



2018-1-PL01-KA203-050990

# Listening Paper

Exam Center \_\_\_\_\_

Date of test \_\_\_\_\_

Test-taker ID \_\_\_\_\_

<http://medicalenglishtests.eu/>



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Co-funded by the  
Erasmus+ Programme  
of the European Union





**Task 1**

**You are going to hear a lecture about the use of touch in medical and therapeutic settings.**

**For questions 1 – 5, choose the correct answer (a, b, or c).**

**First you will have one minute to study the task below, then you will hear the recording twice. After the second listening, you will have one minute to finalise your answers.**

1. Which survey participants were most comfortable about touch in medical settings?

- a) older people and women
- b) children and women
- c) men and older people

2. What is the most positive aspect of touch, according to Dr Brewster?

- a) To comfort a patient who is clearly feeling extremely upset.
- b) To reduce the anxiety of a patient who has received bad news.
- c) To build a trusting relationship between the doctor and patient.

3. What is a major disadvantage of online medical consultations, according to Dr Brewster?

- a) It is difficult to make an accurate diagnosis.
- b) They last longer than face-to-face consultations.
- c) It's difficult to show empathy without touching.

4. What are 'talking therapists' taught during their training?

- a) It's allowed to touch the client's hand or shoulder.
- b) Not to touch a client under any circumstances.
- c) Only to touch a client if they are crying.

5. What does Dr Brewster feel about therapies involving touch?

- a) They can help to improve patient wellbeing.
- b) They can sometimes cure a patient's condition.
- c) They are unsuitable for patients with mental health problems.

I am now going to look at a related topic – the link between patient anxiety and physical health. (fade out)

**Key 1c, 2c, 3a, 4b, 5a**

### Transcript of Recording 1

In today's lecture I'm going to talk about the importance of the sense of touch in both medical and therapeutic settings. This is a controversial area, but a recent survey of around 40,000 patients and clients cast new light on how patients themselves feel about being touched. Here I'm not referring to touch as a method of diagnosis, but rather a doctor touching the hand of a patient in distress or putting their hand on a patient's shoulder. Not surprisingly, the patients who were most positive about being touched in this way were older people, many of whom live alone and really miss physical contact. Children were not included in the survey, but another group who were surprisingly positive about touch in medical settings were men of all ages. The experts conclude that this may be because touch can express more than words, particularly if a patient is feeling vulnerable.

In my experience, touch is invaluable in medical settings – I often find myself holding the hand of a patient who is in tears, having just had negative test results. I view touch as one of the most important tools that doctors can use to build trust between the doctor and the patient, along with a reassuring manner, patience, kindness and an ability to listen effectively.

Unfortunately, more and more doctor-patient consultations are now taking place online. While this is positive in terms of saving time, particularly the patient's time as it means that a poorly patient doesn't have to visit the surgery in person, there are some negative consequences when it comes to touch. For example, the doctor can't press the patient's stomach to establish whether he or she is just suffering from wind or constipation, or whether it's something more serious, like appendicitis. Of course, it's still possible for the doctor to be empathetic and to give patients the reassurance they need verbally, but in an online consultation the doctor is forced to rely on the patient's words and their own description of their symptoms.

Now many of you here today are trainee doctors and therapists, and I know that what I term 'talking therapists' are explicitly told during their training that any physical contact between the therapist and their client is a big no-no. And yet I know from my own experience that it is impossible to stop yourself touching the shoulder or the hand of a distressed patient who is in a flood of tears. And it seems practising therapists feel the same.

According to the survey, a significant number of clients in therapy reported that their therapist had comforted them on at least one occasion using touch. Not only that, but just under half of the survey participants said that they would welcome some form of touch from their therapist if they were feeling distressed. As a result of these findings, the writers of the report propose that a review of therapy training is urgently needed.

Of course there are a number of therapies that involve touch, including massage, reflexology and acupressure, although the claims that are made about the beneficial effects of these touch therapies often tend to be exaggerated. For example, there is no evidence that these therapies can cure a medical condition, although there is evidence that they are useful in treating patients suffering from mental health problems, who undoubtedly benefit from physical touch. But to my mind, these therapies, while beneficial in terms of patient wellbeing, are no substitute for good old-fashioned medicine. I feel they should be used to complement mainstream medicine, not to replace it.

This links nicely with the link to stress and physical health. *(fade out)*

(607 words)

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Points:   /5**Task 2**

You will hear five short extracts featuring healthcare professionals talking to colleagues at an international conference.

For questions 6 – 10, match the nursing role in options (A – H) to the speaker.

First you will have one minute to study the task below, then you will hear the recording twice. After the second listening, you will have one minute to finalise your answers.

A anaesthetic nurse    1. Speaker 1 \_\_\_\_\_

B cardiology nurse    2. Speaker 2 \_\_\_\_\_

C critical care nurse                                        3. Speaker 3 \_\_\_\_\_

D elderly care nurse                                        4. Speaker 4 \_\_\_\_\_

E midwife    5. Speaker 5 \_\_\_\_\_

F neonatal nurse

G oncology nurse

H renal nurse

Points:   /5**Key 6E, 7C, 8A, 9H, 10D****Transcript of Recording 2**

1. This particular patient had told me she was determined to have a vaginal delivery, but her labour was not progressing. Her contractions weren't strong enough to dilate the cervix fully. At one point the foetal heartbeat went up to 180 beats a minute, so I alerted the on-call obstetrician. He immediately decided she needed an emergency caesarean and she was rushed straight to theatre. And now, despite the fact she's got a healthy little boy, she's made an official complaint.
2. This particular patient was in her eighties, but had decided to go up a ladder to pick some apples. She fell off and landed on her head on a concrete path. Luckily the neighbour saw what had happened and called an ambulance. She was rushed in, and diagnosed with a fractured skull, severe concussion and intracranial bleeding so she was sent to us for monitoring. I wasn't expecting her to make it through the night, to be honest, but by morning her condition had improved and the next day she was transferred to the elderly care ward. I later heard she'd made a full recovery.
3. It was really scary. The patient suddenly went into anaphylactic shock on the operating table and suffered a cardiovascular collapse. It turned out she was allergic to one of the muscle relaxants she'd been given before the operation. I'd never seen that happen before, but we'd been taught about it on my course and my training kicked in. I maintained the airway while my colleague injected her with adrenaline at 10-minute intervals.
4. This particular patient started coming to us for dialysis around two years ago. She'd been on the transplant list for ages, and she was beginning to give up hope. Her daughter did everything she could to find a live donor, including a huge Facebook campaign. Then we heard that one of her neighbours had been tested and was a suitable match. She had the transplant two weeks ago and I nursed her before and after the op. I got quite emotional when we said goodbye.
5. It was so sad. She'd been living at home all that time because she was determined not to end her days in a nursing home. Then one she noticed a lump on her breast and eventually she was diagnosed with advanced breast cancer. But she was so weak by that stage that they decided she wasn't a suitable candidate for chemotherapy or radiotherapy. So then she was sent to our ward and I nursed her until she passed away. She was so lovely. I really miss her. I used to sit up with her every night, holding her hand, and she'd tell me wonderful stories about when she was a little girl.

(459 words)

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Points:   /5**Task 3**

You will hear an A&E doctor talking to a colleague about a patient who was admitted earlier that morning.

For questions 11 – 15, write the five mistakes in the patient's notes and correct them. The first one has been done for you as an example.

First you will have one minute to study the task below, then you will hear the recording twice. After the second listening, you will have one minute to finalise your answers.

**Patient name:** Gregory Nicholls

**Mistake / Correction**

**DOB:** 15.06.1999

Example: Gregory / Christopher

**Occupation:** Carpenter

11. \_\_\_\_\_ / \_\_\_\_\_

**Next of kin:** Alec Nicholls (father)

12. \_\_\_\_\_ / \_\_\_\_\_

**Cause of admission:** Patient fell two floors at work.

13. \_\_\_\_\_ / \_\_\_\_\_

**Patient condition:**

14. \_\_\_\_\_ / \_\_\_\_\_

Fitted with knee brace to restrict movement

15. \_\_\_\_\_ / \_\_\_\_\_

Breathing supported

One vein dilated

Patient initially presented as fatigued and had several seizures

Suspected brain injury

**Immediate course of action:**

Send patient for a/an X-ray

Keep patient in A&E until seen by a cardiologist

Points:   /5

**Key 11 knee/neck, 12 vein/pupil, 13 fatigued/confused, 14 X-ray/scan, 15 cardiologist/neurologist**

### Transcript of Recording 3

Next we have Christopher Nicholls, date of birth 15<sup>th</sup> June, 1999. Christopher works as a carpenter and had a nasty accident at work this morning, falling two floors from a balcony. He was brought in by ambulance at 9.37. The crew had followed procedure and fitted him with a neck brace to restrict his movement. We initially supported his breathing with oxygen, but now we've put him on a ventilator. On examination, Christopher's left pupil was dilated and non-responsive to light. He was confused on admission and had a several seizures before he was intubated. It looks like he may have a brain injury, so the plan is to send him for a scan, then keep him in A&E until he is examined by the on-duty neurologist. His father is his next of kin, but he's up in Scotland. I've said we'll call him as soon as we can ascertain the extent of the damage.

(155 words)

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## Task 4

**You will hear the same A&E doctor telling a colleague what is going to happen to the patient now.**

**For questions 16 – 20, complete the five gaps in the treatment plan below.**

**First you will have one minute to study the task below, then you will hear the recording twice. After the second listening, you will have one minute to finalise your answers.**

Treatment plan: Christopher Nicholls DOB: 15.06.1999

Scan shows patient's brain injury is less (16) \_\_\_\_\_ than expected.

Will take patient off ventilator in two hours' time to check he can breathe unaided.

Once patient is (17) \_\_\_\_\_, he will be sent to the High Dependency Unit for (18) \_\_\_\_\_.

Head of bed must be kept slightly elevated at all times and his spine must be kept straight.

(19) \_\_\_\_\_ to be restricted for 48 hours.

Patient will need to be given (20) \_\_\_\_\_ at regular intervals.

Points:   /5**Key 16 severe 17 stable 18 observation 19 Fluids 20 painkillers****Transcript of Recording 4**

So, the good news is that we've got the scans back and although it looks like there is some damage to Christopher's brain, I'm relieved to say that it's nothing like as severe as we feared when he was brought in. The neurologist thinks that if he gets the right treatment and lots of bed rest he'll be fine. The plan is to take Christopher off the ventilator at 2 o'clock to ascertain whether he can breathe for himself. If that's the case, and he remains stable, we'll send him up to the High Dependency Unit. He'll stay there for 48 hours for observation. It's crucial that when he goes to HDU, the head of the bed is slightly elevated at all times, so that his head is higher than his feet, and that his spine is kept straight. He'll also be on restricted fluids for 72 hours to reduce the risk of any further swelling to the brain. The neurologist says Christopher will probably be suffering with bad headaches for the next week or so, so he will be prescribed painkillers which he will need to take four-hourly.

(189 words)

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Points:   /5**Task 5**

**You will hear five healthcare professionals and patients talking in a medical setting.**

**For questions 21 – 25, complete the five statements using options (A – H) in the list below.**

**First you will have one minute to study the task below, then you will hear the recording twice. After the second listening, you will have one minute to finalise your answers.**

- |             |                     |
|-------------|---------------------|
| A bleed     | 16. Speaker 1 _____ |
| B break     | 17. Speaker 2 _____ |
| C disappear | 18. Speaker 3 _____ |
| D hear      | 19. Speaker 4 _____ |
| E sit up    | 20. Speaker 5 _____ |
| F swallow   |                     |
| G swell     |                     |
| H vomit     |                     |

Points:   /5**Key 21F, 22A, 23G, 24H, 25E****Transcript of Recording 5**

1. Could you come and have a look at a patient for me, Dr Clifford? I'm a little concerned about her. She's got a temperature and her throat is so swollen that she's finding it hard to (beep).
2. This should reduce the staining. Use about one centimetre of it morning and night. But be careful. If you brush too hard, your gums will (beep).
3. I'd recommend taking gentle exercise, with emphasis on the word 'gentle'. Do remember, though, that it's not a good idea to walk on your ankle too much, otherwise it will (beep).
4. It's horrible, doctor. Ever since you started me on those new tablets, I've started to dread mealtimes. Every time I try to eat something, I feel like I'm going to (beep).
5. Hello, James! Sorry to wake you, but it's lunchtime, so I need you to (beep).

(140 words)

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