, everything you measure is affected and interacts synergistically to produce the effect.'

Text 1: Questions 7 – 14

4. In the first paragraph, the writer uses Eve Van Cauter's words to

- A. explain the main causes of sleep deprivation.
- B. reinforce a view about the impact of sleep deprivation.
- C. question some research findings about sleep deprivation.
- D. describe the challenges involved in sleep deprivation research.

5. What do we learn about sleep in the second paragraph?

- A. Scientific opinion about its function has changed in recent years.
- B. There is now more controversy about it than there was in the past.
- C. Researchers have tended to confirm earlier ideas about its purpose.
- D. Studies undertaken in the past have formed the basis of current research.

6. What particularly impressed Bob McCarley of Harvard Medical School?

- A. The effectiveness of adenosine as a sedative.
- B. The influence of caffeine on adenosine receptors.

- C. The simultaneous production of adenosine and adenosine receptors.
- D. The extent to which adenosine levels fall when subjects are allowed to sleep.

7. In the third paragraph, what idea is emphasised by the phrase **'by no means the be-all and end-all'**?

- A. Sleep deprivation has consequences beyond its impact on adenosine levels.
- B. Adenosine levels are a significant factor in situations other than sleep deprivation.
- C. The role of adenosine as a response to sleep deprivation is not yet fully understood.
- D. The importance of the link between sleep deprivation and adenosine should not be underestimated.

8. What was significant about the findings in Van Cauter's experiment?

- A. The rate at which the sleep-deprived men entered a pre-diabetic state.
- B. The fact that sleep deprivation had an influence on the men's glucose levels.

- C.** The differences between individual men with regard to their glucose tolerance.
- D.** The extent of the contrast in the men's metabolic states between sleep debt and recovery.

9. In the fifth paragraph, what does the word **'it'** refer to?

- A.** An enzyme.
- B.** New evidence.
- C.** A catabolic state.
- D.** Enforced lack of sleep.

10. What aspect of her findings surprised Chiara Cirelli?

- A.** There was no reversal of a certain effect of sleep deprivation.
- B.** The cortical neurons of the mice underwent structural changes.
- C.** There was evidence of an increased need for energy in the brains of the mice.
- D.** The neurological response to sleep deprivation only took a few hours to become apparent.

11. In the final paragraph, the quote from Van Cauter is used to suggest that

- A.** the goals of sleep deprivation research are sometimes unclear.
- B.** it could be difficult to develop any treatment for sleep deprivation.
- C.** opinions about the best way to deal with sleep deprivation are divided.
- D.** there is still a great deal to be learnt about the effects of sleep deprivation.

This is the end of the reading exam.

READING SUB-TEST - ANSWER KEY

PART A: QUESTIONS 1 – 20

- 1.C
- 2.D
- 3.B
- 4.A
- 5.C
- 6.B
- 7.A
- 8.(a) pillow / pillows
- 9.0.2mg (/kg)
10. 0.2mg (/kg)bony prominences
- 11.naloxone
- 12.crepe bandage
- 13.fentanyl
- 14.compartment syndrome
- 15.dislocation
- 16.sling
- 17.jewellery
- 18.throbbing
- 19.(cotton / non-compression) stockinette
- 20.70 / seventy (years/yrs)

PART B: QUESTIONS 1 – 6

1. B – may not work correctly in close proximity to some other devices
2. C – which staff should perform NG tube placement.

3. A – check that their existing training is still valid.

PART C: QUESTIONS 7 – 14

4. B – reinforce a view about the impact of sleep deprivation.

5. C – researchers have tended to confirm earlier ideas about its purpose.

6. C – the simultaneous production of adenosine and adenosine receptors.

7. A – sleep deprivation has consequences beyond its impact on adenosine levels.

8. D – the extent of the contrast in men's metabolic states between sleep debt and recovery.

9. D – enforced lack of sleep.

10. A – there was no reversal of a certain effect of sleep deprivation.

11. B – it could be difficult to develop any treatment for sleep deprivation.

OET WRITING EXAM.

OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: MEDICINE

TIME ALLOWED: **READING TIME: 5 MINUTES**
WRITING TIME: 40 MINUTES

36

Read the case notes below and complete the writing task which follows.

NOTES

Marjorie Jackson is a 40-year-old patient in your General Practice.

Patient History

Date of birth: 22/07/69

31/01/10

History: Complaining of poor sleep, no energy, loss of weight over past months

Recent bereavement – older sister died (heart attack six weeks ago)

Tearful + depressed

Family history of depressive illness – mother

Past history of post-natal depression

Examination: Thin, quiet

No physical abnormality on examination

Weight 62kg

Assessment: Reactive depression

Plan: Bereavement counselling – liaising with local social worker

22/02/10

Examination: Still very tearful; difficulty engaging in normal daily activities

Attending social worker on weekly basis

Increasingly withdrawn according to relatives

Weight 59.2kg

37

Assessment: Reactive depression

Plan: Institute anti-depressive drug therapy – doxepin 25mg nocte increasing to 100mg nocte over next 10 days

Continue counselling

16/03/10

Examination: Brought in by family

Very withdrawn; not giving answers to most questions

Relatives report refusing food at home last few days; not taking medication for last six days; muttering to herself at odd times – not seeming to make sense

Mild dehydration

Weight 56kg

Assessment: Depressive psychosis

Plan: Warrants urgent admission to hospital

Phone discussion with Dr J Blackthorne, Admitting Officer, Newtown Psychiatric Hospital – will accept patient

WRITING TASK

Using the information given in the case notes, write a letter of referral to Dr J Blackthorne, Admitting Officer, Newtown Psychiatric Hospital, Main Road, Newtown.

In your answer:

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

The body of the letter should be approximately 180-200 words.

OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: NURSING

TIME ALLOWED: READING TIME: 5 MINUTES
WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

39

NOTES

You are a Registered Nurse preparing Mrs Jasmine Thompson's discharge. Mrs Thompson has had a right total shoulder replacement. She is to be discharged home today with assistance from 'In-Home Nursing Service.'

Patient: Mrs Jasmine Thompson

Address: 73 White Road, Bayview

DOB: 01.07.1942

Age: 75

Social/family background:

Lives in single-storey house with large garden

Utilises cleaning services once a month

Widow. 1 daughter – lives in Bayview. 1 son – married

w/ 2 children, lives in Stillwater.

Daughter will stay with mother 1 month post-op.

Medical History: R humerus fracture – 1997

Osteoarthritis – r shoulder which has not responded to conservative treatment
Chronic R shoulder pain - ↓ movement and ability to carry out activities of daily living (ADL)

Medication: Voltaren 50mg daily (ceased 14 days pre-operatively)
Panadeine Forte (codeine/paracetamol) 30/500mg x 2, 6hrly
6.r.n.

40

Admission diagnosis: R shoulder osteoarthritis

Medical treatments record:

11.07.17 – total shoulder replacement (TSR)

Medical progress: Post-op R shoulders x-rays – confirm position of TSR

Post-op exercise regime – compliant with physiotherapy

Post-op bloods – within normal limit

Post-op pain mgmt. – analgesia, cold compress r-shoulder

R shoulder wound – clean & dry, drain site – clean & dry

Plan for discharge home today, nurse to assist at home

Nursing management:

Observations – T, P, R, BP (all within normal range)

Neurovascular observations – colour, warmth,
movement
Oral analgesia
Wound care and observations
Cold compress/shoulder-brace 4 hours per day
ADL assistance as req'd

Physiotherapy management:

Exercises as per TSR protocol – neck range of
movement
exercises & elbow and hand and pendular
Cryo cuff (cold compress) 4 hours per day
Discharge education
Follow-up physiotherapy outpatients appt
Referral to community hydrotherapy

Discharge plan:

- Patient discharge education – Post TSR:
- R arm sling 4 wk & No lifting 4 wk
 - Physio outpatients x 2 per wk, plus hydrotherapy x 1 per wk
 - 10 days post-op staples removal, follow-up appointment in Orthopaedic Joint Replacement Outpatient Dept
 - Orthopaedic Joint Replacement Nurse Specialist contactable by calling hospital, Mon-Fri, for any concerns
 - Referral to 'In-Home Nursing Service' – assist with showering, administration of LMWH (Clexane) subcutaneous for 4 days as DVT (deep vein thrombosis prophylaxis)

WRITING TASK

Using the information given in the case notes, write a letter of referral to Ms, Roberts, a home nurse, informing her of the patient's situation and requesting appropriate care. Address the letter to Ms Nita Roberts, In-Home Nursing Service, 79 Beachside St, Bayview.

In your answer:

- **Expand the relevant notes into complete sentences.**
- **Do not use note form.**
- **Use letter format.**

The body of the letter should be approximately 180-200 words.

OET SPEAKING EXAM.

OET Speaking Role-play

EXAMINER CARD NO. 1 | MEDICINE

SETTING Suburban General Practice

PATIENT You are 45 years old, married with three teenage children. You run a successful consultancy business. Three months ago, your mother-in-law was diagnosed with Alzheimer's disease and she is now living with you. You are finding it difficult to balance your family and work commitments, and are worried about how you will manage to support your mother-in-law. Your anxiety has been causing you to have problems with sleeping at night. You have come to see the doctor to request sleeping pills.

- TASK**
- Request sleeping pills, as you are sure these will help you to feel better.
 - Be insulted when the doctor cautions you against the risks of dependency (you are not someone likely to get addicted to medications).
 - Become angry when the doctor declines your request. You are sure sleeping pills will help to cure your anxiety.
 - Reluctantly agree to attend counselling for stress management.

CANDIDATE CARD NO. 1 | MEDICINE

SETTING Suburban General Practice

PATIENT Your patient is 45 years old, married with three teenage children. He/she runs a successful consultancy business. Three months ago, his/her mother-in-law was diagnosed with Alzheimer's disease and she is now living with the family. The patient is finding it difficult to balance family and work commitments, and is worried about how you will manage to support the mother-in-law. Anxiety has been causing your patient to have problems with sleeping at night. He/she has come to see the doctor to request sleeping pills.

- TASK**
- Explain to the patient that you are reluctant to prescribe sleeping pills (e.g. risk of dependency, etc.).
 - Refuse to prescribe the sleeping pills but reassure the patient that anxiety can be managed by alternative methods (e.g. self-care techniques, dietary measures, exercise, etc.).
 - Counsel the patient on the role of stress management and sleep hygiene (e.g. focus on routines and natural rhythms, making sleeping environments more restful) in relieving anxiety.
 - Try to convince the patient to accept a referral to see a counsellor/psychologist for stress management.

EXAMINER CARD NO. 1 | NURSING

SETTING	Hospital Ward
PATIENT	<p>Last night, following an acute attack of asthma, your family brought you into the emergency department of your local hospital for treatment. You have never had an asthma attack prior to this one. Currently you are being held in the hospital for observation purposes. You anticipate that you will be discharged within 2-3 hours and you suddenly realise not only that you have had a fright, but that you know little about asthma, e.g., what causes it, how it is treated, and possible long-term effects.</p>
TASK	<ul style="list-style-type: none">• Express concern about your condition.• Find out about asthma, its causes and how it can be treated. You have heard stories about people dying from asthma attacks.• Be anxious about the proposal to use a Ventolin inhaler – people have told you about its misuse.• Ask about your long-term prospects now that you have had an asthma attack and been held in hospital overnight for observation.

OET Speaking Role-play

CANDIDATE CARD NO. 1 | NURSING

SETTING

Hospital Ward

PATIENT

This patient was brought into the emergency department of your hospital late last night suffering from an acute asthma attack. He/she is currently being held for observation. The patient has had a fright and is very concerned about his/her condition.

TASK

- Explain what asthma is (e.g., a chronic disease of the airways, etc.)
- Discuss the causes, such as environmental factors and an inherited predisposition.
- Explain the treatment, for example, a Ventolin (salbutamol) inhaler, and how to use such an inhaler.
- Discuss the prognosis for asthma patients.
- Deal with the patient's anxiety about the problem, emphasising that asthma can be controlled.

‘Let us make **our future** now, and
let us make our dreams
tomorrow’s reality.’
– Malala Yousafzai

HAVE A QUESTION?

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24/7 for more information.

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