

# Listening Paper

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

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

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

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## **Task 1**

***You are going to hear a lecture about the links between happiness and health.***

***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. In the chocolate experiment,
  - a) participants first ate a bar of milk chocolate.
  - b) every participant's immune system was boosted.
  - c) the participants' saliva was tested afterwards.
  
2. The beneficial effects following the experiment
  - a) gradually became stronger.
  - b) lasted for several days.
  - c) faded after 45 minutes.
  
3. According to the professor,
  - a) everyone should do at least one pleasant thing a day.
  - b) people should not be excessive, in terms of pleasure.
  - c) people generally find the same things pleasurable.
  
4. According to the professor, smiling
  - a) is something we learn in infancy.
  - b) tends to be extremely infectious.
  - c) varies from person to person.

5. The professor states that
- a) people should go for a walk every day.
  - b) it's better to exercise with other people.
  - c) some people find exercise addictive.

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

### Transcript of Recording 1

Today, I'm going to be talking about the links between health and happiness. Now, I don't know about you young people, but I know that when I'm feeling particularly low, not only do I find that I'm more susceptible to coughs and colds, but when I do catch one, it always seems to last longer. Whereas whenever I catch a cold or cough when I'm in a good place and feeling reasonably happy, I tend to shrug it off in no time. And it seems it's not just me who is aware of this link between happiness and the immune system. An experiment was conducted recently in Manchester, where subjects were put in a laboratory and exposed to the aroma of melting chocolate. It was noted that those participants who had previously stated that they were fond of chocolate had a marked response. This was evidenced in the presence of a particular antibody in their saliva, following the experiment, and it has long been established that this antibody boosts the immune system.

Forty-five minutes later, those participants whose saliva contained the antibody were tested again, and it was still present. Not only that, but three hours later, it was noted that the antibody response was even more marked. A similar phenomenon has been noted in another experiment, where participants were invited to share happy memories. Once again, the antibody was present in their saliva, but in this case, it remained so for several days after the experiment.

So it would appear that doing something enjoyable, such as eating chocolate or sharing reminiscences with friends make us happy, which impacts positively on the immune system. I recently asked a group of students for a list of things that made them particularly happy. The list included things like drinking wine, listening to music, eating rich food and going for long walks in the country with friends. In fact, it was amazing how much the items on the list varied from person to person, with very few people choosing the same two things. Of course, things like drinking a lot of wine, eating too much chocolate and over-indulging in rich food can actually adversely affect one's health, so the key is little and often. I'm sure you're all familiar with the old saying 'All good things in moderation.'

I'd like to turn now to smiling. This is a very basic human response which is found among humans in every corner of the globe and it is something we are all born with, regardless of the location of our birth. It's interesting that smiles have been proven to have a ripple effect. So if I smile at you, it catches on, with you then being more predisposed to smile at the next person you encounter. This ripple effect has also been

noticed with drivers. For example, if you let someone out of a side-turning, then they will be predisposed to show the same courtesy later that same day to another driver. Incidentally, being kind to other people has also been shown to increase your own happiness.

It has also been proven that moderate exercise can boost the immune system. Here, I'm not talking about a gentle stroll around the shops every day, but rather a brisk walk or some other form of physical exertion – basically anything which gets the heart pumping. This will give you what is termed an 'opiod high' – a feeling of peace and calm. The only danger is that some individuals can become hooked, and I've heard of people going running in the middle of the night, simply to get that endorphin rush.

Now let's turn to the link between depression and ill health. It has long been known that people who are depressed do not feel they have a sense of purpose. Consequently, they turn inwards... *(fade out)*

(637 words)

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Points:

## Task 2

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

*For questions 6 – 10, match what each speaker is doing to options (A – H).*

*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 asking for advice

B asking for clarification

C criticising something

D disagreeing politely

E giving reassurance

F promising something

G recommending something

H proposing something

6. Speaker 1 \_\_\_\_

7. Speaker 2 \_\_\_\_

8. Speaker 3 \_\_\_\_

9. Speaker 4 \_\_\_\_

10. Speaker 5 \_\_\_\_

**Key 6B, 7G, 8E, 9H, 10D**

### **Transcript of Recording 2**

1. So, basically what you're saying is that you would recommend ultrasound-guided intervention for carpal tunnel release because it's minimally invasive and the recovery time is faster because it's done under local anaesthesia. And the disadvantages are that there is an increased risk of nerve injury and incomplete release.
2. We've been very impressed with them so far, and we've been using them for around six months now. They've got a very efficient ordering system, which means we don't have to keep cancelling procedures because the sets haven't turned up, or are delayed, like we did before. So basically we're getting through a lot more operations. And that means we're meeting our targets, so the managers are happy, which keeps them off our backs. I'd certainly give them a go, in your position.
3. Don't be too hard on yourself. You only had half an hour, so it's no wonder you felt it was rushed. But that didn't come across to the audience. You made some very valid points and the handout covers everything in more depth in any case. And every speaker I've seen experienced some technical issues at the start of their presentation, so don't beat yourself up.
4. There are two excellent workshops this afternoon, but they clash, unfortunately. That's what often happens at these events – there are always so many guest speakers on offer and you want to go to everything. So how about I sign up for the one titled The biochemistry of lipid droplet metabolism, and you go to the one titled Technologies for detecting and analysing lipid droplets. Then we can exchange notes later and neither of us misses out.
5. I think you're being slightly over-critical, to be honest. They've clearly made huge progress with their vaccination programme in very difficult circumstances and personally, I take my hat off to them. It's very easy to criticise, but unless you've worked in a developing country, like I have, it's hard to appreciate the challenges healthcare professionals face over there on a daily basis.

(340 words)

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Points: 

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### Task 3

*You will hear a consultant talking to a patient who is awaiting a major operation.*

*For questions 11 – 13, 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.*

11. Olivia realised there was something seriously wrong with her when she

- a) suddenly had problems walking.
- b) lost sensation in her finger.
- c) had a nasty fall at work.

12. Olivia's current symptoms are

- a) shooting pains in her arms and legs.
- b) feeling nauseous and a lack of sleep.
- c) constant headaches and pain in her spine.

13. Now the operation is imminent, Olivia

- a) just wants to get it over with.
- b) is scared of becoming disabled.
- c) is frightened she won't wake up.



Points:

**Key 11b, 12c, 13a**

### Transcript of Recording 3

C: consultant

P: patient

C: Good morning, Olivia.

P: Good morning, Mr Rogers.

C: I just wanted to see you to discuss your operation. It's still scheduled for this coming Friday.

P: That's good.

C: Just remind me how you ended up here. I think you said you fell over at home and banged your head on a worktop.

P: Yes, but that wasn't the first thing. That came on at work one day when I was sat at my computer. I'd just walked up two flights of stairs 'cos the lift wasn't working and I was about to do some research for a new advertising campaign. Anyway, I suddenly noticed that I couldn't feel my index finger on the keyboard. I thought no more of it, but the next day the numbness had spread right up my arm. Then a few days later, my legs were affected too. That's when I went to my doctor and she referred me to you.

C: That's it. I remember now. And how are the symptoms now, compared with when I saw you last?

P: Much worse, to be honest. I keep getting horrible shooting pains up and down my spine, and I'm sick with worry about the operation. But one of the other doctors prescribed me some strong painkillers so at least I'm sleeping better, although they do make me a bit constipated.

C: Well, to be honest I think that's the least of your worries. How are you feeling about the operation? I know my registrar saw you and explained the risks – paralysis, mobility problems and so on.

P: I'm OK. It's not like this is the first time I've been operated on. I know it's a major op, and there's a chance I won't wake up, but anything's better than carrying on like this – I feel like I'm only living half a life at the moment.

(312 words)

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**Task 4**

*You will hear the consultant talking to his colleagues about the patient's forthcoming surgical procedure.*

*For questions 14 –17, choose the best option (A – I) to complete the notes.*

*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.*

**Notes**

**Name of patient: Ms Olivia Carter**  
**DOB: 15.03.1998**  
**Consultant: Mr K. Rogers**

Excess (14) \_\_\_\_\_ in patient's brain stem and spinal cord.

Large number of (15) \_\_\_\_\_ resulting from previous operations.

Risk of (16) \_\_\_\_\_, in addition to problems with breathing, swallowing and vision.

Incision will be made at the back of the patient's head.

Will free up the junction between the brain and the spine.

Will explore the (17) \_\_\_\_\_ already inserted in the brain and spinal cord.

A adhesions

B blood

C contusions

D fluid

E mesh

F paralysis

G rupture

H scar tissue

I shunts

Key 14D, 15A, 16F, 17I

### Transcript of Recording 4

C: Consultant

C: Thanks for coming in, everybody. Next I want to talk about Olivia Carter. She's going to be the first patient on Friday's list, as it could be a long operation. This will be Olivia's fourth spinal operation in the space of just two years. Two were carried out by my colleague, Mr Sanders, and I did the third one myself back in May. I must warn you that this is an extremely dangerous procedure. The patient is in a lot of pain and discomfort which is caused by too much fluid building up in her brain and spinal cord. This puts pressure on her nerves and affects her mobility. She is currently having to use a wheelchair, which is tragic at such a young age. What makes the procedure even more challenging is the fact that the scans show there are a lot of adhesions resulting from previous surgery and the scar tissue itself seems to be causing problems. The operation carries considerable risks – the patient's swallow reflex could be affected, as could her breathing and her sight. She could also end up paralysed from the neck down, but I've told her that that's a worst-case scenario. I've decided to go in at the back of her head and try to create space around her brain stem and unstick anything that's got stuck due to the formation of scar tissue. But the main aim is to check out the shunts in her brain and spinal cord that were inserted last time. It may be that they have become blocked or are not doing their job properly.

(267 words)

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Points:

## Task 5

*You will hear the consultant talking to the patient following her operation.*

*For questions 18 – 20, 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.*

18. Now the operation is over, Olivia

- a) is keen to go home as soon as possible.
- b) is looking forward to returning to work.
- c) feels nervous about going back home.

19. Olivia will not be leaving hospital until

- a) she is able to walk unaided.
- b) a support package is in place.
- c) her wound has fully healed.

20. The surgeon says

- a) he is confident the operation was successful.
- b) Olivia will have to have monthly check-ups.
- c) there is nothing more that can be done surgically.

Key 18c, 19b, 20c

### Transcript of Recording 5

C: consultant

P: patient

C: So, how are you feeling this morning, Olivia? Relieved it's all over?

P: Yes, you can say that again. I was just lying here, thinking about how I'm going to manage when I get out. I'm a bit scared, to be honest, because I don't think I'll be able to cope on my own. My parents both work, and my boyfriend works away during the week, so he only comes round at the weekends. Plus but I'm going to find it really hard to manage financially, now that I'm unemployed, 'cos it's not like I can afford to pay anyone to look after me, like I could before.

C: I think it's probably best if you try not to worry and just concentrate on getting well again. You've had a massive operation and you need to get your strength back before we can even think of discharging you. One thing that might put your mind at ease is that I've made a referral to Social Services. Someone is going to come and see you in the next few days to discuss what needs to be set in place, pre-discharge. There's lots they can do, like arranging for carers to come in to get you up and dressed in the morning. They can also organise aids and adaptations in your home. For example, you could probably do with a wheelchair or a walking frame until you're fully mobile again. But for now, you just rest as much as you can.

P: How did the operation go? Did you manage to sort me out?

C: It went as well as it could. I managed to drain off a lot of fluid from your fourth ventricle, so that should relieve pressure on your brain. Then I took a look at the shunt in your spinal cord. It turned out that it was completely blocked and rather than replace it, and risk causing further damage, I decided to take it out. To be honest, we won't know if the operation has worked until much further down the line. That's why I want you to attend my clinic every three months so that I can keep an eye on your progress. But realistically, I think we've exhausted the surgery route. You've now had four brain operations, which is four more than most people, and because your body is unusual as it produces so much scar tissue as it heals, any subsequent operations would risk doing more damage than good. Anyway, like I said, it's early days. We'll know more in a little while. But for now, I'll leave you to rest.

(437 words)

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