



Occupational English Test

NEW READING SUB-TEST

Sample Task-PART A

What's new?

After the development and trialling of several prototypes, a revised format for the OET Reading sub-test has been established. The new format consists of two parts, Part A and Part B:

Part A is a new Summary reading task. This requires test-takers to skim and scan 3-4 short texts (a total of about 650 words) related to a single topic and then complete a summary paragraph by filling in the missing words (sometimes referred to as a 'cloze' activity type). Test-takers will be required to fill-in 25-35 gaps in total in a strictly monitored timeframe of 15 minutes. Part A is designed to test candidates' ability to source information from multiple texts, to synthesise information in a meaningful way and to assess skimming and scanning ability under a time constraint.

Note: This sample test is an example of the new task type used for Part A of the reading Sub-test

Part B is a variation of the existing Reading task type. Test-takers are required to read two passages (600-800 words each) on general medical topics and answer 8-10 multiple choice questions for each text in a recommended timeframe of 45 minutes (a total of 16-20 questions; less questions than the old format). Part B is designed to test candidates' ability to read in greater detail for general and specific information. The two texts in Part B are shorter than those used in the current Reading sub-test.

Texts and questions used in Part B are similar to those of the existing Reading Sub-test format, only with less questions in total. Refer to the current Reading Sample test on the OET website

Reading Sub-test

TIME LIMIT: 15 MINUTES

- Complete the following summary using the information in the four texts provided.
- You **do not** need to read each text from beginning to end to complete the task. You should scan the texts to find the information you need.
- Gaps may require **1, 2 or 3** words.
- You should write your answers next to the appropriate number in the **right-hand column**.
- Please use **correct spelling** in your responses.

TEXT 1

Title: Management of migraine in New Zealand General Practice

Authors: Spark, Vale & Mills (2006)

OBJECTIVES: To determine the proportion of patients who have a diagnosis of migraine in a sample of New Zealand general practice patients, and to review the prophylactic and acute drug treatments used by these patients.

DESIGN, SETTING AND PARTICIPANTS: A cohort of general practitioners collected data from about 30 consecutive patients each as part of the BEACH (Bettering the Evaluation and Care of Health) program; this is a continuous national study of general practice activity in New Zealand. The migraine substudy was conducted in June-July 2005 and December 2005-January 2006.

MAIN OUTCOME MEASURES: Proportion of patients with a current diagnosis of migraine; frequency of migraine attacks; current and previous drug treatments; and appropriateness of treatment assessed using published guidelines.

RESULTS: 191 GPs reported that 649 of 5663 patients (11.5%) had been diagnosed with migraine. Prevalence was 14.9% in females and 6.1% in males. Migraine frequency in these patients was one or fewer attacks per month in 77.1% (476/617), two per month in 10.5% (65/617), and three or more per month in 12.3% (76/617) (missing data excluded). Only 8.3% (54/648) of migraine patients were currently taking prophylactic medication. Patients reporting three or more migraines or two migraines per month were significantly more likely to be taking prophylactic medication (19.7% and 25.0%, respectively) than those with less frequent migraine attacks (3.8%) ($P < 0.0001$). Prophylactic medication had been used previously by 15.0% (96/640). The most common prophylactic agents used currently or previously were pizotifen and propranolol; other appropriate agents were rarely used, and inappropriate use of acute medications accounted for 9% of "prophylactic treatments". Four in five migraine patients were currently using acute medication as required for migraine, and 60.6% of these medications conformed with recommendations of the National Prescribing Service. However, non-recommended drugs were also used, including opioids (38% of acute medications).

CONCLUSIONS: Migraine is recognised frequently in New Zealand general practice. Use of acute medication often follows published guidelines. Prophylactic medication appears to be underutilised, especially in patients with frequent migraine. GPs appear to select from a limited range of therapeutic options for migraine prophylaxis, despite the availability of several other well documented efficacious agents, and some use inappropriate drugs for migraine prevention

TEXT 2

Table 1: Economic burden of migraine in the USA

Cost element	US\$ million		
	Men	Women	Total
Medical	193	1,033	1,226
Missed workdays	1,240	6,662	7,902
Lost productivity	1,420	4,026	5,446
TOTAL			14,574

TEXT 3

Case 1:

“Jane” experienced pressure from employers due to her migraine absences. She had three days off work in the first quarter of the year, and this was deemed unacceptable and unsustainable by her employers; therefore she has just resigned from her job and hopes that her future employers will be more understanding.

Case 2:

“Sally’s” employers and colleagues are aware of her migraine symptoms and are alert to any behaviour changes which might indicate an impending attack. In addition, colleagues have supporters’ contact numbers, should she need to be escorted during a migraine. As her employers are part of the government ‘Workstep Programme’, she has accessed a number of allowances and initiatives: her migraines have been classified as a long-term health condition rather than sickness absence, which permits her a higher absence threshold. She now works flexible hours and has received funding for eye examinations, prescription glasses, and a laptop to enable her to work from home.

TEXT 4

Research brief on migraines in the US

- Migraine prevalence is about 7% in men and 20% in women over the ages 20 to 64.
- The average number of migraine attacks per year was 34 for men and 37 for women.
- Men will need nearly four days in bed every year. Women will need six.
- The average length of bed rest is five to six hours.
- Only about 1 in 5 sufferers seek help from a doctor.

Summary Task

Summary	Answers
<p>In a recent study by Spark, Vale and Mills, which investigated the prevalence of migraines among (1) patients in New Zealand, it was found that (2)out of (3) patients had been diagnosed with migraine. Migraine incidence was different across genders, with a (4) proportion of men diagnosed compared with women.</p> <p>Similarly, a US report found migraines occurring in around (5) of men and (6)of women within a restricted age range.</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>
<p>Concerning interventions, the US report found that most migraine sufferers in the survey (7) medical advice. Of the patients surveyed by Spark, Vale and Mills, just over eight per cent were taking (8) at the time of the study.</p> <p>By contrast, the study found that a large proportion of migraine sufferers used (9) Given these findings, the authors note that general practitioners do not utilise (10) effectively, and tend to choose from a (11) of available therapies.</p>	<p>6.</p> <p>7.</p> <p>8.</p> <p>9.</p> <p>10.</p> <p>11.</p>

Summary Task (continued)

Summary	Answers	
<p>With respect to gender, an economic analysis suggests that the economic (12) of migraines in the US cost \$7,902,000,000 in (13) and \$5,446,000,000 in (14), with women accounting for a (15) proportion of costs compared to men. This is reflected in research from the US which has found that female migraine sufferers spend an average of six days (16) each year, compared with (17) for men.</p>	12.	
	13.	
	14.	
	15.	
	16.	
	<p>The case of (18)..... demonstrates that employers may not tolerate (19) However the case of (20) illustrates a “best practice” approach to dealing with migraines in the workplace. This case shows that, ideally, (21) and (22) should be aware of migraine symptoms, and be able to notice any (23) which might signal that an attack is about to occur. It is also useful if co-workers have a list of (24) Being able to work (25) hours and having the capacity to work (26) also make working life more manageable for the migraine sufferer.</p>	17.
		18.
		19.
		20.
		21.
22.		
23.		
24.		
25.		
26.		
	TOTAL SCORE (Markers use only)	

READING SUB-TEST

Migraines summary task key

Total of 26 questions

- 1 general practice/GP
- 2 649
- 3 5663
- 4 lower/smaller/lesser/low/small/minor
- 5 7%
- 6 20%
- 7 did not seek/do not seek (or contractions)
- 8 prophylactic medication/preventative medication
- 9 acute medication
- 10 prophylactic medication/preventative medication
- 11 limited range/narrow range
- 12 burden/impact
- 13 (total) missed workdays
- 14 (total) lost productivity/productivity loss
- 15 greater/higher/bigger/larger/high/big/large/major
- 16 in bed OR off (work/sick)
- 17 four (days)
- 18 Jane
- 19 (migraine) absences
- 20 Sally
- 21 employers OR colleagues
- 22 employers OR colleagues
23. behaviour change(s) OR changes in behaviour
- 24 (supporters') contact numbers
- 25 flexible
- 26 from home/at home