

## OET Listening

### How to keep your place in the listening paper




- ✓ Preparation time
- ✓ Stay focused
- ✓ Common signposting

### How to keep your place in listening A

**Challenges**

- Paraphrasing
- Word order
- Natural speech and speed



**Past gynaecological history:**

- dysmenorrhoea – long-term
- usually managed with simple 1) \_\_\_\_\_ & application of heat

**Current pain symptoms:**

**Gynaecologist:** OK, Beatrice, from what you've told me, you have a fairly long history of relatively painful period pain, which you could always manage with over-the-counter painkillers. is that right?

**Patient:** Yes. I've always had painful periods, but they were manageable. Occasionally, I'd spend the day in bed with a hot water bottle and some painkillers, very occasionally. Lately, it's got much worse.

**Summary of symptoms:**

- worsening of 6) \_\_\_\_\_ cramps
- sharp, 7) \_\_\_\_\_ pains
- cramps continue
- dragging 8) \_\_\_\_\_ pain
- pain down 9)

**Past gynaecological history:**

- dysmenorrhoea – long-term
- usually managed with simple 1) \_\_\_\_\_ & application of heat

**Current pain symptoms:**

- says pain used to be 2) \_\_\_\_\_ and occasional sharp pain
- says pain now excruciating pain - 3) \_\_\_\_\_ pain, 'like a knife'
- increased severity of initial pain
- 4) \_\_\_\_\_ pains down back of legs - 'like an electric shock'
- lower back pain described as 5) \_\_\_\_\_, heavy pain - 'like an ache'

**Summary of symptoms:**

- worsening of 6) \_\_\_\_\_ cramps
- sharp, 7) \_\_\_\_\_ pains
- cramps continue
- dragging 8) \_\_\_\_\_ pain
- pain down 9)

**Gynaecologist:** I see. *Could you tell me what the pain's like now?*

**Patient:** Well, before *I used to get a bit of cramping with the odd sharp pain. During the last few periods, I've been getting the most excruciating pain... a stabbing pain, like a knife going into my insides. I still get the cramping pain as well, only worse than before. Sometimes I get shooting pains down the back of my legs as well. A bit like an electric shock.*

**Gynaecologist:** *What about back pain?*

## How to keep your place in listening C

**Interview**

The questions provide structure to the interview and to prepare you to listen to a section of the audio.

The questions give you cues about what you should expect to hear.

- "What are your thoughts about the impact of occupational therapists' work?"
- "When you say 'urgent', do you mean that there are plans to implement the changes?"
- "So to act on the findings of the study you..."

**Presentations**

**Signposting**

- Another notable finding of the study...
- Now, I'd like to talk about the aims of the study.
- Moving forward...
- If we look at a case study of a patient named Julia.
- Linkers: despite, however, although

1. What does Cynthia find **unexpected** about rosacea?  
 A. people with blond hair are most at risk  
 B. women are predominantly affected by it  
 C. men are over-represented in complex cases

2. Cynthia **suggests** that optometrists...  
 A. may be the initial point of contact for patients.  
 B. are best placed to manage the condition.  
 C. have the expertise to manage the condition.

3. Cynthia talks about her patient called **Kelly** to **highlight** the...  
 A. discomfort caused by the symptoms of the condition  
 B. the negative effect the condition has on a person's life.  
 C. recurring and chronic nature of the condition.

4. What did **Cynthia** **confess** about **Kelly's case**?  
 A. she was uncertain how to proceed  
 B. she was unsure about the treatment  
 C. she was upset about the situation

5.  
 What did Cynthia **point out** about **Demodex mites**?  
 A. they infiltrate the skin and parts of the eye  
 B. they are naturally hosted on human skin  
 C. they are a side effect of skin infections

6.  
 What did Cynthia **think** about the **article she read**?  
 A. it was informative about a common skin parasite  
 B. it suggested the cause of the condition is now known  
 C. it presented a positive viewpoint about future treatment

1. What does Cynthia find **unexpected** about rosacea?  
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*Today I'm going to talk about rosacea; in particular about a complication of the disease which affects the eyes called ocular rosacea. Rosacea is a commonly occurring skin disease with no known cause, although fair-skinned people are more likely to develop the disease between their 40s and 60s and it tends to run in families. **Curiously** despite affecting twice as many females as males, the condition is often more severe in the male population.*


B. the negative effect the condition has on a person's life.  
 C. recurring and chronic nature of the condition.

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*The eye symptoms may explain why we **as optometrists** are often **the first healthcare professionals consulted about the condition**. Optometrists advise patients about the management of eye irritation, prescribe eye lubricants and advise on eye hygiene. Any escalation in symptoms is referred to an ophthalmologist*

## Useful websites



**CSA Videos**  
<https://www.youtube.com/user/mattandhazelsmith/videos>

Listen and notice the questions the doctor uses the guide the consultation.

**BBC Radio 4 Inside Health**  
<https://www.bbc.co.uk/programmes/b019d11b>

**TEDMED**  
<https://www.tedmed.com/>

**abc health matters**  
<https://www.abc.net.au/radionational/programs/healthreport>

Make a note of any expressions the speaker uses to organise their speech e.g. *First of all...* *Moving on to...*