



# OET GUIDE & TIPS FOR PAKISTANI DOCTORS

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*By Dr Muhammad Tufail*

All you need to know about OET, from beginning of your Journey to the Exam day

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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# Preface

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First of All I am thankful to Almighty Allah who gave me the ability to write these notes. Afterwards I am thankful to my parents whose continuous support and prayers are worthless.

In the last, special thanks to my Colleagues Dr Saad Asmat, Dr Immad-din, Dr Shahid-Hussain, Dr Hujjat-Ullah, Dr Waqar Ahmad, Dr Hira Khalil, Dr Aamna & Dr Ayesha whose help enabled me and supported me to write these notes.

This Guidebook contain all you need for your OET, including introduction and examples of OET subtests, method of registration, study materials, tips and solved letters and speaking cards.

To get continuous help regarding each module of OET, join our Facebook group

<https://www.facebook.com/groups/559850324901968/?ref=share> **OR** send your Whatsapp number on email [muhammadtufailbkmc@gmail.com](mailto:muhammadtufailbkmc@gmail.com) or [doctorhirakhalil@gmail.com](mailto:doctorhirakhalil@gmail.com) to add you in our whatsapp group

# OET (OCCUPATIONAL ENGLISH TEST)

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It is an English language test for health care professionals like doctors, nurses, dentists, physiotherapist and etc. It assesses the communication skills of health care professional who wish to get registered with the medical councils (health regulatory authority) of English-speaking countries.

## Types

- Paper-based (best, held in Pakistan)
- Computer-based

## Parts/Modules of this test (OET)

- A. Listening
- B. Reading
- C. Writing
- D. Speaking

## Centers in Pakistan

- **Islamabad** (Iqra University, PLOT no.5, Sector H-9, Khayaban-e-Johar)
- **Lahore** (SICAS Main School, School Avenue, Off Bedian Road, Lahore)
- **Karachi** (LE'COLE FOR ADVANCED STUDIES,211 KHAYABAN-E-SHAHEEN, PHASE-8, DHA KARACHI)

## COMPARISON WITH IELTS

This test is easier than IELTS as you don't need too much vocabulary because everything in this test is relevant to our profession and daily hospital communications.

## Who recognize OET ?

OET results are accepted as proof of English Language skills in the UK, USA, Ireland, Australia, New Zealand, Dubai, Singapore, Malta, Namibia and Ukraine.

For More Info, Click

<https://www.occupationalenglishtest.org/test-information/who-recognises-oet/>

## Registration procedure / How to apply

Click on the following link, you'll be redirected to the registration page;

Link <https://registration.myoet.com/login.jsp>

### Requirements for registration;

- Valid National ID card / Passport
- Credit/Debit Card ( Should be activated for online/inter-national transactions. You should call your bank customer care center to activate your card for online transactions)
- Passport size photo ( 200KB—2MB, white background, less than 3 months old)

BOOKING FEE : (587 AUD + 4.5% international tax + 0.6% local govt tax)

Special needs ;

They can provide special Auditory devices and a paper with enlarged text if someone is having any problem with the ears and eyes.

## Scoring in OET

- Every module has 500 total marks (listening=500, reading=500, writing=500, speaking=500)
- If you have completed house job / internship then you need to achieve at least **350 (Grade B)** marks in each module, in order to be eligible for working as a health professional in English speaking countries.
- If you go there before completing house job then you need to achieve **400** marks in each module.

<u>MARKS</u>	<u>GRADE</u>
450-500	Grade A
<b>350-450</b>	<b>Grade B</b>
300-340	Grade C+
200-290	Grade C
100-190	Grade D
0-----90	Grade E

# Study Materials

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## Listening test

1. Jashan collection  
[https://drive.google.com/drive/folders/1Ktx8fePReeRX\\_idUv0SBo\\_1oNKn2LTh?usp=sharing](https://drive.google.com/drive/folders/1Ktx8fePReeRX_idUv0SBo_1oNKn2LTh?usp=sharing)
2. Mock Tests  
<https://drive.google.com/drive/folders/1GZtwc1KM1W0aEsItF2PtiumX8g6tmpy?usp=sharing>
3. Regular Listening to HEALTH-PROFESSIONAL-RADIO  
<https://www.youtube.com/channel/UCslwQQZmTN6YHoQagMVwmwg>

## Reading Test

1. Jashan collection  
<https://drive.google.com/file/d/1AvhFywJWpqXsJevfmKpgKWIRbCUFFgKm/view?usp=sharing>
2. Maggy Rayyan Collection (VOL 1, VOL 2, VOL 3)  
<https://drive.google.com/drive/folders/1DRweLj1zhblIGm0SJoooyrMw-NiWyNYV?usp=sharing>
3. OET updated reading for all professions  
<https://drive.google.com/file/d/1AWXdXqh6SHCYOk2se3byiwaezZI9ds-g/view?usp=sharing>

## Writing Test

1. **OET grammar**  
[https://drive.google.com/file/d/1AT-Mf-s\\_glpLNA38ggLL2SpdVis2CYvO/view?usp=sharing](https://drive.google.com/file/d/1AT-Mf-s_glpLNA38ggLL2SpdVis2CYvO/view?usp=sharing)  
(Note: The most commonly used grammar is already given on page no.....) of this notes
2. **OET official letters**  
<https://drive.google.com/drive/folders/1B0aNadCx6gTQCwwn2iEL76lwEGQjrkul?usp=sharing>
3. **50 samples**  
<https://drive.google.com/file/d/1AqDsU1ZpjJWcBoHLY62AegRnpvJiPtXh/view?usp=sharing>  
(Note: Only use their case-notes to write your own letters, never follow their solved/written letters because these letters are not written by Authentic Author and there are a lot of mistakes.)
4. **Benchmark-corrected letters**  
<https://drive.google.com/drive/folders/1As8LyKZYuFZVvddOJPnpFaEUJCDwuHJR?usp=sharing>

## Speaking Test

1. Memorize **REASSURING WORDS**.....given on page # **87** of this guide book
2. Practice **Official OET sample Cards**  
<https://drive.google.com/drive/folders/1BTKT3KWqcRjZuglTzHZFYVSpKnt01QwL?usp=sharing>  
<https://youtu.be/86XzmEjLZT4> (Video for sample 1 of the above link)  
<https://youtu.be/U4YJj0r2AWg> (Video for sample 2 of the above link)

Click the above 2 video links to watch how OET officials have performed

3. Practice the Role-Play cards Given in **FUTURELAND** book

[https://drive.google.com/file/d/1JeKapmr8qsQk\\_x2xAeHGja4XTtwYlpSi/view?usp=sharing](https://drive.google.com/file/d/1JeKapmr8qsQk_x2xAeHGja4XTtwYlpSi/view?usp=sharing)

Read a few difficult cards , solved on page # **90** of this guide-book

## As a Beginner, What to do?

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1. If you are committed to go abroad and practice medicine in English-speaking-countries, then **BOOK OET TEST** by clicking this link <https://registration.myoet.com/login.jsp>
2. If you are weak in English then book the test at least 60 days prior to exam
3. Download all the study material given on the previous page
4. To start your study, first of all read the description of the 4 modules (listening , reading , writing and speaking) in this book superficially to understand the basic idea of each module
5. Practice only **Reading** materials from jashan or other mentioned files for at least 5 days, to build study stamina and some vocabulary.
6. After 5 days, start practicing regular **Listening** (from the mentioned materials) and **Writing** (from the mentioned materials) along with **reading & speaking on alternate days**, continue it till the last week of exam (LISTENING AND WRITING are difficult modules and need time to develop skills.
7. Practice all modules **simultaneously in the last week** of exam.

Along with that, listen to the health professional radio

<https://www.youtube.com/channel/UCslwQQZmTN6YHoQagMVwmwg> on regular basis.

## Description and Tips for Each Module

## Listening Test (40—45 minutes)

In this test you'll hear different recorded audios and you'll answer accordingly

LISTENING TEST (42 Questions)		
30 Questions need to be answered correctly		
PART A	PART B	PART C
2 recordings (24 Questions)	6 short recordings (6 Questions)	2 long recordings (12 Questions)
In each recording, you'll hear a conversation between a health care professional and a patient	You'll hear either a conversation between two persons or a SHORT presentation by a health professional	You'll hear either a conversation between two persons or a LONG presentation by a health professional
12 questions in each recording	1 Question in each recording	6 questions in each recording
Fill in the Blanks	MCQs	MCQs

Before the start of each recording you'll be given time to read the questions on paper;

For Part A 30 seconds will be given before each recording

For Part B 15 seconds will be given before each recording and 5 seconds after the recording

For Part C 90 seconds will be given before each recording

Example of each part is given on subsequent pages

# Example of Listening 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 1-24**, complete the notes with information you hear.

Now, look at the notes for extract 1.

## Extract 1: Questions 1-12

You hear a physiotherapist talking to a new patient called Ray Sands. For **questions 1-12**, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

**Patient** Ray Sands

**18 months ago** • back injury sustained (lifting **(1)** \_\_\_\_\_)

**1 year ago** • sciatica developed

**6 months ago** • clear of symptoms

**Last month** • recurrence of symptoms

**Patient's description of symptoms**

- pain located in **(2)** \_\_\_\_\_
- pain described as **(3)** \_\_\_\_\_
- loss of mobility
- problems sleeping
- mentions inability to **(4)** \_\_\_\_\_ as most frustrating aspect
- **(5)** \_\_\_\_\_ sensation (calves)
- general numbness in affected area

**Occupation** • **(6)** \_\_\_\_\_ (involves travel/some manual work)

**Initial treatment** • prescribed NSAIDs

- application of **(7)** \_\_\_\_\_ (provided some relief)

**Referrals** • **(8)** \_\_\_\_\_ (briefly)

- sports injury specialist for manipulation and exercise programme

**Further treatment** • epidural injections

- **(9)** \_\_\_\_\_
- electrical impulses
- decided not to try **(10)** \_\_\_\_\_
- patient attributes recovery to **(11)** \_\_\_\_\_

**Previous diagnosis** • sciatica probably related to **(12)** \_\_\_\_\_

- reports no history of pain in buttocks

## Extract 2: Questions 13-24

You hear a consultant dermatologist talking to a patient called Jake Ventor. For **questions 13-24**, complete the notes with a word or short phrase.

You now have thirty seconds to look at the notes.

**Patient** Jake Ventor

**Reason for referral** • skin lesion

**Patient's description of condition**

- on the **(13)** \_\_\_\_\_ of his left hand
- preceded by **(14)** \_\_\_\_\_
- then **(15)** \_\_\_\_\_ form and join up
- surrounding erythema
- GP describes appearance of lesion as **(16)** \_\_\_\_\_
- normally resolves within two weeks

**History of condition** • first experienced in 1990s when living in China

- also had a lesion on his **(17)** \_\_\_\_\_ – never recurred there
- recurs regularly on different parts of his left hand
- not becoming more **(18)** \_\_\_\_\_
- no apparent link to general state of health, **(19)** \_\_\_\_\_ or stress

**Medical history** • **(20)** \_\_\_\_\_ on lower back in 2006 – no sign of recurrence

- reports no history of **(21)** \_\_\_\_\_

**Information given** • advised that **(22)** \_\_\_\_\_ was unlikely to be effective

- told him to take care if the skin is **(23)** \_\_\_\_\_ - \_\_\_\_\_

**Outcome** • says his quality of life isn't affected

- a **(24)** \_\_\_\_\_ will be arranged

Click on the link to hear the audio for the above two extracts of part A

[https://drive.google.com/file/d/1EJ5ID2G0G\\_T9FJb4d5NpHIT4p5UxuYKr/view?usp=sharing](https://drive.google.com/file/d/1EJ5ID2G0G_T9FJb4d5NpHIT4p5UxuYKr/view?usp=sharing)

# Example of Listening Part B

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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.

**25.** You hear a nurse briefing her colleague about a patient.

What does she warn her colleague about?

- A. The patient is allergic to some types of antibiotics.
- B. Care must to be taken to prevent the patient from falling
- C. Oxygen may be needed if the patient becomes breathless.

**26.** You hear the manager of a care home for the elderly talking to the nursing staff.

He says that errors in dispensing medication to patients usually result from

- A. interruptions while calculating dosages.
- B. a failure to check for patients' allergies.
- C. administering drugs late in the day.

**27.** You hear part of a morning briefing on a hospital ward.

What is the plan for the patient today?

- A. Her emotional state will be carefully observed.
- B. She will be transferred to a more specialised unit.
- C. A social worker will come to see what help she needs.

28. You hear part of an ante-natal consultation at a GP practice.

What does the patient want to know about?

- A. the advisability of a home birth
- B. ways of avoiding post-natal depression
- C. what painkillers might be available during labour

29. You hear a trainee doctor telling his supervisor about a problem he had carrying out a procedure.

The trainee feels the cause of the problem was

- A. treatment administered previously.
- B. the patient's negative reaction.
- C. inappropriate equipment.

30. You hear a doctor talking to a teenage boy who has a painful wrist.

The doctor wants to establish whether

- A. a fracture may be misaligned.
- B. the swelling may be due to a sprain.
- C. there may be more than one bone affected

To listen the audio for the above part B, click on this link

[https://drive.google.com/file/d/1EJ\\_qscyQ0nHGICjNSZeCigVGwSyilmqF/view?usp=sharing](https://drive.google.com/file/d/1EJ_qscyQ0nHGICjNSZeCigVGwSyilmqF/view?usp=sharing)

# Example of Listening Part C

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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 an interview with a cardiologist called Dr Jack Robson, who's an expert on Chagas disease.

You now have 90 seconds to read **questions 31-36**

- 31.** Why does Dr Robson regard Chagas as a neglected disease?
- A** because of the social groups it mainly affects
  - B** because patients often don't realise they're infected
  - C** because its impact is severe in a relatively small number of cases
- 32.** Dr Robson says that concerns over Chagas in the USA are the result of
- A** a rise in the number of people at risk of being infected with the disease.
  - B** a greater awareness of how many people there have the disease.
  - C** an increased prevalence of the insect which carries the disease.
- 33.** A patient called Marisol recently asked Dr Robson to test her for Chagas because
- A** she was worried about the health of any children she might give birth to.
  - B** she wanted to know whether it was safe for her to donate blood.
  - C** she thought she had symptoms associated with the disease.
- 34.** What problem does Dr Robson identify in the case of a patient called Jennifer?
- A** an unwillingness to accept that she was ill
  - B** an inability to tolerate the prescribed medicine
  - C** a delay between the initial infection and treatment

**35.** What does Dr Robson say about his patient called Juan?

- A** The development of his illness was typical of people with Chagas.
- B** An incorrect initial diagnosis resulted in his condition worsening.
- C** The medication he took was largely ineffective.

**36.** Dr Robson thinks the short-term priority in the fight against Chagas is to

- A** increase efforts to eliminate the insects which carry the parasite.
- B** produce medication in a form that is suitable for children.
- C** design and manufacture a viable vaccine.

OET GUIDE BY DR TUFAIL

## Extract 2: Questions 37-42

You hear an occupational therapist called Anna Matthews giving a presentation to a group of trainee doctors.

You now have 90 seconds to read **questions 37-42**.

- 37.** Anna says that the main focus of her work as an occupational therapist is
- A** designing activities to meet the changing needs of each patient.
  - B** making sure she supports patients in reaching their goals.
  - C** being flexible enough to deal with patients of all ages.
- 38.** When Anna first met the patient called Ted, she was
- A** unable to identify completely with his attitude.
  - B** optimistic that he would regain full mobility.
  - C** mainly concerned about his state of mind.
- 39.** Because Ted seemed uninterested in treatment, Anna initially decided to focus on
- A** what he could achieve most easily.
  - B** allowing him to try and help himself.
  - C** making him come to terms with his injuries.
- 40.** Anna feels that, in the long term, her therapy helped Ted because
- A** it led him to become less emotional.
  - B** it made him appreciate the need for patience.
  - C** it showed him there was something to work towards.
- 41.** Anna describes the day Ted had his plaster casts removed in order to
- A** demonstrate how slow any progress can seem to patients.
  - B** illustrate the problems caused by raising a patient's hopes.
  - C** give advice on what to do when patients experience setbacks.

42. Anna suggests that when patients like Ted recover enough to go home, they are often

- A too ambitious in what they try to achieve initially.
- B able to build on the work of the occupational therapist.
- C held back by the over-protective attitude of family members.

**That is the end of Part C.**

**You now have two minutes to check your answers.**

To listen to the audio for the above Part C, click

<https://drive.google.com/file/d/1ELPaCY0mxaqzcfHiCrU3MOjj-V9SGPC/view?usp=sharing>

To see the answer of this listening example, click

<https://drive.google.com/file/d/1KjBLSzYkoTbyeQa6sbl54lwXnpQRwCB/view?usp=sharing>

# Tips For Listening Practice/Test

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## During Practice/Preparation:

1. The **MOST IMPORTANT TIP FOR LISTENING** is that we should start listening practice from the very beginning and continue it till exam.
2. Listen to the instructions given to you in listening test and get yourself familiar with that
3. Don't worry if you miss an answer as you work through the task – continue to move forward with the recording, otherwise you will miss the next question, too.
4. Listen to this channel..... whenever you are bore of study materials, it's very helpful in improving part B and C specifically. It can also improve your understanding of british accent (ACCENT—**LEHJA** in urdu)

## **Tips for Listening Part A**

5. Use the 30 seconds time wisely
6. Look at the headings and sub-headings
7. Underline the keywords before and after the **BLANKS** in part A
8. Pay more attention to the words of the patient in Part A
9. Predict the answer. We can predict the answer in most of the questions. For example “diagnosed with\_\_\_\_\_”. As a doctor we can predict the answer is going to be a disease/condition.
10. We are allowed to use universally-accepted/most-common abbreviations such as BP, ECG, DM etc.
11. Small spelling mistakes are allowed as long as it doesn't change the meaning.
12. You'll hear the recording only one time, therefore you need to write the answer as you listen. Stay focused on listening because sometimes 2 answers will come too quickly.

## **Tips For Listening Part B**

13. Listen to the instruction and familiarize yourself with that
14. In part B, you have to take out the main idea of the conversation/short presentation
15. Use the 15 second time before the audio begins to focus on the question being asked, and it's answer options
16. As the audio starts, hide the answer options with your hand , keep your eyes on the question and listen to the audio carefully
17. **BEWARE OF FLIPPER:** sometimes they'll try to confuse you by talking about one answer option for long time and will try to convince you that this one is correct option. But suddenly they will flip their statement at the end moment (switch to another option), therefore, try to listen carefully till the end.

18. You'll be given 5 seconds in the end of audio to answer the question. Fill the circle of answer with pencil before the next question starts.
19. Target score 4+

### **Tips For Listening Part C**

20. Listen to the instructions and familiarize yourself with that
21. use the 90 second time wisely before the start of recording. In this time, read the questions on the paper with their answer options and try to understand them.
22. Underline the Key words.
23. In Part C of the Listening Test, you have to keep track of which question the recording is referring to. Read the questions carefully before the recording begins so you have a clear idea of what the audio for each question covers.
24. **MULTI-TASKING** : As the audio starts, focus on multi-tasking – which means you have to read the questions/underlined key words and listen to the audio at the same time. Although it's very difficult but you can learn it with regular practice.
25. Target score 8+

### **During Last week of Exam & Exam Day**

#### **Part A**

1. **Skip listening to the instructions, as you are already familiar with that. Utilize that extra time of instructions and read Extract 1 (*this will keep you calm because you'll have more time for reading extract 1*)**

(Rest are the same as I explained before)

#### **Part B**

1. **Skip listening to the instructions, as you are already familiar with that. Utilize that extra time of instructions and read question no. 25**
2. (Rest are the same as I explained before)

## Part C

### Extract 1

1. Remember you'll be given an introduction audio at the end of listening part B, with which you already got familiarized during your exam preparation, that introduction will continue for about 50 seconds, and then you'll be given 90 seconds for reading extract 1. **Skip attention to that introduction and use that 50 seconds + 90 seconds** to read the questions of extract 1 with options, carefully.
2. Underline the Key words.
3. In Part C of the Listening Test, you have to keep track of which question the recording is referring to. Read the questions carefully before the recording begins so you have a clear idea of what the audio for each question covers.
4. **MULTI-TASKING** : As the audio starts, focus on multi-tasking – which means you have to read the questions/underlined key words and listen to the audio at the same time.

### Extract 2

#### A. FOR PEOPLE WITH GOOD LISTENING SKILLS

Unlike Extract 1, there will be no introduction audio for extract 2. Use the 90 seconds, given to you before the start of extract 2 audio, and do the following

1. Read all the 6 questions with their answer options
2. Underline the key words
3. Focus on multi-tasking while listening

#### B. FOR PEOPLE WITH AVERAGE LISTENING SKILLS

Use the 90 second time to

1. Read only 4 Questions with their answer options
2. Underline the key words
3. Focus on multi-tasking while listening
4. Skip listening to question number 5 (this will give you extra time to read question number 6)
5. After the audio is finished, guess the answer for question number 5

#### C. FOR PEOPLE WITH POOR LISTENING SKILLS

Use the 90 second time to

1. Read **ONLY** questions (don't read the answer options). 90 seconds are more than enough to read that questions again and again
2. Hide the answer options with your hand, Keep the questions in your mind and listen to the audio very carefully to find the answer in your audio.
3. After the whole audio is finished, read all the 6 questions with answer options and click the most probable answer that comes to your mind.

## Reading Test (60—minutes)

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In this test you'll read different health-related topics (Texts) and you'll answer accordingly

READING TEST (42 Questions)		
30 Questions need to be answered correctly		
PART A	PART B	PART C
4 Texts (20 Questions)	6 SHORT-Texts (6 Questions)	2 LONG-Texts (16 Questions)
You'll read 4 texts <b>(A,B,C,D)</b> and then you'll answer 20 Questions	For each SHORT text you'll answer 1 Question	For each LONG text, you'll answer 8 Questions
Fill in the blanks	MCQs	MCQs

# Example of Reading Part A

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(Note: Part A of reading test will be collected after 15 minutes . For part B and C they'll give you 45 minutes time)

## TEXT A

### Fractures, dislocations and sprains: Texts

**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.

## TEXT B

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 administration	Recommended dose	Duration
Morphine	Ampoule	10 mg/mL	IM/SC	<b>Adult only:</b> 0.1-0.2 mg/kg to a max. of 10 mg	Stat
			IV (IHW may not administer IV)	<b>Adult only:</b> Initial dose of 2 mg then 0.5-1 mg increments slowly, repeatedly 3-5 minutes if required to a max. of 10 mg	Further doses on MO/NP Order

Use the lower end of dose range in patients  $\geq 70$  years.

Provide 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 2–3 cm 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 1 cm 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.

**TIME:** 15 minutes

- Look at the four texts, **A-D**, in the separate **Text Booklet**.
- 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 be correctly spelt.

---

### Fractures, dislocations and sprains: 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** 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 8-14

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** 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.

# Example of Reading Part B

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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

---

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.

4. The guidelines establish that the healthcare professional should
- A aim to make patients fully aware of their right to a chaperone.
  - B evaluate the need for a chaperone on a case-by-case basis.
  - C respect the wishes of the patient above all else.

**Extract from chaperones: Guidelines for Good Practice**

A patient may specifically request a chaperone or in certain circumstances may nominate one, but it will not always be the case that a chaperone is required. It is often a question of using professional judgement to assess an individual situation. If a chaperone is offered and declined, this must be clearly documented in the patient's record, along with any relevant discussion. The chaperone should only be present for the physical examination and should be in a position to see what the healthcare professional undertaking the examination/investigation is doing. The healthcare professional should wait until the chaperone has left the room/cubicle before discussion takes place on any aspect of the patient's care, unless the patient specifically requests the chaperone to remain.

5. The guidelines require those undertaking a clinical medication review to
- A involve the patient in their decisions.
  - B consider the cost of any change in treatments.
  - C recommend other services as an alternative to medication.

### **Annual medication review**

To give all patients an annual medication review is an ideal to strive for. In the meantime there is an argument for targeting all clinical medication reviews to those patients likely to benefit most.

Our guidelines state that 'at least a level 2 medication review will occur', i.e. the minimum standard is a treatment review of medicines with the full notes but not necessarily with the patient present. However, the guidelines go on to say that 'all patients should have the chance to raise questions and highlight problems about their medicines' and that 'any changes resulting from the review are agreed with the patient'

It also states that GP practices are expected to

- minimise waste in prescribing and avoid ineffective treatments.
- engage effectively in the prevention of ill health.
- avoid the need for costly treatments by proactively managing patients to recovery through the whole care pathway.

6. The purpose of this email is to
- A report on a rise in post-surgical complications.
  - B explain the background to a change in patient care.
  - C remind staff about procedures for administrating drugs

**To:** All staff

**Subject:** Advisory email: Safe use of opioids

In August, an alert was issued on the safe use of opioids in hospitals. This reported the incidence of respiratory depression among post-surgical patients to an average 0.5% - thus for every 5,000 surgical patients, 25 will experience respiratory depression. Failure to recognize respiratory depression and institute timely intervention can lead to cardiopulmonary arrest, resulting in brain injury or death. A retrospective multi-center study of 14,720 cardiopulmonary arrest cases showed that 44% were respiratory related and more than 35% occurred on the general care floor. It is therefore recommended that post-operative patients now have continuous monitoring, instead of spot checks, of both oxygenation and ventilation.

# Example of 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

7. 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.
8. 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.
9. 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
10. 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

11. 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
12. 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
13. 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.
14. 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.

## Text 2: ADHD

The American Psychiatric Association (APA) recognised Attention Deficit Hyperactivity Disorder (ADHD) as a childhood disorder in the 1960s, but it wasn't until 1978 that the condition was formally recognised as afflicting adults. In recent years, the USA has seen a 40% rise in diagnoses of ADHD in children. It could be that the disorder is becoming more prevalent, or, as seems more plausible, doctors are making the diagnosis more frequently. The issue is complicated by the lack of any recognised neurological markers for ADHD. The APA relies instead on a set of behavioural patterns for diagnosis. It specifies that patients under 17 must display at least six symptoms of inattention and/or hyperactivity; adults need only display five.

ADHD can be a controversial condition. Dr Russell Barkley, Professor of Psychiatry at the University of Massachusetts insists; 'the science is overwhelming: it's a real disorder, which can be managed, in many cases, by using stimulant medication in combination with other treatments'. Dr Richard Saul, a behavioural neurologist with five decades of experience, disagrees; 'Many of us have difficulty with organization or details, a tendency to lose things, or to be forgetful or distracted. Under such subjective criteria, the entire population could potentially qualify. Although some patients might need stimulants to function well in daily life, the lumping together of many vague and subjective symptoms could be causing a national phenomenon of misdiagnosis and over-prescription of stimulants.'

A recent study found children in foster care three times more likely than others to be diagnosed with ADHD. Researchers also found that children with ADHD in foster care were more likely to have another disorder, such as depression or anxiety. This finding certainly reveals the need for medical and behavioural services for these children, but it could also prove the non-specific nature of the symptoms of ADHD: anxiety and depression, or an altered state, can easily be mistaken for manifestations of ADHD.

ADHD, the thinking goes, begins in childhood. In fact, in order to be diagnosed with it as an adult, a patient must demonstrate that they had traits of the condition in childhood. However, studies from the UK and Brazil, published in JAMA Psychiatry, are fuelling questions about the origins and trajectory of ADHD, suggesting not only that it can begin in adulthood, but that there may be two distinct syndromes: adult-onset ADHD and childhood ADHD. **They** echo earlier research from New Zealand. However, an editorial by Dr Stephen Faraone in JAMA Psychiatry highlights potential flaws in the findings. Among them, underestimating the persistence of ADHD into adulthood and overestimating the prevalence of adult-onset ADHD. In Dr Faraone's words, 'the researchers found a group of people who had sub-threshold ADHD in their youth. There may have been signs that things weren't right, but not enough to go to a doctor. Perhaps these were smart kids with particularly supportive parents or teachers who helped them cope with attention problems. Such intellectual and social scaffolding would help in early life, but when the scaffolding is removed, full ADHD could develop'.

Until this century, adult ADHD was a seldom-diagnosed disorder. Nowadays however, it's common in mainstream medicine in the USA, a paradigm shift apparently driven by two factors: reworked – many say less stringent – diagnostic criteria, introduced by the APA in 2013, and marketing by manufacturers of ADHD medications. Some have suggested that this new, broader definition of ADHD was fuelled, at least in part, to broaden the market for medication. In many instances, the evidence proffered to expand the definitions came from studies funded in whole or part by manufacturers. And as the criteria for the condition loosened, reports emerged about clinicians involved in diagnosing ADHD receiving money from drug-makers.

This brings us to the issue of the addictive nature of ADHD medication. As Dr Saul asserts, 'addiction to stimulant medication isn't rare; it's common. Just observe the many patients periodically seeking an increased dosage as their powers of concentration diminish. This is because the body stops producing the appropriate levels of neurotransmitters that ADHD drugs replace - a trademark of addictive substances.' Much has been written about the staggering increase in opioid overdoses and abuse of prescription painkillers in the USA, but the abuse of drugs used to treat ADHD is no less a threat. While opioids are more lethal than prescription stimulants, there are parallels between the opioid epidemic and the increase in problems tied to stimulants. In the former, users switch from prescription narcotics to heroin and illicit fentanyl. With ADHD drugs, patients are switching from legally prescribed stimulants to illicit ones such as methamphetamine and cocaine. The medication is particularly prone to abuse because people feel it improves their lives. These drugs are antidepressants, aid weight-loss and improve confidence, and can be abused by students seeking to improve their focus or academic performance. So, more work needs to be done before we can settle the questions surrounding the diagnosis and treatment of ADHD.

## Text 2: Questions 15-22

15. In the first paragraph, the writer questions whether
- A adult ADHD should have been recognised as a disorder at an earlier date.
  - B ADHD should be diagnosed in the same way for children and adults.
  - C ADHD can actually be indicated by neurological markers.
  - D cases of ADHD have genuinely increased in the USA.
16. What does Dr Saul object to?
- A the suggestion that people need stimulants to cope with everyday life
  - B the implication that everyone has some symptoms of ADHD
  - C the grouping of imprecise symptoms into a mental disorder
  - D the treatment for ADHD suggested by Dr Barkley
17. The writer regards the study of children in foster care as significant because it
- A highlights the difficulty of distinguishing ADHD from other conditions.
  - B focuses on children known to have complex mental disorders.
  - C suggests a link between ADHD and a child's upbringing.
  - D draws attention to the poor care given to such children.
18. In the fourth paragraph, the word **'They'** refers to
- A syndromes.
  - B questions.
  - C studies.
  - D origins
19. Dr Faraone suggests that the group of patients diagnosed with adult-onset ADHD
- A had teachers or parents who recognised the symptoms of ADHD.
  - B should have consulted a doctor at a younger age.
  - C had mild undiagnosed ADHD in childhood.
  - D were specially chosen by the researchers.

20. In the fifth paragraph, it is suggested that drug companies have
- A been overly aggressive in their marketing of ADHD medication.
  - B influenced research that led to the reworking of ADHD diagnostic criteria.
  - C attempted to change the rules about incentives for doctors who diagnose ADHD.
  - D encouraged the APA to rush through changes to the criteria for diagnosing ADHD.
21. In the final paragraph, the word 'trademark' refers to
- A a physiological reaction.
  - B a substitute medication.
  - C a need for research.
  - D a common request.
22. In the final paragraph, what does the writer imply about addiction to ADHD medication?
- A It is unlikely to turn into a problem on the scale of that caused by opioid abuse.
  - B The effects are more marked in certain sectors of the population.
  - C Insufficient attention seems to have been paid to it.
  - D The reasons for it are not yet fully understood.

**END OF READING TEST**  
**THIS BOOKLET WILL BE COLLECTED**

To read the answer of the above reading example, click on this link

[https://drive.google.com/file/d/1KmRnju2gSCmNr3Ku5YE2bmi\\_qp1IxWb/view?usp=sharing](https://drive.google.com/file/d/1KmRnju2gSCmNr3Ku5YE2bmi_qp1IxWb/view?usp=sharing)

# Tips for Reading Test

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Familiarize yourself with the Reading Test instructions in advance, so that on Test Day, you can focus on answering the questions.

## Reading Part A

The most important point regarding Part A is time management; you could easily manage your time by following this pattern;

1. When you begin Part A, you should start by looking briefly at each of the four texts in the test booklet to understand the type of information being provided in each text.
2. Skimming (reading just the main words of a text and avoid noticing “the, an, are etc.”)
3. Scanning (looking for particular information in a text)
4. Solve Question 8-20 then 1-7
5. Most importantly of all, if you get stuck on a question --move on! Don't waste your time just on searching for the answer of that question. You could find that answer later on.

Use correct spelling (American and British variation accepted)

Abbreviations are not accepted in the Reading sub-test unless they appear in the texts

## Reading Part B & C

Follow this order (Q-T-A pattern, Question→Text→Answer options)

1. Read the question and skip the answer options
2. Now read the Text Carefully
3. Now read the question with answer options
4. If still not found your answer then read the text once again
5. Exclude the incorrect options, eventually you'll get your answer

With this trick you can get 6/6 in Part B while 8/8 in Part C, Inshallah.

### Usual Experiences (**HOWEVER** and **SHOULD**)

While reading the texts and looking for answer, try to focus more on the word “**HOWEVER**” . Usually the sentence that starts with “**HOWEVER**” contain the information of the answer.

While reading the answer options, if you found the word “**SHOULD**” in any answer option, assume that this is wrong option.

## Special Advice

If you are poor in a particular part of reading, then focus more on that part. For example, if you are poor in part C of reading then PRACTICE READING PART Cs of about 5-6 tests in a row. By this, you'll get used to these bunch of information and you could improve a lot. *I have personally improved from 2/8 to 6/8 or even sometimes 8/8 in part C*

## Exam day Tips for those who are poor in reading

As a doctor we need only 30 questions to be corrected out of 42. Therefore, you could easily get 30 questions corrected by following this;

1. Focus more on PART A to get corrected most of these questions
2. If you are poor in reading and can't solve Part B , both extracts of Part C in 45 minutes, then CAREFULLY UTILIZE MOST OF THAT TIME in reading only PART B and ONE OF THE EXTRACT FROM PART C.. (you could easily solve all the questions of Part B and one extract of part C in 40 minutes)
3. In the remaining time, answer all the questions of Part C (2<sup>nd</sup> Extract) with the same option, blindly. If you answer all the questions with the same option, you still get 2/8

# Writing Test (45—minutes)

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In this test, you'll be given case notes. You'll use these case notes to write a letter to other health care professional.

Example of Case notes and its solved letter is present on subsequent pages

OET GUIDE BY DR TUFAIL

# Example of Writing Test

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## Case Notes

### Occupational English Test

**WRITING SUB-TEST: MEDICINE**  
**TIME ALLOWED: READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

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

---

#### **Notes:**

You are a GP in a city clinic. Mr Knowles is a new patient in your surgery.

#### **PATIENT DETAILS:**

**Name:** Mr Adam Knowles  
**DOB:** 22/08/1951 (age 68)

#### **Social background:**

Married, two grown-up children  
Recently retired management consultant  
Physically active, plays tennis/walks dog  
Non-smoker for past 10 years  
Social drinker

**Family history:** Nil significant

#### **Medical background:**

Severe childhood eczema  
2008: gall bladder removed due to gallstones  
History of depression past 4 years

**Medication:** 2016: started SSRI (fluoxetine)

#### **02.08.19**

**Discussion:** Heartburn/indigestion – OTC antacids – ineffective  
Pt concerned ?hernia

**Objective exam:** Full exam performed: NAD  
Wt: 94kg  
Omeprazole PPI 20 mg 2x/day for 8wks  
Ordered FBC and liver function test  
Review 4 wks

**30.08.19** No improvement in reflux symptoms  
Pt's main concern is now back pain  
New symptoms: diarrhoea, pale stools, abdominal pain on eating, fatigue  
Wt 12kg since last appointment (now 92kg)  
Abdomen tender on palpation, slightly swollen  
Yellow discolouration skin and eyes

**Pathology report:**

Bilirubin 9mg/dL (high)  
Amylase 400 u/L (high)  
ALT 60 u/L (slightly high)  
Albumin 6 g/dL (high)  
Alkaline phosphatase 120 u/L (slightly high)

**Discussion:** Discussion of examination findings and blood results with Pt

**Plan:** Urgent referral to gastroenterologist for assessment and endoscopy  
?Pancreatic malignancy – patient aware of possibility

**Writing Task:**

Using the information given in the case notes, write a letter of referral to Dr Desai, a gastroenterologist at City Hospital, for assessment of Mr Knowles. Address the letter to Dr Dev Desai, Gastroenterologist, City Hospital, Easton.

**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.

# Solved/Written Letter by OET officials for the above example

---

Dr Dev Desai  
Gastroenterologist  
City Hospital  
Easton

30 August 2019

Dear Dr Desai

Re: Mr Adam Knowles  
DOB: 22/08/1951

Thank you for seeing Mr Knowles, a 68-year-old retired management consultant, who requires urgent investigation of his upper GI symptoms.

Mr Knowles has lost 2kg over the last four weeks and his abdomen is slightly swollen and tender. His eyes and skin show signs of jaundice. His blood tests showed deranged liver function with raised bilirubin and enzymes. His amylase was also raised at 400u/L.

He first presented to me a month ago complaining of new-onset indigestion, which had not resolved despite him self-medicating with antacids. I prescribed a proton pump inhibitor (omeprazole 20mg twice daily) and asked to see him in 4 weeks' time. Today he reports having developed back pain and diarrhoea, pale stools, abdominal pain on eating, and fatigue. His indigestion has not improved.

Mr Knowles is usually fit and well and is a non-smoker. His past medical history includes a cholecystectomy in 2008 for gallstones. He drinks socially.

I would be grateful if you could see Mr Knowles at your earliest convenience for an endoscopy and assessment as I am concerned about the possibility of pancreatic cancer. I have discussed this possibility with Mr Knowles.

Yours sincerely

Doctor

# Tips for Writing Module

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In this chapter we will learn about

1. Types of letters
2. 6 writing criteria
3. How to write a referral letter?
  - Important points to keep in mind before starting writing
  - Template/Format of a referral letter
  - Writing letter according to the above template
4. How to write a discharge letter?
5. Special tips for the last week and exam day
6. The most commonly using grammar

# Types of Letters

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## 1. Referral Letter

- To an Emergency Registrar (urgent referral)
- To a specialist  
(Endocrinologist, Psychiatrist, Gastroenterologist etc.)
- To a Physiotherapist
- To an Occupational therapist

## 2. Discharge Letter

## 3. Transfer Letter

## Our main target is to fulfill 6 writing criteria

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1. **Purpose of letter** (*main medical issue/final diagnosis/main symptom+ what should the receiving doctor do with this patient?*)
2. **Content** (*Include all the relevant case notes*)
3. **Conciseness and clarity** (*Exclude all the irrelevant case notes*)
4. **Genre & Style** (*Formal word, No symbol, No local abbreviation, Precise, Non-judgmental, Clinical*)
5. **Organization & Layout** (*Proper structure, writing the most relevant information first*)
6. **Language** (*Grammar, Vocabulary, Spelling, Punctuation*)

# How to write a referral letter?

---

## **A. Important Points to keep in mind before starting writing:**

*Before writing a letter, ask yourself?*

1. Who you are writing to?
  - A specialist doctor (Endocrinologist, Psychiatrist, Orthopedic surgeon etc)
  - Physiotherapist
  - Occupational therapist
  - The patient's GP
2. Does the reader know the patient?
  - In western countries, people have family physicians OR a GP who already know about the past, family, social, medications and allergic histories
  - Usually the Specialist don't know the patient
  - *(Whenever you see the task as "write a letter of referral to the patient's GP" it means this patient has been seen by his physician and he knows about him)*
3. What type of letter is this?
  - Referral / discharge ?
  - Urgent referral ?

*When you start the letter, follow these principles,*

1. Select relevant case notes and avoid irrelevant, examples are;
  - If you are writing letter to a physiotherapist then the case notes "family history of hypertension" becomes irrelevant.
  - If you are writing to a the patient's family physician then the social, personal, family, past and allergic histories become irrelevant
2. Transform these relevant case notes into grammatical sentences and organize these sentences to a form of letter
3. Try to finish your letter within the word limit of **180 – 200** words.

**Always re-read your letter in the end to correct your apparent mistakes**

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# Parts of a referral Letter (Format)

1. Address	<ol style="list-style-type: none"> <li>2. Doctor's name</li> <li>3. Speciality</li> <li>4. Name of the hospital and address</li> <li>5. Today's date</li> <li>6. Dear (Doctor's last name)</li> <li>7. Re: Patient's full name, DOB/Age</li> </ol>
2. Introduction	<ol style="list-style-type: none"> <li>1. I am writing to refer / Thank you for seeing</li> <li>2. Patient's sure name</li> <li>3. Age</li> <li>4. Occupation/student/sex</li> <li>5. Clinical features/main medical issue</li> <li>6. What should the receiving dr do with this patient? Further?</li> </ol>
3. Body Paragraph 1 (Initial relevant Visit)	<ol style="list-style-type: none"> <li>1. Complaints and symptoms</li> <li>2. Examination findings</li> <li>3. Treatment <ul style="list-style-type: none"> <li>• Prescription/advice/investigations/review-schedule</li> </ul> </li> </ol>
4. Body Paragraph 2 (Subsequent Visit)	<ol style="list-style-type: none"> <li>1. Condition improved/deteriorated/new symptom developed?</li> <li>2. Examination findings</li> <li>3. Investigations results?</li> <li>4. Further Change any medication/ Add any advice/ recommendation</li> </ol>
5. Body Paragraph 3 (Today's Visit)	<ol style="list-style-type: none"> <li>1. Final condition</li> <li>2. Final investigation findings</li> <li>3. Final assessment</li> <li>4. Final treatment &amp; Plan</li> </ol>
6. Body Paragraph 4	<ol style="list-style-type: none"> <li>1. Personal history (marital-status/smoker/alcoholic/profession)</li> <li>2. Past Medical/Surgical History</li> <li>3. Medication History</li> <li>4. Relevant Family History</li> <li>5. Allergic history</li> </ol>
7. Conclusion	<ol style="list-style-type: none"> <li>1. In view of the above, it would be appreciated if you could assess Mr. Someone's condition and treat him accordingly</li> <li>2. In view of the above, your further attention to the condition of Mr. Someone would be appreciated</li> <li>3. In view of the above, it would be appreciated if you could take over further care of Mr. Someone</li> </ol>
8. Salutation	Should there be any queries, please do not hesitate to contact me
9. Closing	<ul style="list-style-type: none"> <li>• In case of given referred Doctor's name</li> </ul> <p>Yours sincerely, Doctor</p> <ul style="list-style-type: none"> <li>• In case of not given the referred Doctor's name</li> </ul> <p>Yours faithfully, Doctor</p>

## Urgent referral letter is a bit different than the above format

- **Usually** we write letter in chronological order of the visits (i.e First we write initial visits, then subsequent visits and then recent/today's visit)

Initial Visit → Subsequent visits → Recent/Today's visit

- **In urgent referral letter** we first write the recent visit, then initial and then subsequent visits

Recent/Today's Visit → Initial visit → Subsequent visits

# Now, Let's start writing a letter

Let's select a sample letter as an example and write it;

1. First we will go to the bottom and see , to who I am writing this letter
2. Then we will thoroughly read the case notes to get a generalized idea of the main medical issue/ suspected/definitive diagnosis
3. Keeping in mind the above two points, we will select relevant case notes
4. Then we will organize those sentences to give it the form of a letter

# Sample Letter case notes

---

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

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

## Notes:

**Today's Date** 29/12/2020

### Patient History

**Mr David Taylor**, 38 years old (DOB: 25 Dec 1982), married, 3 children

Landscape Gardener

Runs own business.

No personal injury insurance

Active, enjoys sports

Drinks 1-2 beers a day. More on weekends.

Smokes 20-30 cigarettes/day

**P.M.H**-Left Inguinal Hernia Operation 2008

**12/12/20**

### Subjective

C/o left knee joint pain and swelling, difficulty in strengthening the leg.

Has history of twisting L/K joint 6 months ago in a game of tennis.

At that time the joint was painful and swollen and responded to pain killers.

Finds injury is inhibiting his ability to work productively.

Worried as needs regular income to support family and home repayments.

### Objective

Has limp, slightly swollen L/K joint, tender spot on medial aspect of the joint and no effusion.

Temperature- normal

BP 120/80

Pulse rate -78/min

**Investigation** - X ray knee joint

### Management

Voltarin 50 mg bid for 1/52

Advise to reduce smoking

Review if no improvement.

**25/12/20**

**Subjective**

Had experienced intermittent attacks of pain and swelling of the L/K joint

No fever

Unable to complete all aspects of his work and as a result income reduced

Reduced smoking 15/day

**Objective**

Swelling +

No effusion

Tender on the inner-aspect of the L/K joint

Flexion, extension – normal

Impaired range of power - passive & active

**Diagnosis ?** Injury of medial cartilage

Investigation – ordered MRI

**Management**

Voltarin 50mg bid for 1 week

Review after 1 week with investigations

**29/12/20**

**Subjective**

Limp still present

Patient anxious as has been unable to maintain full time work.

Desperate to resolve the problem

Weight increase of 5kg

**Objective**

Pain decreased, swelling – no change

No new complications

MRI report – damaged medial cartilage

**Management Plan**

Refer to an orthopaedic surgeon, Dr James Brown to remove damaged cartilage in order to prevent

future osteoporosis. You have contacted Dr Brown's receptionist and you have arranged an appointment for Mr Taylor at 8am on 21/11/10

**Writing Task:**

***You are the GP, Dr Peter Perfect. Write a referral letter to Orthopaedic Surgeon, Dr. James Brown:***

***1238 Gympie Road, Chermside, 4352.***

## Step 1. First we will go to the bottom and see the task , who I am writing this letter to ?

### Writing Task:

*You are the GP, Dr Peter Perfect. Write a referral letter to Orthopaedic Surgeon, Dr. James Brown:  
1238 Gympie Road, Chermside, 4352.*

### ANALYSIS

From the task we understand that we need to write this letter to a specialist who will meet this patient for the first time, therefore, we need to mention the SOCIAL, PAST, ALLERGIC, MEDICATIONS and FAMILY history

## Step 2. Now we will thoroughly read the case notes to get a generalized idea of the main medical issue / suspected or definitive diagnosis

### ANALYSIS

From the above case notes we understand that;

- The definitive diagnosis is DAMAGED MEDIAL CARTILAGE
- The orthopedic surgeon needs to remove it

## Step 3. Keeping in mind the above two steps, Now we need to select relevant case notes accordingly

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

### **Notes:**

**Today's Date**    29/12/2020

### **Patient History**

**Mr David Taylor, 38 years old (DOB: 25 Dec 1982), married, 3 children**

Landscape Gardener

Runs own business.

No personal injury insurance

Active, enjoys sports

Drinks 1-2 beers a day. More on weekends.

Smokes 20-30 cigarettes/day

**P.M.H-**Left Inguinal Hernia Operation 2008

**12/12/20**

### **Subjective**

C/o left knee joint pain and swelling, difficulty in strengthening the leg.

Has history of twisting L/K joint 6 months ago in a game of tennis.

At that time the joint was painful and swollen and responded to pain killers.

Finds injury is inhibiting his ability to work productively.

Worried as needs regular income to support family and home repayments.

### **Objective**

Has limp, slightly swollen L/K joint, tender spot on medial aspect of the joint and no effusion.

Temperature- normal

BP 120/80

Pulse rate -78/min

**Investigation** - X ray knee joint

### **Management**

Voltarin 50 mg bid for 1/52

Advise to reduce smoking

Review if no improvement.

**25/12/20**

**Subjective**

Had experienced intermittent attacks of pain and swelling of the L/K joint

No fever

Unable to complete all aspects of his work and as a result income reduced

Reduced smoking 15/day

**Objective**

Swelling +

No effusion

Tender on the inner-aspect of the L/K joint

Flexion, extension – normal

Impaired range of power - passive & active

**Diagnosis** ? Injury of medial cartilage

Investigation – ordered MRI

**Management**

Voltarin 50mg bid for 1 week

Review after 1 week with investigations

**29/12/20**

**Subjective**

Limp still present

Patient anxious as has been unable to maintain full time work.

Desperate to resolve the problem

Weight increase of 5kg

**Objective**

Pain decreased, swelling – no change

No new complications

MRI report – damaged medial cartilage

**Management Plan**

Refer to an orthopaedic surgeon, Dr James Brown to remove damaged cartilage in order to prevent future osteoporosis. You have contacted Dr Brown's receptionist and you have arranged an appointment for Mr Taylor at 8am on 21/11/10

**Writing Task:**

***You are the GP, Dr Peter Perfect. Write a referral letter to Orthopaedic Surgeon, Dr. James Brown:***

***1238 Gympie Road, Chermside, 4352.***

## Step. 4 Now we will organize the selected/underlined case-notes into a letter form, according to the template

### 1.Address

1. Doctor's Full Name (Dr James Brown)
2. Speciality (Orthopedic Surgeon)
3. Name of the hospital and address (1238 Gympie Road Chermside, 4352)
4. Today's date (29/12/20)
5. Dear (Doctor's last name) = (Dr Brown)
6. Re: Patient's full name, DOB (Mr David Taylor, DOB: 25/12/1982)

### In Our letter:

Dr James Brown  
Orthopedic Surgeon  
1238 Gympie Road  
Chermside, 4352

29/12/2020

Dear Dr Brown

Re: Mr David Taylor, DOB: 25/12/1982

## 2.Introduction

1. I am writing to refer / Thank you for seeing
2. Patient's sure name (Mr Taylor)
3. Age (38-year-old)
4. Occupation/student/sex (Occupation=landscape gardener)
5. Clinical features/main medical issue (damaged medial cartilage)
6. What should the receiving dr do with this patient? Further?  
(Further assessment /surgical removal)

### Basic Organization of Introduction in Letter;

I am writing to refer Mr patient sure name, a/an age-year-old occupation whose clinical features are consistent with diagnosis/main medical issue, for what should the dr do with this patient?

### In Our letter;

I am writing to refer Mr Taylor, a 38-year-old landscape gardener whose clinical features are consistent with damaged medial cartilage, for further assessment.

---

## **Body Paragraph 1**

(Relevant notes of initial visit)

Complaints and symptoms	Painful swelling in the left knee joint, and difficulty in strengthening the leg. Twisted his joint 6 months ago in a game of tennis.
Examination findings	Had a limp, slightly swollen knee joint and a tender spot on the medial aspect
Investigations	X-ray knee joint was advised
Treatment	Voltarin 50mg twice daily

### **In Our Letter:**

Mr Taylor first presented to me on 12 December 2020 complaining of painful swelling in the left knee and difficulty in strengthening the leg. He had twisted this joint in a game of tennis 6 months previously. On examination, he had a limp, slightly swollen knee joint and tenderness on the medial aspect of the joint. Consequently, an X-ray of the knee joint was advised and Voltarin 50mg twice daily was prescribed.

## **4.Body Paragraph 2**

(Subsequent Visit)

Symptoms	On 25/12/2020, Mr. Taylor reported intermittent attacks of pain and swelling in the left knee joint.
Examination findings	His physical examination revealed swelling and impaired range of power and movement in the joint.
Suspected diagnosis	Injury of the medial cartilage was suspected
New advice	Therefore, an MRI was advised

### **In our Letter:**

On 25/12/2020, Mr Taylor reported intermittent attacks of pain and swelling in the left knee joint. His physical examination revealed swelling and impaired range of power and movement in the joint. Injury of the medial cartilage was suspected. Therefore, an MRI scan was advised.

### 5.Body paragraph 3

(Relevant notes of Today's Visit)

Investigation report	Today the MRI report of Mr Taylor confirmed the diagnosis
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(Note: in today's visit, the most relevant note is the report of MRI, therefore, only it's mentioned and rest of the notes are avoided)

### In Our Letter;

Today the MRI report of Mr Taylor confirmed the diagnosis

### 6.Body paragraph 4

Personal history (marital-status) (Smoker) (alcoholic/profession)	Married and has 3 children. Physically active. Drinks 1-2 beers and smokes 20-30 cigarettes per day. (Profession already mentioned in the introduction)
Past Medical/Surgical History	Not relevant
Medication History	Not given
Relevant Family History	Not given
Allergic history	Not given

### In Our Letter;

Mr. Taylor is married and has 3 children. He is physically active. He drinks 1-2 beers and smokes 20-30 cigarettes per day.

## 7. Conclusion

(as a result of all the above mentioned points, what should the receiving doctor do with this patient, finally ?)

In view of the above, it would be appreciated if you could surgically remove the medial cartilage of Mr Taylor as it would prevent future osteoporosis

## In Our Letter:

In view of the above, it would be appreciated if you could surgically remove the medial cartilage of Mr Taylor as it would prevent future osteoporosis.

## 8. Salutation

**If you have any queries, please do not hesitate to contact me**

(Note: Salutation is same everywhere)

## 9. Closing

Yours sincerely  
Doctor

# Now Let's Complete Our Letter

---

Dr James Brown  
Orthopedic Surgeon  
1238 Gympie Road  
Chermside, 4352

29/12/2020

Dear Dr Brown

Re: Mr David Taylor, DOB: 25/12/1982

I am writing to refer Mr Taylor, a 38-year-old landscape gardener whose clinical features are consistent with damaged medial cartilage, for further assessment.

Mr Taylor first presented to me on 12 December 2020 complaining of painful swelling in the left knee and difficulty in strengthening the leg. He had twisted this joint in a game of tennis 6 months previously. On examination, he had a limp, slightly swollen knee joint and tenderness on the medial aspect of the joint. Consequently, an X-ray of the knee joint was advised and Voltarin 50mg twice daily was prescribed.

On the subsequent visit, on 25/12/2020, Mr Taylor reported intermittent attacks of pain and swelling in the left knee joint. His physical examination revealed swelling and impaired range of power and movement in the joint. Injury of the medial cartilage was suspected. Therefore, an MRI scan was advised.

Today the MRI report of Mr Taylor confirmed the diagnosis

Mr. Taylor is married and has 3 children. He is physically active. He drinks 1-2 beers and smokes 20-30 cigarettes per day.

In view of the above, it would be appreciated if you could surgically remove the medial cartilage of Mr Taylor as it would prevent future osteoporosis.

If you have any queries, please do not hesitate to contact me

Yours sincerely

Doctor

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## How to write a discharge Letter

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See Next page;

A case of discharge letter is given and then solved according to the standard template, approved by OET officials

# Case Notes for a discharge letter

---

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

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

## Notes:

**Hospital:** Fairbanks Hospital, 1001 Noble St, Fairbanks, AK 99701

**Name:** Mrs Sally Fletcher

**Date of Birth:** 3/10/1993

**Marital status:** Married, 5 years

**Appointment date:** 25/03/2018

**Diagnosis:** Endometriosis

### Past medical history:

- Painful periods 3 years
- Wants children, trying 1 year ++

### Social background:

- Accountant, regular western diet.
- Exercises 3 x week local gym

### Medical background:

- Frequent acute menstrual pain localised to the lower left quadrant.
- Pain persists despite taking OTC = naproxen.
- Shy discussing sexual history.
- Occasional constipation, associated with pain in lower left quadrant.
- Trans-vaginal ultrasound showing 6cm cyst, likely of endometrial origin.
- **Patient recovering post op from laparoscopic surgery(25/03/2018) – no complications**

**Post op care:** Keep incisions clean and dry.

**Mobility post op:**

- Showering is permitted 26/03/2018
- Driving is prohibited when on analgesics.
- Driving can be resumed 24-48 hrs after final dose analgesics.
- Sexual activity can be resumed 2 weeks post op

**Nursing management:**

- Encourage oral fluids.
- Patient may return to regular diet.
- Ambulation encouraged as per patient tolerance.

**Medical progress**

- Afebrile. Hct, Hgb, Plts, WBC, BUN, Cr, Na, K, Cl, HCO<sub>3</sub>, Glu all within normal limits.
- Patient sitting comfortably, alert, oriented × 4 (person, place, time, situation).

**Assessment:**

- Good progress overall.

**Discharge plan:**

- Patient to be discharged when can eat, ambulate, urinate independently.
- Patient must be discharged to someone who can drive them home.

**Writing Task:**

**You are a first year resident in a surgical ward. Sally Fletcher is a 25-year-old woman who has recently undergone surgery. You are now discharging her from hospital.**

***Using the information given to you in the case notes, write a letter of discharge to the patient's GP, Dr Stevens, Mill Street Surgery, Farnham, GU10 1HA.***

Dr Stevens  
General Practitioner  
Farnham, GU10 1HA

25 March 2018

Dear Dr Stevens

Re: Mrs Sally Fletcher, DOB: 03 October 1993

**(INTRODUCTION)**

I am writing to update you regarding Mrs Fletcher, a 25-year-old accountant, who is ready to be discharged back into your care after a successful laparoscopic surgery for endometrial cyst.

**(WHAT HAPPENED IN THE HOSPITAL - presentation, examination findings, investigations, treatment, nursing care)**

When admitted, Mrs Fletcher complained of acute menstrual pain in the left lower abdomen which did not relieve despite taking naproxen. Her transvaginal ultrasound revealed a 6 cm cyst of endometrial origin. Consequently, laparoscopic surgery was performed. During her stay in hospital, she was encouraged to take oral fluids and walk as much as she could tolerate.

**(RECENT SITUATION/CONDITION OF THE PATIENT)**

Mrs Fletcher's condition has improved. She is well oriented and feeling comfortable. Her laboratory reports depicted normal values of hematocrit, hemoglobin, platelets, leukocytes, creatinine, electrolytes, and blood glucose.

**(ADVICES FOR THE PATIENT)**

Mrs Fletcher has been advised to keep her incision clean and dry, and avoid driving for the next 48 hours as she is on analgesics. She can continue her sexual activity after 2 weeks.

**(PAST, FAMILY, SOCIAL AND ALLERGIC history etc.)**

As you are aware, Mrs Fletcher is married and has been trying to conceive for the past 12 months. She has experienced painful menstruation for the last 3 years.

**(CONCLUSION)**

In view of the above, it would be appreciated if you could take over further care of Mrs Fletcher.

**(SALUTATION)**

Should you have any queries, please do not hesitate to contact me.

Yours sincerely

Doctor

## Special tips for the last week and exam day

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Till the last week of exam you must have learned much about the writing. Now the most important point is to manage your time so that you could be able to complete your letter within 40 minutes of writing time.

Following are some tips to complete your writing within 40 minutes.

1. In the first 5 minutes of reading time;
  - Know about the task (Referral/Discharge ?)
  - Know about the doctor's name, address
  - Know about the patient's name and DOB/Age
  - Then thoroughly read the remaining case notes and know about the main medical issue OR provisional-diagnosis OR definitive diagnosis
2. As your writing time (40 min) starts,
  - First of all write the address, date, dear doctor, Re: & DOB and the initial portion of intro i.e (Thank you for seeing / I am writing to refer etc.
  - After you write the above, now read the case notes deeply and carefully and make a plan----- As you make the plan for organizing your letter, paste it on paper now.

With the above writing tips, it's my personal experience, one will be able to complete the letter in 30 minutes and he/she will get 10 minutes in the end for proof-reading / Re-reading.

# The most commonly used grammar in writing

---

In this chapter we will learn about;

1. Most commonly used Tenses in letters

- Simple present
- Simple past
- Present perfect
- Past perfect

2. Articles (a/an/the) and it's uses

3. Capitalization of specific words

4. The rule of Mr/Ms/Miss/Mrs.

5. Acceptable vs Un-acceptable Short-Cuts

6. Few commonly used words and it's interpretation

7. Few commonly used Intro & Body Paragraphs (Very helpful for those weak in writing module)

# Most commonly used tenses in letters

---

## 1. Simple present tense / Present Indefinite tense

This tense is used to describe an action which is happening right now, or happens regularly.

For example;

- Mr Amir smokes 5 cigarettes a day.
- Today Mr. Amir's MRI report shows cerebral ischemia

### Where to use simple present tense in a letter;

- A. In today's visit
- B. In body paragraph 4 (Social, family, past and allergic history etc)

## 2. Simple Past tense / Past indefinite tense

This tense is used to describe a finished/completed action that happened at a specific point in the past.

For example;

- Initially, Mr Amir presented with a complaint of painful swelling in the knee joint.

### Where to use simple past tense in a letter;

- A. Initial, subsequent & Today's visit

*(NOTE: Today's visit can either be written in simple present or simple past. Both are correct.)*

### 3. Present Perfect Tense

This tense is used to describe an event that started in the past and is still going on.

There are 3 types of present perfect tense;

Present perfect <i>simple</i>	Present perfect <i>progressive</i>	Present perfect <i>Passive</i>
Has/ <b>have</b> + <b>past participle (d/ed)</b>	Has/ <b>have</b> + <b>been</b> +ing form of verb	<b>Has</b> / <b>have</b> + <b>been</b> + <b>past participle</b>
<b>Example;</b> I <b>have</b> treat <b>ed</b> this patient for the last 3 years	<b>Example;</b> I <b>have</b> <b>been</b> treating this patient for the last 3 years	<b>Example;</b> This patient <b>has</b> <b>been</b> treat <b>ed</b> in this hospital for the last 3 years.

**Note: you need to use “since”/”for”/”over” when writing perfect tenses**

For	Since	Over
Used to describe <b>period of a time</b>	Used to describe the <b>start of a period / a specific time</b>	Same rule as “FOR” but it’s used to describe <b>change in a condition</b> or <b>repetition in that</b>
<b>Example;</b> I have treated this patient for the <b>last 3 years</b>	<b>Example;</b> I have treated this patient since <b>2018</b>	<b>Example;</b> Mr Amir’s condition has <b>deteriorated</b> over the past 3 months  <b>OR</b> Mr Amir has presented <b>several times</b> over the past 3 months

#### Where to use Present perfect Tense in a letter

Used to summarize the information if there are multiple visits in a letter

#### 4. Past Perfect Tense

This tense is used to describe a past-action that already finished when another past action happened.

OR

Used to describe an event that happened before a particular time in the past

OR

In our letters, it's used to describe an event that happened before the previous visit of the patient

Example;

On the subsequent visit, on 12/12/2020, Mr. Amir's condition had improved.

(In this example, the patient condition was improved before 12/12/2020, the day of visit to the doctor)

**Where to use past perfect tense in a letter;**

- A. Initial visit
- B. Subsequent visits

# Articles (a/an/the)

---

## Uses of “A/An” (Indefinite article)

- A. Used before countable words;
  - Example; A headache, An operation
- B. Used to mention something for the first time;
  - Example; a blood test was advised and result of the blood test showed leukocytosis

## Uses of “The” (Definite article)

- A. Used to mention something for the second time
  - Example; a blood test was advised and result of the blood test showed leukocytosis  
(the word “blood test” is repeated therefore “the” is used)
- B. Used to specify something;
  - Example; his physical examination revealed a swollen joint and a tender spot on the medial aspect.  
(medial aspect is specified)

(NOTE: You must avoid this article in case of uncountable noun if that’s even presented for the 2<sup>nd</sup> time. For example; “He was complaining of pain in the knee joint. The pain in the knee joint has started two days ago”. In this case, Pain is repeated but as pain is not a countable noun therefore you need to avoid use of “THE”)

- C. Used when you mention the body parts;
  - The stomach
  - The knee joint
- D. Used before the word “same”
  - Example; his children were treated by the same dentist
- E. Used before duration of a time;
  - For the last 3 months

- For **the** previous 3 months

### Conditions in which Articles must always be used

When you are referring to a particular job or professional

- A doctor / the doctor
- A dentist / the dentist

### Conditions in which articles must always be avoided

A. If the following words are used;

- His/Her
- This/That
- Any/Each

(example; The doctor listened to each complaint. Here you need to avoid “the complaint” instead, you used “each complaint)

B. If you are mentioning name of a disease;

- The patient is suffering from **the** high blood pressure / **A** high blood pressure... (In this example we needed to avoid THE/A

C. If you are using “ing” form of a verb;

- The patient was advised to stop **the** drinking / **A** drinking

# Rule of Capitalization

---

Following is a list of words that need to be capitalized or to be started from small letter

<u>Words to be Capitalized</u>	<u>Words to be started from small letters</u>
Brand names of drugs e.g Panadol	Generic name of drugs e.g paracetamol
If a disease is named after a scientist's name e.g Parkinson's disease	Names of diseases e.g diabetes mellitus
Job titles e.g Lactation Consultant Dr Amir	Medical equipments e.g x-ray, ultrasound
Institution names e.g Cardiology unit	Body parts e.g heart, adrenal gland
Addresses e.g Wickham Terrace	Seasons names e.g summer, winter
Names of months, days of week, Holidays e.g January, February Sunday, Monday Christmas Day, Eid Day	
Pronoun "I" e.g I prescribed antibiotics for him	

# Rule of Mr / Ms / Miss / Mrs

---

- Mr. is used for adult male, single/married
- Ms is used for adult female, single/married
- Miss is used only for young unmarried girls
- Mrs. is used for married woman including widows

# Acceptable vs un-acceptable short-cuts

The following list of short-cuts is acceptable in OET writing

Short-cut / Acronym	Full expression	Short-cut / Acronym	Full expression
cm	Centimeter	ml	milli-litre
g	Gram	mg	milli-gram
Kg	kilogram	mm Hg	milli-metres of mercury
DOB	Date of birth	ECG	Electrocardiograph

The following list of short-cuts is un-acceptable in OET writing

Short-cut/Acronym	Full Expression	Short-cut/Acronym	Full expression
Abdo	Abdomen	mane	In the morning
AC	Before meals	min	Minute
ADL	Activities of daily living	NAD	no abnormality detected
&	And	nocte	In the evening
BD/bid	2 times a day	OPG	Orthopentogram
BP	Blood pressure	P/PR	Pulse/pulse rate
BW x-rays	Bite wing x-rays	PMH	Past medical history
C/O	Complaining of	PRN	As required
Cap	Capsules	QID	4 times a day
F/-	Fluoride application	R	Right
FBC	Full blood count	tab	Tablet
FTA	Failed to attend	sid	Once a day
IV	Intravenous	TDS/tid	3 times a day
H	Hour	w/o	Without
Hx	History	y/yrs	Year
L	Left	? Cardiac failure	Possibility of something
Lab	Laboratory	6/h	6 hourly
		+	Positive
5/52	5 weeks	3/12	3 months

## Few commonly used words & it's interpretation

Widow	Widower	Widowed
<u>Specific</u>	<u>Specific</u>	<u>Non-specific</u>
Woman whose husband died	Man whose wife died	Man/woman whose spouse died
		Should be followed by the word "man/woman" to specify it at the time of writing  For example; "A 40-year-old widower man"

Suggest & Recommend	Advise
The words " <b><u>Suggest &amp; Recommend</u></b> " cannot be followed by an object pronoun such as him/her  For example; I have suggested that he see a doctor	The word <b><u>advise</u></b> can be followed by pronoun  For example; I have advised <b><u>him</u></b> to see a doctor

Advice	Advise
It's a <b><u>noun</u></b>	It's a <b><u>verb</u></b>
Example; He was given an advice regarding his medications	Example; He was advised on how to take his medications

<b>Complaint</b>	<b>Complain</b>
It's a <b><u>noun</u></b>	It's a <b><u>verb</u></b>
Example; He presented with a complaint of pain in the knee joint	Example; He complained of pain in the knee joint

<b>Effect</b>	<b>Affect</b>
It's a <b><u>noun</u></b>	It's a <b><u>verb</u></b>
Example; The treatment has had no effect	Example; The patient has not been affected by the treatment

To learn grammar in details, click

[https://drive.google.com/file/d/1AT-Mf-s\\_glpLNA38gqIL2SpdVis2CYvO/view?usp=sharing](https://drive.google.com/file/d/1AT-Mf-s_glpLNA38gqIL2SpdVis2CYvO/view?usp=sharing)

# Few commonly used Intro/Body Paragraphs (for weak students—memorize it)

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## Introductory Paragraphs

- I am writing to refer Mr. Amir, a 25-year-old woman who has been trying to conceive for the past few years without success, for further assessment
- .....who is demonstrating clinical features suggestive of ischemic heart disease
- .....who is exhibiting clinical features suggestive of rheumatic fever
- .....who is presenting with clinical features suggestive of arthritis
- I am writing to refer Ms Taborlin, a known case of type 1 diabetes mellitus for seven years, who requires strict monitoring of her glucose levels as well as addition of glucose pump due to her non-compliance with insulin regimen.
- Thank you for seeing Mr. Waqar, a type 2 diabetic, for further management of his blood sugar level
- I am writing to request an urgent assessment for Mrs Hajra whose clinical features are consistent with ectopic pregnancy
- I am writing to request a work place assessment for Mr Jones. He is a forklift driver but has been off work for three months after he injured his back at work trying to move a heavy box off the floor.
- I am writing to refer Mrs. wood, a 66-year-old widow who has been demonstrating clinical features suggestive of heart arrhythmia, for further assessment.

## Body Paragraphs

- On 22 August 2020, Mrs. Larissa experienced two bouts of epigastric pain
- On..... Mr. X presented with pain.....
- On.....Mr X reported epigastric pain
- On.....Mr X presented to me complaining of having suicidal thoughts
- On.....Mr X presented with a 3-month-history of.....
- Mr X initially presented on.....concerned that her blood sugar levels were no longer controlled
- On her subsequent visit, Mr. X reported further deterioration of his symptoms

# Speaking (20 minutes)

In this test you'll be given two cards. In each card you'll be provided information which need to be given to the patient. An interlocutor will be sitting in front of you, he/she will perform the role of a patient and you will perform the role of a doctor. Following is the example of a speaking role-play card. You'll be given 3 minutes for reading and understanding of that card and then you'll have to perform in 5 minutes. Click on this link [https://youtu.be/U4YJjOr2AWg?list=TLPQMDcwMTlwMjF8Rr9Fn21\\_Vw](https://youtu.be/U4YJjOr2AWg?list=TLPQMDcwMTlwMjF8Rr9Fn21_Vw) to see how OET officials have performed the following card,

OET SAMPLE TEST	
CANDIDATE CARD NO. 1	MEDICINE
SETTING	Suburban Clinic
DOCTOR	A parent presents with his/her five-year-old son, Matthew, as follow-up after an emergency consultation two days ago when Matthew was newly diagnosed with asthma. Then, Matthew experienced a severe bout of coughing, breathing difficulty and wheezing on the background of a cold with low-grade fever. The parent felt frightened so took Matthew to the hospital Emergency Department where he was treated with nebulised salbutamol.
TASK	<ul style="list-style-type: none"><li>• Find out what the patient has learnt about asthma since the hospitalisation.</li><li>• Explain asthma to the parent (narrowing of airways in lungs). Describe some of the symptoms (e.g., shortness of breath, wheezing).</li><li>• Find out what the patient wants to know in this consultation. Explain 2-3 management points (e.g., how to identify and control trigger factors; assess severity of symptoms; respond in an urgent situation; ensure school is informed and salbutamol available there).</li><li>• Reassure the parent by explaining that prognosis is good if the parent understands the triggers and knows exactly what to do in an acute situation (you will support by developing an Asthma Action Plan and arranging early review).</li></ul>

© Cambridge Boxhill Language Assessment (2014) SAMPLE TEST Act

# *Speaking Assessment Criteria*

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Your speaking is assessed on two main criteria;

1. Linguistic criteria  
Following abilities are assessed in linguistic criteria
  - A. Intelligibility
  - B. Fluency
  - C. Appropriateness of Language (words/sentences)
  - D. Grammar and expression
2. Clinical communication criteria (most important)  
Following abilities are assessed in this criteria
  - A. Relationship building
  - B. Understanding & incorporating the patient's perspectives
  - C. Providing structure
  - D. Information gathering
  - E. Information giving

To learn more details about the criteria, click

<https://drive.google.com/file/d/1zEJtyKGeI5-V70mliyfvq8F6fIR4e7w4/view?usp=sharing>

# Tips for speaking

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1. First of all find a speaking partner
2. Click on this link to see the official speaking sample cards and learn how OET officials have performed
3. See page number **85** To learn the basic structure of how to start and perform role play card
4. Learn/memorize reassuring words given on page number **87**
5. Open futureland book and start practicing speaking cards
6. Look at the few cards solved on page **90** To learn how to use the reassuring words along with bullet points
7. Ask your speaking partner to perform patient's card for you and you perform the doctor's card
8. **Most Important:** In the beginning of speaking practice, make transcripts for your-self using different reassuring words..... later when you get familiar with these words then practice without transcripts

# Basic structure of a speaking role play

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1. **Greetings** (Hello)
2. **Introduction** (My name is Dr Hira, I am the treating doctor for today)
3. **Ask for her name/age**, in case the patient comes to you on it's own (May I confirm your name and age please?).....In case you are talking to the child or parent of a patient then ask only for name (May I confirm your name please?)
4. Well, Mr. X . Thanks for coming to see me. **Could you please tell me what brought you here today? Or** How can I help you today?
5. After the patient has told you about his/her problem... you should say.... **Oh, I am sorry to hear about that. It must be very stressful for you...** Or.... I know being a parent how Frightening the situation would be for you, **But I would like to ask you a few questions regarding your/your child's condition.** Is that OK with you?
6. After you asks few general questions and the patient answer that, you now ask.... **What do you think might be causing your/your child's symptoms?**
7. Then ask.. Let me **examine** you/your child
8. So, Mr. X. based on your history and examination **I believe that you are having a condition known as.....**Do you have any idea about that?
9. Now **explain that condition** to the patient in layman language

After the above conversation, **follow the bullet points** given in the speaking card. **Try to be as much reassuring as you can..**

**Keep your conversation interactive** by asking the following questions at the end of each bullet point;

- Am I understandable to you?
- Am I clear to you?
- Do you understand me?
- Are you getting me?

If the patient say something after the above questions then answer that otherwise go to the next bullet point. Cover the next point and ask one of these questions again....and so on....

# Introductions for different types of Cards

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## **Suburban Clinic (new patient/first visit)**

Hello, My name is Dr Hira. I am the treating doctor for today. May I confirm your name and age please?  
Well, Mr./Miss Someone. Thanks for coming to see me. How can I help you?

## **Suburban Clinic (Review visit – breaking bad news/results of tests)**

Hello, My name is Dr Hira. I am the treating doctor for today. May I confirm your name and age please?

Well, Mr./Miss someone thanks for coming to see me again/Nice to meet you again. Today I have got your test's results and I am sorry to tell you that you have got diabetes mellitus

## **Suburban Clinic (Review visit – reviewing patient's condition/changing medications etc.)**

Hello, My name is Dr Hira. I am the treating doctor for today. May I confirm your name and age please?

Well, Mr./Miss someone. I have gone through your notes and I understand that last time you came here with the complaints of..... and I have prescribed you some medicines..... how are you feeling so far?

## **Admitted patient (Usually doctor is talking to the attendant)**

Hello, My name is Dr Hira . I am the treating Doctor here today. I have gone through your notes and I understand that last night your daughter was brought to the emergency department with the complaints of..... And got admitted in hospital. Try to avoid much worries as I can see that your daughter's condition is better now.

# Different types of reassuring words

---

## **When you say some sad news and the patient becomes upset**

- I can see that you are quite upset but rest assured this is quite common condition, nothing to get alarmed about.
- I can understand this is overwhelming for you but try to avoid much worries, we all are here to help you
- It's nothing to get alarmed about/ there is nothing to be overly concerned about, it will heal by itself within few days with rest and medications
- We have experienced staff to make you fine. You'll be alright soon. Be happy
- I can appreciate this is not easy to talk about
- I can appreciate this is obviously very upsetting
- I can understand it's stressful to talk about this
- I can understand, that must be very difficult for you/that must be frightening/that must be emotionally draining for you
- I can sense your feelings

## **When talking to the parent of a child;**

- I know being a parent how frightening the situation would be for you but rest assure we are doing our best to make your child fine

## **When the patient tells you a sad story or is anxious at the time of telling the history of his disease;**

- I am sorry to hear about that, It must be very stressful for you
- I am sorry that it's happened to you, I can sense how it feels for you
- Thank you for sharing your feelings with me

## **When talking to an angry patient who had bad experience with hospital staff;**

- I apologize for any inconvenience you had and I assure you that it won't happen again
- Now that I am aware, I'll ensure that your concerns are taken care of and you don't face any inconvenience
- I am sure you won't be having anymore troubles

## **When the patient is concerned about his slow recovery process;**

- I know you are concerned about your slow progress but you are doing a steady progress and you will recuperate soon

**When the patient tells you that he is following a healthy lifestyle like doing regular exercise etc, or he tells you that he is healthy but came to hospital for a regular check-up;**

- I appreciate you for following a healthy lifestyle
- You did the right thing, coming to hospital. I appreciate you for that

**Advising smoking cessation to the patient;**

- Now in order to quit smoking, I recommend that you join our hospital's quit smoking program. They run regularly classes and I can tell you that it has helped many patients succeed in giving up smoking. Would you like to do that?

**Advising exercise to the patient;**

- I would like to advise you starting a regular exercise. I recommend joining a local gym or sports centre. They will be able to create a fitness program that can help you lose weight and feel healthier. Do you think you can do it?

**When you advise exercise or smoking cessation and the patient don't agree with you;**

- Small changes in your life will certainly bring huge difference to your health in long run

**Other reluctant patients;**

- I completely understand your busy time but your health is our first priority
- Let me assure you if you follow my advice the risk of heart attack will be greatly reduced
- I understand your perspective Mr. Amir but let me tell you why it's not a good choice for you to.....
- I completely respect your decision Mr. Khan

**Advising to reduce or leave alcohol intake;**

- I would like to advise you reduction in your alcohol intake as it's deteriorating your condition. I can understand this may be difficult for you and you'll need some outside support to cope with this. Therefore, I recommend that you contact alcoholics anonymously or I'll contact them on behalf of you, how does it sound?

**Advising self-injecting of insulin;**

- I understand self-injecting insulin can be challenging at first but at our clinic/hospital we run weekly training program which is run by our nurses. They can take you through the process step-by-step and help you gain confidence. Would you like me to make an appointment for you?

**Breaking bad news;**

- Mr. Haris, we have the test results back and I am sorry to tell you that the cause of your symptoms could be more serious than you think
- It's important that we do a few further investigations to rule out other possible causes
- Fortunately, we caught it early and there are some treatment options available

**Referring the patient to a physiotherapist;**

- One way to speed-up the recovery process and to increase mobility is to visit a physiotherapist. They'll be able design a rehabilitation program based on your needs and it can make a big difference. Would you like try that?

**Referring the patient to a dietician;**

- Now, regarding your diet, I can refer you to a dietician who can provide really good guidelines and healthy food options.

**Explaining management options;**

- First of all..... it's important to..... do you think you can do it?
- There are some very effective strategies to cope with... I would like to explain them for you.. is that OK ?
- The good news is that there are several treatment options available. Would you like to hear about that?

## Few speaking cards solved

Few cards are solved on subsequent pages for the understanding of students.

If you find those helpful and need more help, join our Facebook group

<https://www.facebook.com/groups/559850324901968/?ref=share>

**OR**

contact on these email addresses

[muhammادتufailbkmc@gmail.com](mailto:muhammادتufailbkmc@gmail.com)

[doctorhirakhalil@gmail.com](mailto:doctorhirakhalil@gmail.com)

*Note: Only the doctor's role-play card is solved as you'll perform the role of a doctor in the exam*

# Speaking role-play card for Otitis-media

OET Sample role-play	
ROLEPLAYER CARD NO. 2	MEDICINE
<b>SETTING</b>	Suburban General Practice
<b>PATIENT</b>	You are 32 years old and have a painful left ear. You first noticed this about three days ago and, despite using paracetamol, the pain has worsened and was particularly severe last night. This morning, you noticed what appeared to be pus on your pillow, which you presume has come from the painful left ear. Surprisingly, the pain has lessened somewhat, but your hearing seems to have deteriorated and you are worried about it.
<b>TASK</b>	<ul style="list-style-type: none"><li>• Find out what has happened to you and what needs to be done about it.</li><li>• Express alarm at the diagnosis and explain your fear of deafness. You are also very concerned at the amount of pus that came from the ear (isn't a hole in the eardrum a serious matter?).</li><li>• What can be done about it?</li><li>• When the doctor advises against activities involving pressure change, be very concerned. Your favorite hobby is scuba diving, and you are aware that ear problems can affect fitness to dive. Will it affect your scuba diving?</li><li>• Be hard to reassure, but eventually accept the doctor's advice.</li></ul>
© Cambridge Boxhill Language Assessment	Sample role-play

OET Sample role-play	
CANDIDATE CARD NO. 2	MEDICINE
<b>SETTING</b>	Suburban General Practice
<b>DOCTOR</b>	This 32-year-old patient presents with a three-day history of a painful left ear. On examination, there is severe otitis media (inflammation in middle ear) present in the left ear, with a recent small central perforation of the left eardrum and pus visible from the external auditory canal.
<b>TASK</b>	<ul style="list-style-type: none"><li>• Explain the diagnosis to the patient.</li><li>• Explain the mechanism: infection build-up of pus behind eardrum; eventual perforation reduction in pain (pus previously under pressure – released to flow freely to the outside).</li><li>• Reassure the patient (e.g., not an unusual occurrence with this condition; small perforation will heal readily; no permanent effect on hearing).</li><li>• Outline treatment: broad spectrum antibiotic; review at the end of the course, when the perforation can also be reassessed; audiological testing if hearing deficits continue.</li><li>• Advise against any activities that involve pressure change (e.g., aircraft flight, diving etc) until condition has completely resolved.</li></ul>
© Cambridge Boxhill Language Assessment	Sample role-play

# Transcript for the above role-play card

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1. Hello , Good evening . My name is Dr. Tufail . I am the treating doctor here today. May I confirm your name and age please?
2. Well, Ms Hira . Thanks for coming to see me. How can I help you ?
3. Ohh, I am sorry to hear about that. It must have been very painful for you.. pause... but I would like to ask you a few questions regarding your condition,if that's OK with you ?
4. Did u have any other symptoms like fever and headaches ?
5. Let me examine your ear, if it's OK for you?
6. So, what do you think might be the cause of your symptoms Ms Hira?
7. Well, based on your symptoms and after examination I believe that you are suffering from a condition known as Otitis Media, have you ever heard about that ?
8. Alright , let me tell you that there are three parts of the ear .. the outer, middle and inner part. Otitis media is actually an infection of the middle ear. Infection causes pus formation that puts pressure on your ear drum and ultimately leads to perforation of ear drum and discharge of that pus. Am I clear to you ?
9. I can feel you are in stress but let me reassure you that it's quite common and nothing to get alarmed of. Your ear drum has just a small perforation and hopefully it'll heal within a few days without leaving any hearing defect ..
10. To speed up the recovery of your condition , I would like to prescribe you a course of antibiotics and then I'll asses your hearing in the next visit.
11. If there gonna be any hearing defect , I'll advise you audiological tests.
12. Besides medication you need to take precautions, like you need to avoid activities that involve pressure changes.. for example air craft flights and diving .. these precautions are necessary until your condition gets resolved.
13. I can see you are quite concerned about your fitness but your health is our first priority . you can continue your activities after your condition is resolved
14. Do you have any more questions ?

Now, if you have still sufficient time remaining then you should either say “ I would like to summarize it for you, is that ok?” Or you can say “Furthermore, I'll give you a brochure that will contain Information about Otitis media, you could read that at home, is that ok for you?”

# Gastroenteritis (Talking to the parent of a child)

OET Sample role-play	
ROLEPLAYER CARD NO. 1	MEDICINE
SETTING	Suburban General Practice
CARER	You are the parent of a 10-month-old boy. You think your child is suffering from gastroenteritis. You're becoming very worried about the child. He has had diarrhoea for the last 24 hours (8-10 times in that period) and has also vomited twice. He is urinating regularly but is crying more than usual, has a fever and is coughing. He has apparent soreness in the nappy area.
TASK	<ul style="list-style-type: none"> <li>• Answer the doctor's questions about the baby's condition.</li> <li>• You are worried that the child is becoming dehydrated. Ask the doctor about this, and whether medication is appropriate.</li> <li>• You're quite panicky, and not really listening to what the doctor is saying. Get the doctor to make things clearer for you (i.e., repeat, paraphrase, etc.).</li> <li>• Also ask about what to feed the child, both now and later, when the diarrhoea has subsided. You are currently breastfeeding.</li> </ul>
© Cambridge Boxhill Language Assessment <span style="float: right;">Sample role-play</span>	

OET Sample role-play	
CANDIDATE CARD NO. 1	MEDICINE
SETTING	Suburban General Practice
DOCTOR	The parent of a 10-month-old boy has come to see you. The child is suffering from gastroenteritis. The parent appears anxious. The child shows no evidence of dehydration. He is passing urine regularly, and is playing happily on the floor of your office.
TASK	<ul style="list-style-type: none"> <li>• Ask for more details about the child's symptoms.</li> <li>• Confirm the diagnosis of gastroenteritis and give a brief explanation (i.e., bowel infection, symptoms consistent with parent's description).</li> <li>• Give advice and reassurance to the parent.</li> <li>• Explain the inappropriateness of any medication other than Gastrolyte (or equivalent), a saline glucose solution.</li> <li>• Advise the parent on suitable food intake (e.g., continue breastfeeding more frequently, child may refuse food initially, etc.).</li> </ul>
© Cambridge Boxhill Language Assessment <span style="float: right;">Sample role-play</span>	

# Gastroenteritis Transcript

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1. Hello, Good evening. My name is Dr. Tufail. I am the treating doctor here today. Thanks for coming to see me. How may I address you?
2. Well, Miss/Mr. someone. How can I help you?
3. Ohh, I am sorry to hear about that. I know, being a parent how frightening the situation would be... But... Can I ask you some questions regarding your child's symptoms, if you don't mind?
4. How many times a day he is passing urine ? Does he ask for drinking water? Have you noticed any blood or mucous in your child's stools?
5. Alright, so, based on his signs and symptoms, I believe your child is suffering from Gastroenteritis.
6. Gastroenteritis is the inflammation of bowl. In this condition, patients have nausea, vomiting and diarrhea. It can also be associated with symptoms of dehydration like sunken eyes, loss of energy, and lethargy etc.
7. I can feel you are in stress but let me reassure you that it's nothing to get alarmed about. It'll go away by itself in a few days with rest. As I can see that your child is playing happily on the ground and there are no signs of dehydration.
8. There is no need for specific medications. A simple Gastrolyte solution is sufficient.
9. I really appreciate your concern but let me tell you that every medication has some side effects beside its good effects, and I have already explained to you that your child has no signs of dehydration therefore it's better to avoid unnecessary medications.
10. I would like to advise you that continue your breast feeding and along with that give him some soft food as he is 10 months old, therefore, he needs more nutrients for a good health.
11. Do you have any more questions?
12. Ok. Thanks ... Here is our contact number. If you have any issue, you can contact us.

YOU CAN SUMMARIZE AND SAY ABOUT BROCHURE IF YOU HAVE TIME REMAINING

# Birth-mark

## OET Sample role-play

### ROLEPLAYER CARD NO. 2

### MEDICINE

**SETTING** Suburban General Practice

**PATIENT** You are 34 years old. Your spouse recently noticed a small dark skin lesion on the lower part of your back. You are not sure how long it has been present, nor whether it has been growing. You are not aware of any symptoms such as itching or bleeding. Your father died of malignant melanoma (a lethal skin cancer) and you are very worried that you may have the same problem.

- TASK**
- Explain the reasons for your concern at finding this lesion, and your fear of the possibility of cancer due to your family history.
  - When the doctor diagnoses a benign condition, be hard to convince. Ask further questions:
    - What will I do about this now?
    - Shouldn't I go into hospital straight away and have it removed completely?
    - What will the consequences be if my fears turn out to be correct?
    - Will I get sick and die like my father?
    - Will I need major operations and chemotherapy?
  - Eventually accept the doctor's explanation.

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Sample role-play

## OET Sample role-play

### CANDIDATE CARD NO. 2

### MEDICINE

**SETTING** Suburban General Practice

**DOCTOR** This 34-year-old patient is attending because his/her spouse has noticed a small dark skin lesion on the patient's lower back. The patient is concerned that this represents a skin cancer, and requests your opinion on management. You diagnose a benign, simple pigmented nevus that has probably been present for many years.

- TASK**
- Explain the diagnosis (most likely birthmark, mole, etc.) and reassure the patient.
  - Explain the treatment: excising the lesion under local anesthetic (an excisional biopsy) and using histopathological examination (examination under microscope) to determine the nature of the lesion (a simple process: can be done in your rooms with minimal risk; results available in a few days).
  - Explain the procedure if the lesion is malignant: urgent referral to a surgeon for a wider excision of the lesion and probably adjuvant therapy (chemo- or radiotherapy). Based on the clinical appearance of the lesion, there is no need for urgent admission for a large-scale procedure immediately.

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Sample role-play

www.occupationalenglishtest.org 37

# Transcript for Birth-Mark

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1. Hello, Good afternoon. My name is Dr. Tufail. I am the treating doctor here today. Thanks for coming to see me. How may I address you?
2. Well, Mr./Miss someone. How can I help you?
3. OH, I am really sorry to hear that. It must be very stressful for you but can I ask you some questions regarding this lesion if you don't mind?
4. For how long it has been there on your back? Is it painful? How about its size, has it increased with time? Does it bleed?
5. Alright, so, based on your history and after examination I believe that it's most likely a birthmark or a mole. And let me reassure you that it's nothing to get alarmed about.
6. Let me explain you its treatment if it's OK for you?
7. Well, we'll excise your lesion under local anesthesia and examine it under microscope to determine the nature whether it's benign or cancerous? It's a simple process and we can do it in your room with minimal risk. Its result will be available in a few days.
8. Unfortunately, if the results of your lesion showed cancer then we'll urgently refer you to a surgeon who will widely excise your lesion and give you some adjuvant therapy like chemotherapy or radiotherapy.
9. At the moment there is no need for urgent admission for a large-scale surgical procedure as I have already told you that your lesion seems benign on clinical examination. You need to get admission only if the results of your lesion confirm malignancy.
10. Am I understandable to you?
11. Have you anymore questions?
12. Thank you. Here is my contact number; you can call me anytime if you have any issue regarding your lesion.
13. I wish you a speedy recovery.

# Mouth-Ulcers

**OET MARCH 2014**

**ROLEPLAYER CARD NO. 4** **MEDICINE**

**SETTING** Community Health Centre

**PATIENT** You are 25. You have an outbreak of ulcers on your tongue which started last night. You have suffered from these on and off since you were a child, including several attacks in recent months. Usually they clear up after a few days. Six months ago you started working as a salesperson. It is a high-pressure job. You need to talk a lot and often entertain clients. The mouth ulcers really bother you when speaking, eating or drinking. You feel irritable with them and you are also worried that your work is being affected. You are generally well.

**TASK**

- Answer the doctor's questions about your general health.
- Ask for something to clear up your ulcers within 24 hours (you have to speak at an important meeting tomorrow).
- Insist on something more effective than antiseptic gel from the pharmacy - it never helps much.
- Try to find out what causes the ulcers and how to stop them from recurring.

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**OET MARCH 2014**

**CANDIDATE CARD NO. 4** **MEDICINE**

**SETTING** Community Health Centre

**DOCTOR** The patient, aged 25, presents with tiny, off-white ulcers on the tongue. On examination, the patient clearly has good dental hygiene.

**TASK**

- Question the patient to exclude diabetes mellitus and inflammatory bowel disease as underlying conditions, and herpes simplex as a cause (fever symptoms?).
- You suspect aphthous ulcers (no known cause, but some research suggests an immune reaction - could be related to stress, hormones, virus or allergy).
- Recommend a blood test to check for infection.
- Discuss management of the symptoms (rinse with warm, salty water or medicated mouthwash, apply antiseptic gel, take paracetamol, have plenty of fluids, avoid spicy and sour foods).
- The ulcers will resolve by themselves in a few days.
- Offer to prescribe an anti-inflammatory drug if pain persists.
- Advise the patient on a healthy lifestyle.

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# Transcript for Mouth Ulcers

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1. Hello, my name is Dr. Tufail. I am the treating physician here today. May I confirm your name and age please?
2. Well, Mr. /Miss someone thanks for coming to see me. How can I help you?
3. Oh, I can sense your feelings. It must be very painful for you. But, I need to ask you some question to find if there is any underlying cause of these ulcers. Will that be ok for you?
4. Ok, have you ever noticed symptoms of diabetes mellitus, like excessive thirst, frequent urination, weight loss, extreme hunger, Tingling and numbness in the hands and feet or sudden loss of vision?
5. Any symptoms of inflammatory bowel disease like diarrhea, abdominal pain, blood in your stool?
6. Is there any fever associated with these ulcers?
7. Alright, so, based on your symptoms and after examination I suspect that these are aphthous ulcers. The cause of these ulcers is unknown but suggests that these can happen because of immune reaction and this immune reaction could be related to stress, hormones, viruses or allergy.
8. I would like to advise you a blood test to exclude any underlying infection.
9. I understand your perspective; you need to rinse your mouth with warm salty water, apply antiseptic gel to the sore area, take paracetamol, and try to avoid spicy and sour foods.
10. I appreciate your concern, I'll prescribe you anti-inflammatory medicines that will relieve your pain but let me reassure you that there is nothing to worry about; these ulcers will go away by themselves in a few days.
11. Well, you need to change your lifestyle, avoid stress and take a healthy diet. I would recommend daily exercise like walking for about 30 minutes or joining a local gym. These measures will help you to get rid of these ulcers in the future.
12. Am I understandable to you?
13. Do you have any more questions?
14. Thank you. Here is my contact number; you can call me if you have any queries.
15. I wish you a speedy recovery.

# Diabetes-Mellitus (Review Visit)

**OET Sample role-play**

ROLEPLAYER CARD NO. 2	MEDICINE
<b>SETTING</b>	Suburban Clinic
<b>PATIENT</b>	You are 42 years old and your doctor has just provided you with the results of your most recent fasting blood glucose test (7.6 mmol/l). The test is your second test this month and the result confirms a diagnosis of diabetes mellitus Type II (DM). You have a limited understanding of DM, which you know by the term "sugar diabetes". You are not convinced of the diagnosis of DM on the basis of merely two test results. You challenge the diagnosis.
<b>TASK</b>	<ul style="list-style-type: none"> <li>• Seek clarification of DM. Ask: "I've heard of diabetes. Is that the same as sugar diabetes?"</li> <li>• Stress that you are not convinced of the diagnosis. Comments: "Could that be right? I don't eat sugar or anything." "You only did the two tests. Can you be sure?"</li> <li>• Explain that because you don't believe the diagnosis, you are reluctant to commence the doctor's suggested management plan for controlling your blood sugar levels.</li> <li>• Demand more tests.</li> <li>• Reluctantly agree with the doctor.</li> </ul>

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**OET Sample role-play**

CANDIDATE CARD NO. 2	MEDICINE
<b>SETTING</b>	Suburban Clinic
<b>DOCTOR</b>	You inform your 42-year-old patient of his/her recent fasting blood glucose test result (7.6 mmol/l) which confirms a diagnosis of diabetes mellitus Type II (DM). The test is the patient's second test this month. The patient challenges your diagnosis.
<b>TASK</b>	<ul style="list-style-type: none"> <li>• Briefly explain diabetes and its causes (emphasise that you can get "sugar diabetes" even if you don't eat sugar).</li> <li>• Explain that the thresholds (raised glucose values on two occasions) for diagnosing DM are determined by World Health Organisation (WHO) standards using evidence from research.</li> <li>• Explain that early treatment and regular appointments for monitoring diabetes status (e.g., sugars, blood pressure, cholesterol) will help prevent complications such as blockage of blood vessels to heart, brain and feet, problems with kidney and eyes.</li> <li>• Recommend dietary/lifestyle changes and refer to a dietician/diabetes educator.</li> <li>• Convince the patient to commence preventative measures as the test results are valid and further tests are unnecessary.</li> </ul>

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# Transcript for Diabetes Mellitus

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1. Hello, Mr/Miss someone. Nice to meet you again.
2. I have got the results of your second blood sugar test and I am sorry to tell you that you are having a condition known as diabetes mellitus.
3. Have you ever heard about that?
4. Alright, let me explain. Diabetes mellitus is a condition in which the human body is unable to hold sugar therefore its level rises in blood above the normal value. It can occur even without getting too much sugar. It is caused by so many factors like being overweight, a positive family history, sedentary lifestyle and alcohol intake.
5. I really appreciate your concern but let me explain if you have raised blood glucose on two separate occasions then your diagnosis of Diabetes mellitus is confirmed because these tests are standard made by WHO using evidence from many researches.
6. I know it must be stressful for you but let me explain if you start treatment early and regularly monitor your condition by checking blood sugars, cholesterol and blood pressure, the you will not be having any complication like problems with heart, brain, kidneys, eyes and feet.
7. I would recommend some dietary and lifestyle changes such as avoiding sweets and starting an exercise program. It'll be better to join a local gym or sports center. Furthermore I would refer you to a dietician who can really provide good guidelines and healthy food options.
8. I know you are quite upset but we all are here to help you ok... And these tests results are valid therefore no need to do more tests.
9. Do you have any more questions?
10. Well, here is my contact number. Don't hesitate to call me if you have any concern. Thank you

# Gastroesophageal reflux disease

**OET MARCH 2014**

**ROLEPLAYER CARD NO. 1** **MEDICINE**

**SETTING** Suburban Clinic

**PATIENT** You are middle-aged and overweight. You have noticed a bitter taste in your mouth, which is worse on waking in the morning and is accompanied by a burning sensation in the back of the throat. You have also noticed it is worse during your morning walk after breakfast. Sometimes there is a bit of regurgitation of food. You smoke 5-10 cigarettes a day, drink several cups of coffee, and have two glasses of wine with dinner. You also have a slight cough when you speak.

**TASK**

- Find out what is causing these symptoms.
- When the doctor mentions reflux, become alarmed. You have heard that it can lead to a serious pre-cancerous condition.
- Find out how it can be treated.
- Do not accept the doctor's recommendations. You feel he/she is not taking this seriously enough and you want to see a specialist. Be insistent.
- Reluctantly accept the doctor's advice.

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**OET MARCH 2014**

**CANDIDATE CARD NO. 1** **MEDICINE**

**SETTING** Suburban Clinic

**DOCTOR** A middle-aged patient has come in complaining of a bitter taste in his/her mouth, which is worse on waking and accompanied by a burning sensation in the back of the throat. He/she is overweight, and you notice a slight cough when he/she speaks. You diagnose GORD (gastro-oesophageal reflux disease).

**TASK**

- Check if the patient has difficulty swallowing.
- Tell the patient your diagnosis (GORD) and explain the causes (e.g., alcohol use, being overweight, smoking, bad posture).
- Outline dietary and lifestyle measures that can help in controlling it (e.g., weight management - foods to avoid; meals - little and often and not within three hours of bed; lifestyle - smoking, alcohol, elevation of head of bed, avoidance of exercise straight after meal).
- Advise on the treatment strategy: ranitidine (H2 antagonist) then review.
- Reassure the patient. You do not feel a referral for an endoscopy is warranted at this stage. It may be worthwhile later if there is limited response to ranitidine.

# Transcript for the above card

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1. Hello, Good afternoon. My name is Dr. Tufail. I am the treating Doctor here today. How may I call you?
2. Well, Mr. /Miss someone! Thanks for coming to see me. How can I help you?
3. Oh, I am really sorry to hear that. It must be very stressful for you. Can I ask you some questions regarding your condition?
4. Do you have any difficulty in swallowing? Do you feel any pain during swallowing?
5. Well, based on your symptoms and after examination I believe that you have a condition known as gastro-esophageal-reflux-disease
6. Have you ever heard about that?
7. Alright, so, this is a condition in which the acidic food particles comes back from stomach through esophagus to the mouth that causes bitter taste, burning sensation in the throat and cough. It's caused by many factors like drinking alcohol, being overweight, smoking and bad posture.
8. I can feel your worries but let me tell you if you change your lifestyle and dietary habits, your condition will get much better. You need to reduce smoking, alcohol, and elevate the head of your bed. I would also recommend reducing your weight, avoiding food within 3 hours of bed and avoiding exercise straight after meal.
9. I'll prescribe you a course of Ranitidine which is basically a H<sub>2</sub> antagonist and then I'll review your check up after few days.
10. I can see that you are quite upset but let me reassure you that it's nothing to get alarmed about. We all are here to help you. At the moment you don't need to go for endoscopy or any other special assessment. It'll be needed only if your condition doesn't respond to ranitidine.
11. Am I clear to you?
12. Do you have any more questions?
13. I am pleased that you are agreed to my advice.
14. Thank you. Here is my contact number. You can call me anytime if you have any issue regarding your condition.

# Medical Power Of Attorney (Anxious patient)

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## ROLEPLAYER CARD NO. 4

## MEDICINE

**SETTING** Suburban Clinic

**PATIENT** You are 54 years old with advancing motor neurone disease. Your son wants to become your enduring medical power of attorney (MPOA), someone who makes medical treatment decisions for you should you lose the capacity to make those decisions yourself. You have never been very close to your son who lives interstate (your spouse died three years ago). You feel under pressure and seek advice from your doctor on appointing a medical power of attorney.

- TASK**
- Ask for the doctor's advice: "Is it necessary that I appoint a medical power of attorney?"
  - Tell the doctor you think your son will appoint himself as your medical power of attorney without your consent, as your mental health declines. This is making you anxious.
  - Express concern that your son might arrange euthanasia or refuse palliative care for you.

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OET NOVEMBER 2014

## CANDIDATE CARD NO. 4

## MEDICINE

**SETTING** Suburban Clinic

**DOCTOR** Your patient is a 54-year-old widow/er with advancing motor neurone disease. The son wants to become your patient's enduring medical power of attorney (MPOA), someone who makes medical treatment decisions for a person should that person lose the capacity to make those decisions. Your patient is not close to his/her son, feels pressure to appoint him as MPOA, and wants advice.

- TASK**
- Explain that it is not necessary to appoint a MPOA and he/she can appoint someone other than his/her son.
  - Provide reassurance – no one can appoint themselves as MPOA for another person. The patient must have the capacity to understand the implications and consequences of appointing MPOA (otherwise it is not legally valid).
  - Reassure the patient that he/she will be supported during illness (MPOA cannot arrange euthanasia or refuse palliative care).
  - Offer to prepare an advance care plan for the patient so he/she can document his/her end of life choices; ensure he/she has a will.

## Transcript for the above card

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1. Hello, My name is Dr Hira. I am the treating doctor for today. May I confirm your name and age please?
2. Well, Mr. Someone. Thanks for coming to see me. Could you please tell me what brings you here today?
3. Ohh I can see that you are worried the about medical power of attorney but let me explain to you that it's not mandatory to appoint your son as a medical power of attorney. You can select someone else as well.
4. I can see that you are quite upset but let me reassure you that no one can appoint himself as your medical power of attorney. For appointing someone as your medical power of attorney, you must have a mental capacity to understand it's consequences otherwise it's not legally allowed for someone to appoint himself as a medical power of attorney without your consent. Am I clear so far?
5. Well, Mr. Someone, I really appreciate your concern but rest assured you'll be well-supported during your treatment. Let me explain to you that medical power of attorney can neither arrange euthanasia nor refuse your palliative care. Are you getting me ?
6. Do you have a wish Mr. Someone?
7. Alright, So I would like to prepare an advance care plan for you. You'll be able to document your end of life choices. How does it sound Mr. Someone?
8. Is there anything else that is bothering you?
9. Alright, Mr. Someone. Here is my email address , you can contact me if you have any issue regarding your health. Ok?

If you still have sufficient time remaining then either summarize the card or tell the patient that you are going to give him/her a brochure that will contain all the necessary information about medical power of attorney

# Bee sting (Refusal of admission and counseling of reluctant parent)

## ROLEPLAYER CARD NO. 5

## MEDICINE

SETTING	Suburban Clinic
PATIENT	Your three-year-old son has just been stung by a bee while playing in the garden. Last year, your sister's child experienced a severe allergic reaction after being stung by a bee, requiring hospitalisation and emergency management. You have rushed down to the doctor's surgery, as you are extremely worried that your own son is at risk of developing anaphylaxis (a dangerous allergic reaction). Your son is developing a large red swelling on his arm and appears to be in a lot of pain.
TASK	<ul style="list-style-type: none"><li>• Request that the doctor organise for your son to be admitted to hospital for observation, just to be safe.</li><li>• Become upset when the doctor does not agree that your son needs hospitalisation. Ask: "How can you be sure that he will be alright?"</li><li>• Reluctantly agree to observe your son at home. Seek advice on home care.</li></ul>

## OET OCTOBER 2014

## CANDIDATE CARD NO. 5

## MEDICINE

SETTING	Suburban Clinic
DOCTOR	A three-year-old boy has been stung by a bee. Last year, the boy's cousin experienced a severe allergic reaction after being stung by a bee, requiring hospitalisation and emergency management. The boy's parent has rushed down to your surgery, as he/she is extremely worried about the risk of developing anaphylaxis (a dangerous allergic reaction). The boy has a large red swelling on his arm and appears to be in a lot of pain.
TASK	<ul style="list-style-type: none"><li>• Gently refuse to organise for the child to be admitted to hospital.</li><li>• Reassure the parent (e.g., localised response; already half an hour after the sting and no signs of systemic illness – hives, wheezing, shortness of breath, faintness or weakness, etc.).</li><li>• Convince the parent to observe the son at home. Offer the following advice on care at home:<ul style="list-style-type: none"><li>- ice to soothe pain and reduce swelling.</li><li>- clean the affected area to avoid infection.</li><li>- treat itching with over-the-counter antihistamine (e.g., Benadryl).</li></ul></li></ul>

## Transcript for the above card

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1. Hello, My name is Dr Hira. I am the treating doctor for today. How may I address you?
2. Well, Mr. Someone. Thanks for coming to see me. How can I help you today?
3. Ohh I am sorry to hear about that. I know being a parent how frightening the situation would be for you but I would like to examine your child, Is that Ok for you?
4. Alright, Mr. someone based on your history and after my examination, I believe your child don't need admission in the hospital.
5. I know it must be difficult for you but rest assured I have examined your child and it's just a localized reaction to that sting. There is nothing to be alarmed about, as half an hour has passed but still there are no signs of systemic illness like hives, wheezing, shortness of breath, faintness or weakness etc. Am I clear so far?
6. Alright, Mr. Someone. I advise you to take care of your son at home. Use ice packs on your son's lesion to reduce the swelling and reduce his pain. Keep the area clean to avoid infection. If there was itching then you can give him antihistamine that is Benadryl. It would be helpful for your child. Do you feel comfortable with my advice?
7. I am glad that you agreed to my advice.
8. Furthermore, I'll give you a brochure that will contain all the information about bee sting. Would you like to take and read that at home?
9. Aright. Is there anything else you need me to explain for you?
10. Well. Here is our email address, if your child has any issue, you can contact me

# Health Assessment at Factory work-place Transcript for the above card

ROLEPLAYER CARD NO. 6		MEDICINE
SETTING	Work Place Health Check	
PATIENT	You are a 50-year-old factory worker. You are attending a work health check (15-minute health assessments conducted at work) organised by your employer. You do not want to cooperate with the assessment because you are concerned about your employer having access to your medical information. You have not had a health check for a long time and are fearful that you may have developed diabetes or some other disease. You would prefer not to know.	
TASK	<ul style="list-style-type: none"><li>• Express your concern about your employer having access to your personal information.</li><li>• Tell the doctor that you do not understand why you need a health check – as long as you are performing your duties, what does your health matter?</li><li>• Inform the doctor that your older brother was diagnosed with diabetes a year ago and has made big changes to his diet and lifestyle. You couldn't be bothered going through such big changes (If I'm feeling ok, why should I worry?).</li></ul>	
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OET SEPTEMBER 2014	
CANDIDATE CARD NO. 6	MEDICINE
SETTING	Work Place Health Check
DOCTOR	You are conducting 15-minute health assessments at a factory workplace. A 50-year-old factory worker does not want to cooperate with the assessment because he/she is concerned about the employer having access to his/her medical information. The worker has not had a health check for a long time and is fearful that he/she may have developed diabetes or some other disease. He/she would prefer not to know.
TASK	<ul style="list-style-type: none"><li>• Provide reassurance – work health checks are confidential and provide opportunity to receive immediate feedback and advice on results.</li><li>• Explain that health checks support a healthier workforce with wide-ranging benefits (e.g., improved productivity, reduced workplace injuries, etc.) plus personal benefits (e.g., individuals learn more about their own health, etc.).</li><li>• Convince the patient to attend local doctor and undertake testing for diabetes. Explain benefits of risk assessment for preventable disease. Encourage the patient to reduce risk factors (e.g., dietary modification, regular exercise, etc.).</li></ul>

1. Hello, My name is Dr Hira. I am here to conduct a 15-minute health assessment at this factory work-place. I understand that you are a factory worker here, is that correct?
2. Alright, May I know your name and age please?
3. Well, Mr. Someone. Would you like to cooperate with this health assessment/Do you have any concern regarding this health assessment?
4. Ohh I can understand that you are worried about your privacy but rest assured your health-related information will be confidential and no one can get access to these information without your consent. Other than that the health assessment will provide you a good opportunity to get immediate feed-back and advice regarding your general health. Am I clear so far?
5. I really appreciate your concern but your health is our first priority and let me explain to you that these health assessments will allow you to work in healthy environment , to improve your work efficiency and reduce work-related injuries. Beside that it has so many other personal benefits like one can know about their health status. Are you understanding me?
6. Ohh I am sorry to hear about your brother's condition. I'll advise you to attend a local doctor and do some tests for diabetes. Do you think you can do it?
7. Well, Mr. someone . let me explain to you that these health assessment will help you to prevent yourself from so many diseases. I would like to advise you some dietary modifications and regular exercise, as these measures will reduce the risk of preventable diseases like diabetes and hypertension. Do you understand me?
8. Alright, I'll recommend joining a local gym or sports centre ,they'll be able to design a fitness program for you. Would you like to do that?
9. I am glad that you agreed to my advice.
10. Here is my email address, if you have any issue regarding your health, you can contact me.

**“That is the end of these notes”**

*Note: These notes will be updated with time. To get updated notes, join our Facebook group by clicking the link given in the start of these notes.*

**“Best Of Luck for your Up-Coming Exams”**