

| FOR OFFICE USE ONLY |  |
|---------------------|--|
| ASSESSOR NO.        |  |
| ASSESSOR NO.        |  |

# Listening sub-test

Sample Test

You may answer this sub-test in **pen or pencil**.

Please print in **BLOCK LETTERS**

Candidate number

|  |  |  |   |  |  |  |   |  |  |  |
|--|--|--|---|--|--|--|---|--|--|--|
|  |  |  | - |  |  |  | - |  |  |  |
|--|--|--|---|--|--|--|---|--|--|--|

Family name

---

Other name(s)

---

City

---

Date of test

---

Candidate's signature

---

**YOU MUST NOT REMOVE OET MATERIAL FROM THE TEST ROOM**

**THIS TEST HAS TWO PARTS**

## **Listening Test – Part A**

**Time allowed: 21 minutes**

In this part of the test, you will hear a physiotherapist talking to Kellie, a woman who has lower back pain.

You will hear the consultation **ONCE ONLY**, in sections.

As you listen, you must make notes about the consultation under the headings given on the answer paper.

Turn over now and look quickly through Part A. You have **ONE MINUTE** to do this.

You must give as much relevant information as you can under each of the headings provided. You may write as you listen, and there will be pauses during the consultation for you to complete your notes under the relevant heading, and to read the following heading.

There will also be two minutes at the end of the test for you to check your answers.

Give your answers in **NOTE FORM**. Don't waste time writing full sentences.

Remember you will hear the consultation **ONCE ONLY**, and you should write as you listen.

**Now, look at Question 1. Question 1 has been done for you.**

**PLEASE WRITE CLEARLY**

**1 Reason for Kellie's visit**

• lower back pain

• left side

• around hip

• bum cheek area

**2 Details of Kellie's symptoms**

•

•

•

•

•

•

•

Item 1

7

**3 Further details of Kellie's symptoms**

•

•

•

•

•

Item 2

5

**4 Kellie's responses to the physiotherapist's questions**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 3

7

**5 Effects of exercise**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 4

4

**6 Kellie's physical activity**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 5

7

**7 Onset of condition and Kellie's medical history**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 6

**7**

**8 Kellie's previous hip treatment**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 7

**4**

**9 Details of Kellie's exercises and pain management**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 8

**4**

10 Changes to Kellie's footwear and exercise routine

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 9

5

11 Physiotherapist's comments on the problem

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 10

3

12 Physiotherapist's immediate plans

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Item 11

7

PAUSE – 30 SECONDS

END OF PART A

TURN OVER FOR PART B

**THIS TEST HAS TWO PARTS**

## **Listening Test – Part B**

**Time allowed: 25 minutes**

In this part of the test, you will hear a talk on congenital heart disease in newborns.

You will hear the talk **ONCE ONLY**, in sections.

As you listen, you must answer the questions in the spaces provided on the answer paper.

Turn over now and look quickly through Part B. You have **ONE MINUTE** to do this.

You may write as you listen, and there will be pauses during the talk for you to complete your answers, and to read the following question.

Remember, you will hear the talk **ONCE ONLY**, and you should write as you listen.

**Now read Question 1. Question 1 has been done for you.**

PLEASE WRITE CLEARLY

1 Fill in the gaps (done as an example).

- The speaker works with the Newborn Emergency Transport service in Victoria.
- The speaker plans to talk about the incidence of CHD in Australian Newborns.

2 Answer the following question.

What are the objectives of the speaker's lecture on congenital heart disease?

1 Review \_\_\_\_\_

2 Review \_\_\_\_\_

3 Describe \_\_\_\_\_ of the neonate.

Item 12

3



3 Complete the following checklists (If you check more than the required number in each question, you will gain zero marks).

1 Check **three** maternal risk factors the speaker mentions.

- increased age
- CHD in mother
- multiple births
- multiple partners
- diet
- diabetes

2 Check **three** infections the speaker mentions that are associated with congenital heart disease.

- rubella
- herpes
- toxoplasmosis
- hepatitis
- coxsackie B
- meningitis

3 Check **three** drugs the speaker mentions that can contribute to congenital heart disease.

- caffeine
- amphetamines
- anti-coagulants
- anti-convulsants
- thalidomide
- lithium

Item 13

9

4 Complete the following notes.

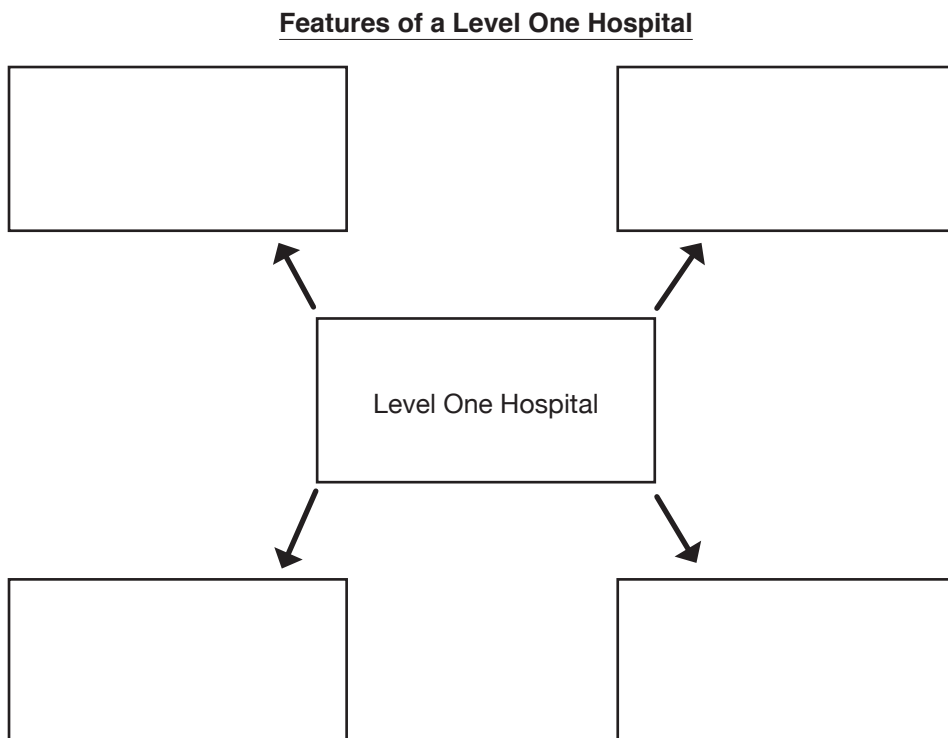
Antenatal diagnosis

- Ultrasound rates:
  - o Queensland: \_\_\_\_\_
  - o Victoria: \_\_\_\_\_
- Ultrasound at \_\_\_\_\_ weeks is considered the \_\_\_\_\_
- Percentage of significant congenital heart disease detected with ultrasound: \_\_\_\_\_

Item 14

5

5. Complete the following diagram.



Item 15

4

6. Complete the following notes.

Congenital heart diseases in Level Two hospitals

- Fraction of babies retrieved: \_\_\_\_\_
- Level two hospitals are public or private
- \_\_\_\_\_ who is \_\_\_\_\_
- Unable to provide:
  - o \_\_\_\_\_
  - o intubation
  - o ventilation

To sum up

\_\_\_\_\_ of babies with significant congenital heart disease are born outside of a \_\_\_\_\_ and require retrieval by the Newborn Emergency Transport Service.

Item 16

6

7 Circle the **BEST** answer.

1. The speaker says the placenta supplies .....

- A oxygen.
- B nutrients.
- C blood pressure.

2. The speaker states the three ducts allow blood to .....

- A reach the brain.
- B increase in pressure.
- C combine.

3. The speaker says that 8% of foetal blood goes to the .....

- A lungs.
- B placenta.
- C heart.

4. Congenital heart disease becomes apparent as newborn babies experience .....

- A breathing problems.
- B changes to circulation.
- C physical trauma.

5. Which of the following does the speaker say **falls**?

- A Left arterial pressure
- B Pulmonary-vascular resistance
- C Systemic vascular resistance

6. Which duct does the speaker **NOT** mention closing?

- A Ductus arteriosus
- B Foramen ovale
- C Ductus venosus

**8 Answer the following questions.**

According to the speaker:

1 What was the ductus arteriosus traditionally thought to do?

\_\_\_\_\_

2 What percentage of babies' ducts are closed by **forty eight hours** of age?

\_\_\_\_\_

3 How long can it take for the ductus arteriosus to close completely?

\_\_\_\_\_

4 Why is the timing of the closure important?

\_\_\_\_\_

5 What two types of proliferation does closure depend on?

Endothelial and \_\_\_\_\_

Item 18

5

**9 Complete the gaps in the summary.**

Recognising congenital heart disease all depends on what the \_\_\_\_\_.

If it obstructs \_\_\_\_\_ then symptoms are observed very early.

Conditions like transposition of the great arteries will present within the \_\_\_\_\_

of the baby being born. Some other conditions appear as \_\_\_\_\_

occur, such as coarctation of the aorta, which may only present after the baby has

\_\_\_\_\_. Parents may notice the baby is mottled,

\_\_\_\_\_, seems cool to touch peripherally, is lethargic between

feeds and is breathing quite \_\_\_\_\_.

Item 19

7

**10 Complete the following sentences according to the information given by the speaker.**

1 Structural congenital heart disease used to be .....

\_\_\_\_\_.

2 Terminology was confusing because some conditions .....

\_\_\_\_\_.

3 Now people use three .....

\_\_\_\_\_.

4 One of the groups of congenital heart disease is .....

\_\_\_\_\_.

Item 20

4

11 Complete the following table on diagnosing congenital heart disease.

|  | Procedure  | Problems/challenges  |
|--|--|--|
| <b>Gold standard</b>                       | <ul style="list-style-type: none"> <li>• What:<br/>_____</li> <li>• When:<br/>_____</li> </ul> | <ul style="list-style-type: none"> <li>• Only available in<br/>_____</li> </ul>  |
| <b>When gold standard is not available</b> | <ul style="list-style-type: none"> <li>• Rely on<br/>_____</li> </ul>                          | <ul style="list-style-type: none"> <li>• Differentiating CHD from other causes of cyanosis*</li> <li>• Around _____</li> <li>• Causes:               <ul style="list-style-type: none"> <li>o _____</li> <li>o Primary pulmonary disease</li> <li>o _____</li> <li>o Persistent pulmonary hypertension of the newborn</li> <li>o _____</li> <li>o _____</li> </ul> </li> </ul> |

Item 21  
6

\* 'cyanosis' refers to a 'blue appearance'

**12 Circle the BEST answer.**

1. According to the speaker, the long term prospects for children with hypoplastic left heart syndrome are .....

A inconsistent.

B improving.

C unpromising.

2. More than half of babies with congenital heart disease are born without .....

A any hospital care.

B previous diagnosis.

C seeing a doctor.

3. Survival is dependent on hospital staff and GPs giving an .....

A antenatal diagnosis.

B immediate response.

C echo cardiogram.

Item 22

4

**END OF PART B**

**You now have 2 minutes to check your answers.**

**END OF LISTENING TEST**





# Listening sub-test

## Part A

Marking scheme and scoring guide

Sample Test

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ABN 51 988 559 414

## Instructions to Markers on Scoring Procedures for the Listening Test

The following marking guide is intended to be as comprehensive as possible, but the answers provided are not the only possible ways in which candidates may phrase their responses to questions.

There may be acceptable variations, especially technical terms and abbreviations (common in medical case notes and histories and elsewhere). Some of these have already been included as alternatives in the marking guide, but others may also occur.

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- / Indicates an acceptable alternative within an answer
- OR** Indicates an acceptable (complete) alternative answer
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### Method of scoring

- Use a Listening Mark Sheet for marking.
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- You are **NOT** required to calculate a total for each part or for the whole sub-test.
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- **DO NOT** write on any other part of the Answer Paper.

**ANSWER KEY PART A - Total Marks: 60 marks**

**Question 1: Reason for Kellie's visit**

(Done for candidates as a model)

**Question 2: Details of Kellie's symptoms**

**(Item 1)**

1 mark for each of the following

- 2a on and off for years
- 2b (started as) dull pain/ache (NB: In general 'pain' can be substituted by 'ache')
- 2c spasming now **NOT** spaming
- 2d hurts when weight (placed) on (left) leg
- 2e goes away/relieves/helps /with massage/lying on tennis ball
- 2f (lately) getting worse
- 2g tight through (whole) hip (area)

**Question 3: Further details of Kellie's symptoms**

**(Item 2)**

1 mark each of the following

- 3a (can feel) when sitting/sleeping
- 3b shooting pain
- 3c (shooting pain/ache) starts same place/lower back/bum cheek/hip
- 3d down (back of) leg OR through (back of) knee to ankle
- 3e (feels like) a twinge

**Question 4: Kellie's responses to the physiotherapist's questions**

**(Item 3)**

1 mark each of the following

- 4a dull pain/ache before twinging pain **OR** twinge after dull pain/ache
- 4b sometimes just dull pain/ache **OR** doesn't get twinge alone
- 4c no problems with left knee
- 4d (front of) left hip tight/not painful
- 4e no right hip pain/right hip fine
- 4f no right knee pain/right knee fine
- 4g no pins and needles **OR** no numbness

**Question 5: Effects of exercise.**

**(Item 4)**

1 mark each of the following

- 5a (exercise) aggravates (problem)
- 5b running and walking makes worse aggravates **OR** walking worse than running
- 5c stop and start walking – pain/worse/notice
- 5d cumulative effect **OR** feeling bad/rubbish by end of week

**Question 6: Kellie's physical activity**

**(Item 5)**

1 mark each of the following

- 6a rides/bikes 4-5 times a week for 15 minutes
- 6b runs 40 kilometres a week
- 6c runs on (hard) gravel and in gym/paved (track)
- 6d runs 2 x 12 km and 2 x 8km
- 6e (runs) just for fitness
- 6f swims a couple of times a week/swam
- 6g 1 km per swim

**Question 7: Onset of condition and Kellie's medical history**

**(Item 6)**

1 mark each of the following

- 7a used to play soccer – hip dislocation/playing soccer
- 7b couldn't move for weeks
- 7c lower back pain for years (after that) **OR** or a couple of years
- 7d no (major) problems since then
- 7e 21/22 years old (when dislocated hip)
- 7f no other (medical) problems (idea of general health)
- 7g no other recurring injuries (as a result of sport)

**Question 8: Kellie's previous hip treatment**

**(Item 7)**

1 mark each of the following

- 8a (been) to osteo(path) when acute
- 8b (osteo) put pressure/did massage (until spasming stopped)
- 8c relieved (the pain) **OR** still sore but not tight
- 8d pain gone/improved after resting (a few days)

**Question 9: Details of Kellie's exercises and pain management**

**(Item 8)**

1 mark each of the following

- 9a stretch hip flex (area)
- 9b crossing leg (on an angle)
- 9c nurofen/ibuprofen (if really bad)
- 9d hasn't used heat or ice

**Question 10: Changes to Kellie's footwear and exercise routine**

**(Item 9)**

1 mark each of the following

- 10a new pair of runners/shoes/sneakers/trainers
- 10b (new pair) same as previous
- 10c (runners) stiff
- 10d new circuit (on cycle track) (in last two weeks)
- 10e (couple of) hills

**Question 11: Physiotherapist's comments on the problem**

**(Item 10)**

1 mark for each of the following

- 11a tight gluteal (gut instinct)
- 11b caused by change in running routine **AND** footwear/shoes
- 11c chain reaction up leg **OR** leg restricted (by new shoes)

**Question 12: Physiotherapist's immediate plans**

**(Item 11)**

1 mark each of the following

- 12a look at posture
- 12b (look at ) walking
- 12c (look at) jog/running
- 12d feel (through) area/for tightness
- 12e muscle length tests
- 12f strength test
- 12g exercises

**END OF PART A**



# Listening sub-test

## Part B

Marking scheme and scoring guide

Sample Test

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**ANSWER KEY PART B - Total Marks: 60 marks**

**Question one**

(Done for candidate as model)

**Question two**

**(Item 12)**

1 mark for each of the following (in the order shown, with 2a-2b in any order)

- 2a risk factors and incidents
- 2b foetal circulation
- 2c clinical presentation/symptoms

**Question three**

**(Item 13)**

1 mark for each of the following

- 1**
- 3a increased age
- 3b CHD in mother
- 3c diabetes
- 2**
- 3d rubella
- 3e herpes
- 3f coxsackie B
- 3**
- 3g amphetamines
- 3h anticonvulsants
- 3i lithium



**Question four****(Item 14)**

1 mark for each of the following (in the order shown)

- 4a 99.7%
- 4b (around) 95%
- 4c 18
- 4d gold standard
- 4e 53(%)

**Question five****(Item 15)**

1 mark for each of the following (in any order)

- 5a rural/country area
- 5b GP practice/hospital
- 5c no paediatrician (in town)
- 5d limited (diagnostic) facilities/equipment **OR** can't do blood gas/cardiac echo **NOT** ECG

**Question six****(Item 16)**

1 mark for each of the following (in the order shown)

- 6a 1/4/25%
- 6b paediatrician
- 6c on call/available 24 hours **OR** can come in 24 hours (a day)
- 6d life support
- 6e 45%
- 6f tertiary centre

**Question seven****(Item 17)**

1 mark for each of the following (in the order shown)

- 7a A
- 7b C
- 7c A
- 7d B
- 7e B
- 7f C

**Question eight**

**(Item 18)**

1 mark for each of the following (in the order shown)

- 8a closes with first breaths (of life) **NOT** immediately/at birth
- 8b 82(%)
- 8c 3 days
- 8d affects timing (of) presentation (of baby to us)
- 8e fibrous tissue

**Question nine**

**(Item 19)**

1 mark for each of the following (in the order shown)

- 9a defect affects
- 9b normal circulation
- 9c first few hours
- 9d anatomical changes
- 9e gone home
- 9f feeding poorly
- 9g markedly

**Question ten**

**(Item 20)**

1 mark for each of the following (in the order shown)

- 10a (divided into) two groups/types **OR** (divided into) acyanotic and cyanotic
- 10b can be described as both
- 10c physiological headings/categories/groups/types
- 10d [any one of the following]
  - (congenital heart disease) with decreased pulmonary blood flow
  - (congenital heart disease) with increased pulmonary blood flow
  - (congenital heart disease) with obstruction to systemic blood flow

**Question eleven**

**(Item 21)**

1 mark for each of the following (in the order shown, left-right; top-bottom)

- 11a echo (by a paediatric cardiologist) **NOT** ECG
- 11b after birth **NOT** newborn
- 11c (major) tertiary/teaching hospitals
- 11d clinical signs
- 11e 3-4% (will be cyanosed after birth)
- 11f sepsis **OR** group B streptococcus/strep B [**In any order for 11f, 11g, 11h**]
- 11g metabolic disorder
- 11h congenital heart disease/CHD

**Question 12**

**(Item 22)**

1 mark for each of the following (in the order shown)

- 12a C
- 12b B
- 12c B

**END OF MARKING GUIDE**