



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



Points: /10**Task 1**

You are going to hear a lecture about a new initiative to eliminate malaria.

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. The report claims that national malaria control programmes

- a) do not receive adequate funding.
- b) use outdated data collection techniques.
- c) incorporate data from neighbouring countries.

2. The new antimalarial drug

- a) is effective against most malaria parasites.
- b) is currently still being trialled in Africa.
- c) is only being used on a small scale.

3. In order to get increased funding, the commission feels it is necessary to

- a) set a target date for malaria eradication.
- b) prove that antimalarial drugs are effective.
- c) show the negative economic impact of malaria.

4. Resistance to antimalarial drugs

- a) is falling in Southeast Asia.
- b) has not yet spread to Africa.
- c) is not yet a cause for concern.

5. The commission's report says that the new antimalarial vaccine

- a) will be essential in eradicating malaria.
- b) is not yet ready to be piloted.
- c) is just one part of the eradication campaign.

Points: /10**Key 1b, 2c, 3a, 4b, 5c**

Transcript of Recording 1

In today's lecture I want to talk to you about a new and ambitious plan to wipe out malaria worldwide by 2050. A new commission is convinced that this is achievable, but only if certain steps are taken. So far, smallpox, as I'm sure you're aware, is the only human disease that has been successfully eradicated. And although malaria has been stamped out in one hundred and twenty countries, it still kills around two hundred million people every year.

The commission was made up of 40 international experts in malaria and reported its findings last week, one of which was a proposal for an international malaria control programme. The experts claim that although there are a number of national malaria control programmes in place, the people who run these programmes are solely concerned with malaria statistics in their own country – they very rarely coordinate with control programmes in neighbouring countries. Not only that, but these national control programmes tend to be poorly managed, particularly with regard to the methods they use to collect data, which do not reflect modern data collection technology.

The commission points out that although there has been welcome news recently about a new antimalarial drug which is effective against one of the malaria parasites, this drug is not yet being used on any scale. Instead its use is restricted to those countries that can afford it. And this brings me onto the question of funding. The commission advocates that the existing antimalarial funding of 4 point 3 billion dollars should be increased by an extra two billion dollars. But it admits that this will be a challenge. A great deal of money has already been spent on antimalarial drugs that have not been effective. And although everyone is aware of the adverse economic effects of malaria, this argument does not hold much weight among the people who decide on funding. Instead the commission has set an ambitious time-limited goal. It guarantees that the extra funding will mean that malaria can be wiped out completely by 2050, if not sooner. The commission argues that this is a far better approach than asking for increased funding each year, with no clear goal in sight.

Another argument for additional funding is concern about the rise in resistance to antimalarial drugs, particularly in Cambodia and neighbouring countries in Southeast Asia. So far this resistance hasn't jumped to the African continent, but realistically it's only a matter of time before it does so.

Finally, although vaccines are not yet part of the anti-malaria arsenal, the report refers to a brand new vaccine which has just been licensed and which is currently being piloted in several African countries. It's an exciting development, but it's too early to say if the vaccine will play an important role in eradicating malaria. The commission are firmly of the view that malaria can be eradicated without a vaccine. So basically, although they acknowledge that a vaccine would help their efforts, they do not view it as crucial to the ultimate goal of eradicating the disease.

I now want to turn to smallpox and the history to how this disease came to be eradicated. (fade out)

(527 words)

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 speciality 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 cardiology | 1. Speaker 1 _____ |
| B gastroenterology | 2. Speaker 2 _____ |
| C ophthalmology | 3. Speaker 3 _____ |
| D orthodontics | 4. Speaker 4 _____ |
| E orthopaedics | 5. Speaker 5 _____ |
| F physiotherapy | |
| G radiography | |
| H urology | |

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

1. Of course, ours was the first branch of surgery to embrace laparoscopic and keyhole techniques, and now we're at the forefront of robotic surgery. If you'd told me 30 years ago that one day I'd be able to remove a patient's gall bladder or diseased kidney without the need for open surgery, I don't think I would have believed you!
2. About 10 years ago, I noticed that I was being referred more and more patients with inflammatory bowel disease who had been sent to me because they had developed secondary symptoms following a flare-up, including coronary artery disease, atherosclerosis and arrhythmia. So I initiated a system whereby patients with long-term IBD conditions are routinely monitored for vascular risk factors, including hypertension and cholesterol. I'm pleased to say this has significantly reduced morbidity rates in this patient group.
3. She was talking about a recent study at her hospital. Basically, they used a robot to insert a tiny needle under the retina to dissolve blood in three patients suffering from age-related macular degeneration. All three reported an improvement in their symptoms, including significantly less blurring and distortion.
4. Not only do polyethylene implants decrease wear, they also increase joint function following surgery. The only problem is that some polyethylene implants are better than others. I was reading about a recent study in Australia which found that hip and knee implants containing cross-linked polyethylene significantly reduce the risk of a patient needing a revision.
5. It's a shame you were delayed because there was a session first thing this morning on a potential treatment for ulcerative colitis which looks very exciting. It's a new drug called ozanimod, which significantly increases the proportion of patients with moderate to severe ulcerative colitis going into remission. Participants on the trial reported less frequent episodes of diarrhoea and far less debilitating abdominal pain.

(309 words)

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Points: /3**Task 3**

You will hear a consultant talking to a patient who has just arrived at a hospital.

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. The patient has come to this hospital because

- a) it is the closest hospital to where he is currently living.
- b) the procedure requires the expertise of a specialist team.
- c) the hospital is approved by his health insurance provider.

12. The operation was cancelled last time because

- a) the patient had an infection.
- b) there was no ITU bed available.
- c) the cardiac surgeon was off sick.

13. Now the operation is going ahead, Adrian

- a) is scared about dying on the operating table.
- b) is relieved it is happening so quickly.
- c) just wants it to be over.

Key 11b, 12a, 13c

Transcript of Recording 3

C: consultant

P: patient

W: patient's wife

C: Good morning, Mr and Mrs Roberts.

P: Hello, again. Good to see you.

W: Good morning.

C: How was your journey? Did you drive up?

P: No, we thought about it, but in the end we got the train up. It's less stressful. But it still took nearly five hours to get here.

C: Well, I'm delighted to say that we've managed to coordinate everyone's diaries, and your procedure is planned for Friday. It took some doing, I can assure you, as we needed three vascular surgeons, including myself, a cardiac surgeon and a general surgeon, plus two anaesthetists who all had to free up their diaries, but that's been done and we're good to go.

W: That's an awful lot of people for just one operation.

C: It is, but Adrian is a special case and we want everything to go smoothly. Besides, we're used to doing challenging procedures. That's why we get sent patients from all over the country. Now, Adrian, do you have any questions before I send you off for some tests?

P: Just, can you be sure it will go ahead this time?

W: Yes, he was so disappointed last time.

C: I know, but it really wouldn't have been safe to operate on Adrian in that state. We had to wait until the antibiotics had kicked in. It was frustrating, though, because everything was set up for the procedure to go ahead. I'd booked an ITU bed and I'd managed to find a replacement cardiac surgeon for Mr Singh, which was my biggest concern at the time. Anyway, we're good to go for Friday. How are you feeling about the prospect, Adrian?

P: I'm OK, I guess. I know it's risky, but there's no alternative, is there?

C: No, I'm afraid not. If we don't operate, you'll die, it's as simple as that. Sorry to be blunt, but that's just how it is.

P: To be honest, I'm just relieved it's happening at all. It's been hanging over me for so long. It is a bit daunting, but it will be good to get it done. And if I don't make it, well, I've had a good life, so I can't complain.

W: Don't talk like that, darling. You've got to be optimistic. I know I am.

C: That's the right spirit! OK, so I'm going to send you off for some tests now, and I've arranged a meeting with my colleagues to discuss your case. Then I'll come back and see you later and tell you what exactly what will happen tomorrow.

(430 words)

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Points: /5**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: Mr Adrian Roberts

DOB: 21.06.1960

Consultant: Mr J. Adams (Vascular Department)

Non-smoker; retired software engineer

Operation: dissection of aneurysm 12cms, right lung and repair to blood vessels.

Scheduled for 8am, Friday, 12th March.

Previous treatment: Carotid subclavian bypass and thoracic

(14) _____ in 2017.

Patient: Fit and well; some shortness of breath.

Left lung: healthy, no visible deterioration.

Patient's aorta has continued to (15) _____.

Currently no sign of a (16) _____ or any leakage.

Post-op: At least two weeks' monitoring in (17) _____.

A reconstruction

B cardiac

C dilate

D bypass

E stent

F HDU

G rupture

H intravenous

I ITU

Key 14E, 15C, 16G, 17I**Transcript of Recording 4**

C: Consultant vascular surgeon

C: Thanks for coming in, everybody. I'm glad to say that the operation on Adrian Roberts is finally going ahead, after we were thwarted last time, when he contracted an infection. He's first on the list on Friday in Theatre 9. He's been checked out from the heart, lungs and kidneys point of view, and we're good to go. Mr Roberts presents as fit and well, to all intents and purposes, but he is currently experiencing some shortness of breath, which is only to be expected. His left lung is healthy, and there has been no deterioration since his last check-up. Just to recap: Mr Roberts was treated at this hospital back in 2017, when he first presented with an aneurysm in his left lung. I was a member of the surgical team on that occasion, when Mr Phillips performed a subclavian bypass and inserted a stent in the patient's thorax. Everything went well, but in recent months it seems the aneurysm has increased in size and it now measures 12 centimetres. And, despite all our best efforts, it's clear from the scans that the aorta has continued to dilate. Obviously, Mr Roberts requires surgery because the aneurysm could go at any time, in which case he would lose a tremendous amount of blood in his chest very quickly and he would die. Having said that, there is no sign of any rupture at the moment and the aneurysm does not appear to be leaking, which is all very positive. I just want to warn you that it's going to be a long operation – at least six hours – because we will need to clamp off and dissect the aneurysm very carefully. But assuming all goes well, Mr Roberts will then be transferred to the Intensive Care Unit where he will require monitoring for at least two weeks. After that he will either go to HDU or to one of the cardiac wards for another four weeks. Now, does anyone have any questions?

(332 words)

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Points: /5**Task 5**

You will hear the consultant talking to the patient about his operation tomorrow.

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. The consultant says

- a) he will be leading the surgical team.
- b) the patient will need a blood transfusion.
- c) the operation will not be straightforward.

19. Immediately following the operation,

- a) Adrian's wife will be able to visit him.
- b) Adrian's recovery will be closely monitored.
- c) Adrian will have to go on a special diet.

20. On being discharged from hospital, Adrian

- a) should avoid walking up stairs.
- b) should take regular exercise.
- c) will no longer need to take medication.

Key 18c, 19b, 20b

Transcript of Recording 5

C: consultant

P: patient

W: wife

C: OK, well, I've had my meeting and you've been all round the hospital having tests, so yes, it's all going ahead as planned. There will be 14 of us in the theatre, including the nursing team, so it's going to be a bit crowded in there. Mr Evans will be calling the shots – he's another vascular surgeon and he specialises in lung conditions. I've ordered five units of blood, just in case you need a transfusion, but I'm hoping that won't be necessary.

P: How long will the operation take?

C: It's difficult to say. It is an extremely complicated procedure, to be honest, and we won't know exactly what needs doing until we open you up and see the lie of the land.

W: I don't know whether to wait here, or go back to the hotel.

C: Well, he'll be under for anything up to 10 hours, depending on how it goes, so I think you're probably best off going back to the hotel and resting, once you've said goodbye. I know it's hard, but we've got your mobile number, and we'll call you as soon the operation's over.

W: Will I be able to see him afterwards?

C: I'm sorry, but he'll be transferred to intensive care as soon as he's stable and it's hospital policy not to allow visitors for the first 24 hours. Plus he'll be on a drip to ensure he's keeping hydrated, and there will be a feeding line as he won't be able to eat at first. So it might be rather distressing for you to see him like that, with all those tubes coming out. But don't worry – I'll be keeping a close eye on him as I'm on call all weekend, and he'll be receiving one-to-one care from a specialist ICU nurse around the clock. But you can definitely come and see him first thing Sunday morning.

W: Thank you.

P: You said before that I might have to stay in hospital for up to six weeks.

C: Yes, that's right, assuming there are no complications. But once we've decided you're fit to go home, we'll discharge you with all the medication you need. There'll be rather a lot, I'm afraid, and you'll need to monitor your blood pressure regularly. Your wife mentioned that you'd had a stair-lift installed.

P: Yes, that's right. We did that for my mother who lived with us until she passed away. We kept it because we thought it might come in handy for us one day.

C: Well, I know you'll be feeling weak when you first go home, but do try to avoid using it, unless you really feel you need to. One thing that will help you get your strength back is regular exercise – nothing too strenuous, but a good long walk at least three times a week will do you the power of good. Anyway, we can discuss your future medication, diet and exercise nearer the time. I just want to assure you that if the operation goes well, there's no reason why you shouldn't live a full and active life for the next 20 years. Now, do you have any other questions?

(533 words)

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