OET Listening practice test 1

42 questions, about 40 minutes. Play the free audio online once per extract at oetace.com/listening/test?id=L01. Practise in the OET format, then check the answer key.

Part A

Extract 1: Consultation: recurrent headaches

You hear a GP talking to a patient called Mrs Grace Whitfield. For questions 1-12, complete the notes with a word or short phrase.

Patient: Mrs Grace Whitfield (54)

Presenting complaint

- recurrent headaches; onset approx. ___(1)___ ago (after Easter)
- bilateral pain around the ___(2)___, 'like a tight band'
- frequency: approx. ___(3)___ in the past month
- feels ___(4)___ on bad days, with poor appetite; no vomiting
- ___(5)___ with worse episodes; no visual aura

Background

- history of ___(6)___ in her 20s (unilateral, throbbing)
- no jaw pain on chewing, no scalp tenderness
- periods stopped 18 months ago; not on HRT

Current analgesia

- ___(7)___, 2 tablets on waking, most days
- adds ___(8)___ on bad days

Social

- coffee: approx. ___(9)___ a day at work
- works as school ___(10)___ (screen-based)
- seeing a ___(11)___ for stiff R shoulder since June

Impression and plan

- probable ___(12)___ headache; possible underlying tendency given past history
- stop regular analgesics; reduce caffeine gradually; headache diary; BP and blood test; review in 2 weeks

Extract 2: Pre-admission clinic: total hip replacement

You hear a pre-admission nurse talking to a patient called Mr Dennis Harrow. For questions 13-24, complete the notes with a word or short phrase.

Patient: Mr Dennis Harrow (68)

Procedure

- diagnosis (R hip): ___(13)___; booked for total hip replacement

Allergies and skin

- allergy: ___(14)___ (itchy rash) - flag for theatre
- ___(15)___ on both shins, uses emollient nightly; hip skin intact

Past surgical history

- knee arthroscopy
- procedure for ___(16)___ (approx. 2015); no anaesthetic problems

Medications

- anticoagulant: ___(17)___ 5 mg twice daily (for AF)
- timing of last pre-op dose to be advised by ___(18)___

Other medical

- sleep apnoea diagnosed after sleep study; has used CPAP for ___(19)___
- uses CPAP nightly - bring to hospital
- ex-smoker, quit ___(20)___ ago; alcohol minimal

Home situation

- lives with wife in a ___(21)___ (bedroom and bathroom upstairs)
- wife currently has a ___(22)___, limited lifting
- uses a ___(23)___ outdoors

Plan

- pre-op referral to ___(24)___ (shower chair, raised toilet seat)

Part B

Extract 1

You hear a night nurse handing over a post-operative patient to a colleague on a surgical ward.

25. What does the night nurse advise her colleague to do?

A call the team before the ward round if his output stays low
B hold off calling the team until the kidney function results are back
C request a repeat fluid bolus, as the first one improved his output

Extract 2

You hear a community pharmacist phoning a GP about a prescription.

26. Why is the pharmacist calling the GP?

A to query whether the antibiotic dose prescribed is correct for her
B to suggest pausing one of the patient's regular medicines
C to recommend prescribing a different antibiotic for this patient

Extract 3

You hear a clinical nurse educator talking to ward staff about a change in procedure.

27. What concern about bed rails has led to the change in procedure?

A Rails restrict how closely staff can observe at-risk patients.
B Rails tend to obstruct staff when moving patients between beds.
C Patients can be hurt worse trying to get past raised rails.

Extract 4

You hear a midwife talking to a new mother on a postnatal ward.

28. What does the midwife suggest to help the mother?

A recording the baby's wet and dirty nappies over the next day
B adjusting how the baby attaches to ease the pain during feeds
C saving formula top-ups for if the baby's weight keeps falling

Extract 5

You hear an infection prevention nurse briefing staff about an outbreak on a ward.

29. What change to usual practice does the speaker emphasise?

A Gowns and gloves are now required for every patient on the ward.
B Unwell staff must have a negative test before returning to work.
C Hands must be washed with soap after contact with affected patients.

Extract 6

You hear a radiographer talking to a colleague about a patient's MRI appointment.

30. Why has the patient's MRI scan been rescheduled?

A The staff member who sets his pacemaker is absent today.
B His pacemaker's MRI safety still needed to be confirmed.
C He asked to wait until his daughter could come with him.

Part C

Interview: deprescribing in older adults

You hear a radio interview with Dr Rohan Iyer, a geriatrician, about deprescribing in older adults.

31. What is Dr Iyer's view of the term 'polypharmacy'?

A It wrongly implies that taking many medicines is harmful in itself.
B It overstates how many people over seventy-five take too many medicines.
C It makes patients anxious about the sheer number of pills they take.

32. According to Dr Iyer, patients most often resist stopping a medicine because they

A are afraid that their original symptoms will come back.
B have become attached to taking their familiar tablets.
C feel that stopping means they are being given up on.

33. What point does Dr Iyer make about GPs?

A They should leave complex deprescribing decisions to specialist teams.
B Their knowledge of which drugs could go is seldom what holds them back.
C They are partly to blame, although the system adds to the problem.

34. What did the pilot team find most surprising?

A the modest number of medicines stopped or reduced per person
B the medicines patients kept at home that their GP didn't know about
C the number of patients who already had a medicine in mind to stop

35. What is Dr Iyer's main concern about software tools that flag medicines?

A They flag medicines such as antidepressants that are often still helping.
B Some users act on the flags without applying further judgement.
C They raise more issues than can be covered in a short consultation.

36. Dr Iyer advises stopping medicines one at a time mainly because

A the patient is less likely to feel unwell during the process.
B any new symptom can then be linked to a particular change.
C the patient has time to learn which warning signs to look for.

Presentation: recognising sepsis in rural hospitals

You hear a presentation by Dr Hannah Whitcombe, an emergency physician, about recognising sepsis in rural and remote hospitals.

37. At the start of her talk, Dr Whitcombe suggests that the main difficulty with sepsis in rural hospitals is

A staff being unfamiliar with the warning signs of sepsis.
B deciding whether to phone a doctor about a patient.
C the shortage of nursing staff available on night shifts.

38. What does Dr Whitcombe now believe about her care of Joan?

A A relative's remark was the warning she should have acted on.
B The borderline observations were the warning she should have acted on.
C The oral antibiotic plan was the decision she should have changed.

39. What did the audit reveal about delays in treatment?

A The longest wait resulted from nurses being unable to reach doctors by phone.
B The longest wait was for intravenous access and antibiotic selection.
C The longest wait came before any doctor had been informed of the patient.

40. What was the main reason that most nurses gave for delaying a call to a doctor?

A Poor phone coverage made it hard to reach the doctor.
B They did not want to call a doctor out unnecessarily.

C They were not sure whether the patient met the criteria.

41. What is Dr Whitcombe's view of introducing new screening tools?

A They would add little, because staff already saw the problem.

B They are needed because current charts lack clear criteria.

C They should be simpler than the checklists currently in use.

42. What change to nurses' authority does Dr Whitcombe propose?

A Nurses call the doctor by video so the doctor can authorise the pathway remotely.

B Nurses call the doctor and, under a standing order, begin the pathway at the same time.

C Nurses begin the pathway first and call the doctor once treatment is under way.

Answer key

Check after you finish. For the evidence and an explanation of each answer, submit the same test free online.

1. four months
2. temples
3. twenty days
4. queasy
5. light sensitivity
6. migraines
7. paracetamol
8. ibuprofen
9. four or five cups
10. business manager
11. physiotherapist
12. medication overuse
13. osteoarthritis
14. chlorhexidine
15. eczema
16. haemorrhoids
17. apixaban
18. surgical team
19. fourteen months
20. twelve years
21. townhouse
22. broken wrist
23. walking stick
24. occupational therapist
25. A
26. B
27. C
28. B
29. C
30. A
31. A
32. C
33. B
34. C
35. B
36. B
37. B
38. A
39. C
40. B
41. A
42. B