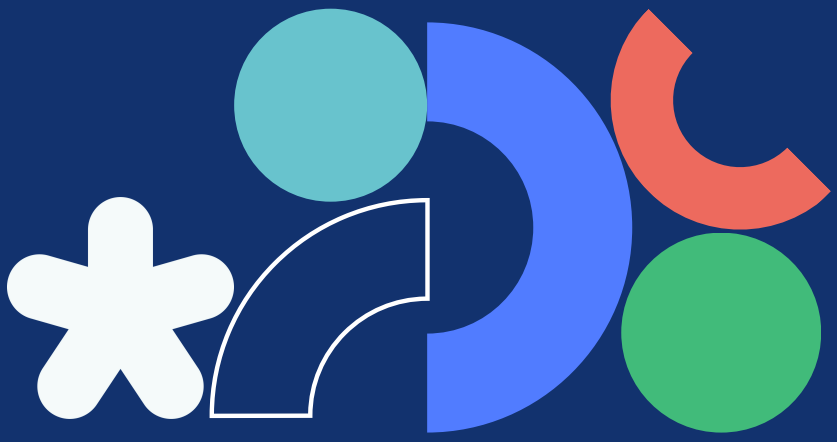
OET 2026 Practice Test

Full Mock Exam & Answer Key



WWW.E2LANGUAGE.COM

E2 TEST PREP

Content

E2 TEST PREP

LISTENING

WATCH AND WORK ALONG WITH THE VIDEO ON THE E2 OET YOUTUBE CHANNEL

OET Listening Part A - Notes

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient. For questions 1-24, complete the notes with a word or short phrase from the information you hear. Now look at the notes for extract one.

E2 TEST PREP

Extract 1

Questions 1 to 12 *You hear a dietician talking to a patient named Kylie Hogan.*

Patient: Kylie Hogan

Background

- experienced weight issues since (1) fa _____
- considering abdominoplasty – loose skin post-partum
- goal: maintain ideal weight for (2) _____
- current weight: 85kg
- current height: 160cm

Childhood eating patterns

- consumed at least (3) _____ of fried/salty food
- dessert consisted of (4) _____ (nightly – two servings)
- limited vegetables
- some fruit – mainly (5) _____

E2 TEST PREP

Extract 1

Current eating patterns

- often has desserts and (6) _____ (evenings)
- crisps/chocolate (nightly)
- one – two (7) _____ (work lunch)
- drinks (8) _____ units per night – cream liqueurs

Medical history

- Nil diabetes
- High cholesterol/ BP
- (9) _____ booked (1 week)
- childhood allergy to (10) _____
- suspected (11) _____ (2 months – early 20's)
- (12) _____ (lasting 3 days)

E2 TEST PREP

Extract 2

Questions 13 to 24 *You hear a GP talking to a new patient named Frederick Smithers. For questions 13-24, complete the notes with a word or short phrase.*

You now have thirty seconds to look at your notes.

Patient: Frederick Smithers

Description of condition

- Excess intestinal gas (7 days)
- (13) _____ in lower abdomen
- frequent diarrhea
- audible (14) _____
- abdomen appears (15) _____

Regular diet

- breakfast – various (16) _____ cereals
- between-meal snacks – nuts, fruit or (17) _____
- lunch – sandwiches and salad
- dinner – (18) _____
- dessert – condensed milk fudge
- enjoys very (19) _____ (8-9 per day)

E2 TEST PREP

Extract 1

Recent medical history

- URTI – one month prior (self-care)
- tachycardic and (20) _____ (daily activities)
- (21) _____ recurring weekly – OTC antihistamine

Recommendation given

- change (22) _____
- lactose intolerance – start with a (23) _____
- likely conduct (24) _____
- possible blood glucose test

E2 TEST PREP

LISTENING

OET Listening Part B

In this part of the test, you'll hear six different extracts. In each extract, you'll hear people talking in a different healthcare setting.

For questions 25-30, choose the answer (A, B or C) which fits best according to what you hear. You'll have time to read each question before you listen. Complete your answers as you listen. Now look at question 25.

OET Listening Part B

25. You hear a dentist discussing the need for an X-ray with a patient.

Why is the X-ray necessary?

A. the dentist is uncertain if cavities are present.

B. the oral examination is limited in scope.

C. policy states that it must be performed.

26. You hear a junior doctor discussing a patient's condition with her supervisor.

What is the purpose of the discussion?

A. to provide an update on the patient's pain level.

B. to request that the analgesic dose be adjusted.

C. to seek assistance from a more qualified doctor.

27. You hear a pharmacist talking to a customer about high blood pressure medication.

The pharmacist suggests that the mother should:

A. discuss all contributing factors with her GP.

B. consider a generic medication over a brand-name.

C. change any habits that may be affecting her health.

OET Listening Part B

28. You hear a department manager talking to a nurse about a recent complaint from a patient.

What point does the nurse make?

A. his manner was appropriate.

B. a procedure had been delayed.

C. the patient had behaved rudely.

29. You hear a nurse talking to his ward manager about a patient's personal belongings that have gone missing.

The nurse believes the patient's belongings:

A. were lost on the way to the ward.

B. are likely to be found in her room.

C. were left in another part of the hospital.

30. You hear a podiatrist talking to a patient about her calloused feet.

The podiatrist believes the callouses were caused by:

A. having wet feet for long periods.

B. walking on sandy beaches.

C. wearing shoes without socks.

E2 TEST PREP

LISTENING

OET Listening Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For questions 31-42, choose the answer (A, B or C) which fits best according to what you hear. Complete your answers as you listen.

Now look at extract one

Extract 1

Questions 31 to 36. *You hear a behavioural health consultant called Stephanie Peters giving a presentation to a group of healthcare providers about the impact of social media on adolescent mental health.*

You now have 90 seconds to read **questions 31 to 36.**

31. What does Stephanie imply about teenagers' use of social media?

A. they are in danger of becoming isolated from peers.

B. they spend too many hours connected online.

C. they face greater challenges than previous generations.

32. Stephanie believes that the amount of social media sites:

A. is overwhelming for teenage users.

B. needs to be monitored more closely.

C. makes identifying any negative effects challenging.

33. Stephanie highlights that people's lives portrayed on social media:

A. mirror how many teenagers feel.

B. appear more joyful than in real life.

C. are extremely easy to manipulate.

Extract 1

34. What does Stephanie say about reducing the negative impact on teenagers who use social media?

A. users need to be more discerning about the content they consume.

B. alerts should inform users about their habits and misleading content.

C. their parents need to monitor their usage more closely.

35. Stephanie suggests that using a technique called media mindfulness:

A. enlightens users to the dangers of social media.

B. encourages users to consider the impact of social media.

C. helps reduce stress to the body while on social media.

36. Why does Stephanie believe initiatives such as “Facebook Friday” are effective in reducing usage of social media?

A. they can be used across all platforms.

B. they reach a large section of users.

C. they are relatively easy to monitor.

Extract 2

Questions 37 to 42. *For **questions 37-42,** choose the answer (A, B or C) which fits best according to what you hear. Complete your answers as you listen.*

Now look at extract two.

You hear an interview with Dr Jessica Rhodes, a pain management specialist, discussing the use of opioids for chronic pain.

*You now have 90 seconds to read **questions 37 to 42.***

37. Dr Rhodes believes the main problem with the prescription of opioids is that:

A. strong opioids have many side effects.

B. they are being used incorrectly for conditions they do not help.

C. patients are not being listened to when they tell doctors what they want.

38. What was the main finding of the study conducted at the University of Maine?

A. the number of patients being prescribed opioids for chronic pain was getting higher over time.

B. trends in opioid prescription are different depending on the country.

C. the number of studies was too small to show conclusive evidence.

Extract 2

39. What did Dr Rhodes find surprising about the types of opioids being prescribed?

A. her team's initial assumptions were correct.

B. combination medicines are used more often than strong or weak opioids.

C. strong opioids were recommended at a higher rate than was expected.

40. Why does Dr Rhodes believe opioids are frequently prescribed for chronic pain?

A. there are still many advantages to taking this type of medication.

B. more studies are required to encourage doctors to stop this practice.

C. many doctors have not adapted to new guidelines regarding their use.

41. Dr Rhodes suggests that doctors are not ceasing opioid treatment because:

A. patients do not share their concerns about opioid use with their physician.

B. they are worried about patient reactions.

C. the withdrawal symptoms are too severe.

Extract 2

42. What does Dr Rhodes believe about alternatives for chronic pain management?

A. they require a multi-disciplinary approach.

B. non-drug treatments are not the answer.

C. most complaints can be resolved by changing medication.

E2 TEST PREP

READING

Reading Part A

Vestibular Vertigo: Texts

Text A

Vertigo - Taking patient history

- **Establish if it is truly vertigo**

Remember: patients' descriptions are notoriously unreliable; therefore, it is best not to rely entirely on the reported quality of dizziness

- **Is it the first ever attack or long-standing recurrent vertigo? Is it:**
  - ◯ The first ever attack of acute spontaneous vertigo lasting 24 hours or longer.
  - ◯ Episodic vertigo.
  - ◯ Continuous/chronic.
- **Is it spontaneous or positional?**
  - ◯ All types of vertigo worsen with head movement.
  - ◯ Vertigo present at rest - *not* positional vertigo
- **What is the duration of each spell?**
  - ◯ Seconds, minutes, or hours?

Reading Part A

- **Are there any associated symptoms? E.g:**

- **Do recent events provide a clue? E.g**
  - ◯ Recent head trauma
  - ◯ New/change to blood-pressure medication
  - ◯ Excess salt intake due to e.g. festive dining

Reading Part A

*May be caused by postural hypotension, cardiac rhythm disturbances, syncope, anaemia, hypoglycemia, hypercalcemia, vitamin B12 deficiency, medication effects, and anxiety

Text B

Differential diagnosis of vestibular vertigo

Type of episode	Possible causes(s)	Presentation
Acute vestibular syndrome	vestibular neuritis	First ever vertigo attack consisting of: • sudden severe and prolonged episode of vertigo (e.g. days) • a positive bedside head impulse test • absence of skew deviation • normal hearing
	stroke	If all 4 above conditions are not met, a stroke should be considered.
Recurrent positional dizziness	benign positional vertigo (BPV)	• lasts seconds • often episodic • brought on only by positional changes (e.g. lying down, turning over in bed, bending down, or arching back)
Recurrent positional dizziness	vestibular migraine	• lasts hours, often episodic • often associated photophobia/phonophobia
	Ménière's disease	• lasts hours • associated hearing loss

Reading Part A

Text C

How to use/perform the HINTS examination

The use of the **HINTS (head-impulse, nystagmus, test of skew)** examination can help distinguish a possible stroke (central cause) from acute vestibular syndrome (peripheral cause).

Head-Impulse. While the patient is sitting, the head is thrust 10 degrees to the right and then to the left while the patient's eyes remain fixed on the examiner's nose. If a saccade (rapid movement of both eyes) occurs, the etiology is likely peripheral. No eye movement strongly suggests a central etiology.

Nystagmus. The patient should follow the examiner's finger as it moves slowly left to right. Spontaneous unidirectional horizontal nystagmus that worsens when gazing in the direction of the nystagmus suggests a peripheral cause. Spontaneous nystagmus that is dominantly vertical or torsional, or that changes direction with the gaze (gaze-evoked bidirectional) suggests a central etiology.

Test of Skew. Test of skew is assessed by asking the patient to look straight ahead, then cover and uncover each eye. Vertical deviation of the covered eye after uncovering is an abnormal result. Although this is a less sensitive test for central pathology, an abnormal result is fairly specific for brainstem involvement.

Reading Part A

Text D

Treatment of vestibular symptoms

Pharmacological treatment options

- Medication plays a much smaller role in chronic vestibular symptoms, in part for fear of preventing central adaptation.
- *Prochlorperazine* has no significant place in the long-term management of chronic vestibular deficits.
- *Cinnarizine* or *Arlevert* are sometimes used to help patients through exacerbations of their chronic symptoms.

Treating the emotional impact with medication

- Many patients with chronic vestibulopathies have a significant emotional reaction to their illness.
- If anxiety and panic disorder are prominent and psychological interventions are unsuccessful, a short course of the benzodiazepine *clonazepam** in a very low dose. This also helps settle their sleep pattern and anxiety as well as being a vestibular sedative. *Lorazepam* or *diazepam* might be considered too.

*This is off licence, however, and careful explanation about how and when these medications should be used is required

E2 TEST PREP

READING

OET Reading Part A

TIME: 15 minutes

- Look at the four texts, **A-D**, above.
- For each question, **1-20**, look through the texts, **A-D**, to find the relevant information.
- Write your answers on the spaces provided in this **Question Paper**.
- Answer all the questions within the 15-minute time limit.
- Your answers should be spelled correctly.

E2 TEST PREP

OET Reading Part A

Vestibular Vertigo: Questions

Questions 1 – 7 For each question, 1-7, decide which text (A, B, C or D) the information comes from. You may use any letter more than once.

In which text can you find information about:

1. Treating the emotional symptoms associated with vertigo _____
2. How to carry out the test of skew _____
3. Possible causes of non-vestibular dizziness _____
4. Medications used to treat chronic symptoms _____
5. The key symptoms of vestibular neuritis _____
6. Events that could act as possible triggers _____
7. Potential triggers of recurrent spontaneous vertigo _____

Questions 8 – 14 Answer each of the questions, 8 - 14, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

8. In what position should the patient be when the Head-Impulse test is performed? _____
9. What is a symptom that is often seen with patients presenting with Ménière's disease? _____
10. Which drug should not be used in the long-term treatment of chronic vestibular deficits? _____
11. What types of vertigo are exacerbated by head movement? _____
12. What is the most likely cause of recurrent positional dizziness? _____
13. What does an abnormal result in the test of skew usually indicate? _____
14. Which condition is often associated with photophobia? _____

E2 TEST PREP

OET Reading Part A

Questions 15 – 20 Complete each of the sentences, 15 - 20, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

15. "Medication plays a much smaller role in _____."
16. BPV is provoked by _____ and is usually episodic.
17. We cannot rely on how patients describe the characteristics of their dizziness as their accounts are _____.
18. The HINTS examination is used to differentiate between central and _____ causes of vertigo.
19. If all 4 main signs of vestibular neuritis are not present, the patient may have had _____.
20. Dominantly vertical spontaneous nystagmus usually indicates _____.

READING

OET Reading Part B

In this part of the test, there are six short extracts relating to the work of health professionals. For **questions 1-6**, choose the answer (**A**, **B** or **C**) which you think fits best according to the text.

1. **The extract on maintaining medical records states that**

A. illegibility is seen as a common cause for concern among GPs.

B. a recall system must be used to guarantee accuracy in every case.

C. records must hold an adequate amount of information at all times.

13.2 Maintaining accurate and complete medical records

13.2.1 As medical records seek to facilitate effective treatment of the patient, it is important they are accurate, up to date, complete and legible. GPs must take reasonable steps to ensure the health information and consultation notes they hold is well organised and legible. Medical records should always be sufficiently detailed and accessible to allow another GP to continue the management of the patient.

13.2.2 Practices should consider using a recall system (subject to patient consent) to ensure patients are regularly seen and medical records are maintained accurately and contain up-to-date information. Considerations of the marketing aspects of such a system should be considered.

Further information regarding completeness and accuracy of patient health records refer to Standard 1.7 Content of patient health records in the Standards for general practices (4th edition).

OET Reading Part B

2. **The policy document about patient consent states that**

A. a member of the family should be present.

B. medical jargon should be avoided.

C. a senior physician should conduct the interview.

Emergency Invasive and surgical procedure consent

With invasive and surgical procedures, it is particularly important to explain fully:
– what are you proposing?
– what are your reasons for wishing to undertake the procedure?
– what you hope to find or accomplish?

Ensure that you:

- use language that can be understood by all members of the public
- draw pictures and use an interpreter if necessary
- allow the patient (and family members if in attendance) to ask questions
- liaise with senior physicians where necessary if situation allows

There are circumstances when it may be necessary to consult with a relative; only allow for this if the patient's condition permits. If a person is too ill to give consent (for example, if unconscious) and their condition will not allow further delay, you should proceed, without formal consent, acting in the best interest of the patient.

OET Reading Part B

3. **This protocol for surgical scrubbing and gowning tells us that**

A. practitioners must re-scrub in the event of any puncture.

B. the required scrub time may vary between hospitals.

C. scrubbing is compulsory for those entering the operating theatre.

Surgical scrubbing and gowning
Before each operation, all members of the surgical team – that is, those who will touch the sterile surgical field, surgical instruments, or the wound – should scrub their hands and arms to the elbows. Scrubbing cannot completely sterilize the skin but will decrease the bacterial load and risk of wound contamination from the hands. Every hospital should develop a written procedure for scrubbing that specifies the length and type of scrub to be undertaken. It is usual that the first scrub of the day is longer (e.g. minimum 5 minutes) than any subsequent scrubs between consecutive clean operations (e.g. minimum 3 minutes). Surgical gloves prevent transmission of HIV through contact with blood, but there is always the possibility of accidental injury and of a glove being punctured. If patient safety permits, promptly change a glove that has been punctured during an operation and rinse your hand with antiseptic or re-scrub if the glove has leaked during the puncture.

OET Reading Part B

4. **The memo on waste disposal informs us that**

A. staff are responsible for their own personal safety.

B. the costs involved are a low priority for the hospital.

C. contaminated materials make up most medical waste.

Waste disposal in clinical procedures

All staff are expected to be familiar with, and follow, hospital protocol dealing with biological waste and contaminated materials. All biological waste must be carefully stored and disposed of safely. Contaminated materials such as blood bags, dirty dressings and disposable needles are potentially hazardous and must be treated accordingly. If biological waste and contaminated materials are not disposed of properly, your safety could be compromised. Disposal of biohazardous materials is time consuming and expensive, so it is important to separate non-contaminated material such as wastepaper, packaging and non-sterile but not biologically contaminated materials. (Only 15% to 20% of medical wastes are considered infectious). Personal protection equipment and separate disposal containers are provided where waste is created so that staff can safely sort the waste as it is being discarded.

OET Reading Part B

5. **What is the purpose of the notes about bariatric patients for transportation providers?**

A. to specify the equipment needed for heavy patients.

B. to detail the most efficient mode of transport.

C. to outline considerations when assessing patients.

1.4 Transportation of patients
1.4.2 Bariatric Patients There are two methods of transport available to patients: road and air. For road transfers, a patient with bariatric requirements is defined as a patient weighing 160kg or more. For aeromedical transfers, a patient with bariatric requirements is defined as a patient weighing 110kg or more. In addition to weight, the dimensions of the patient and distribution of mass may affect the ability of a patient to fit on a transport stretcher even if they meet the above criteria. Providers should offer stretchers with limits that meet the definition provided above. Specialist vehicles are used when patients exceed the limits of available vehicles.

OET Reading Part B

6. **This policy document states that staff involved in the counting of supplies should**

A. take particular care when handling sharp instruments.

B. use standardised forms supplied by the hospital for all operations.

C. be ready for unexpected items needed during the procedure.

Sponge and Instrument Counts

It is essential that nursing staff keep track of the materials being used in the O.R. in order to avoid inadvertent disposal or the potentially disastrous loss of sponges and instruments in the wound. It is standard practice to count supplies (instruments, needles, and sponges)

- Before beginning a case
- Before final closure
- On completing the procedure

Aim is to ensure that materials are not left behind or lost. Pay special attention to small items and sponges. Create and make copies of a standard list of equipment for use as a checklist to check equipment as it is set up for the case and then as counts are completed during the case. Include space for any suture material and other consumables that may be added mid-case. When trays are created with the instruments for a specific case, such as a Caesarean section, also make a checklist of the instruments included in that tray for future reference.

E2 TEST PREP

READING

OET Reading Part C

In this part of the test, there are two texts about different aspects of healthcare. For **questions 7-22**, choose the answer (**A**, **B**, **C** or **D**) which you think fits best according to the text.

E2 TEST PREP

OET Reading Part C

Text 1: A New Era for Mind–Body Medicine

Fifty years ago, meditation was considered fringe, and the idea that it had any role in medical treatment, absurd. Nevertheless, research has demonstrated that meditation and similar practices reduced oxygen consumption, lowered blood pressure and heart rate, and initiated other physiological effects that were the opposite of what occurs during the stress response. This coordinated set of physiological changes was termed the “relaxation response” and its existence is now undeniable. Today, meditation and other mind–body practices, such as yoga and mindfulness, are growing in popularity. Historically, these tools have been used to promote insight, peace, enlightenment, and connection to something larger than oneself.

Nowadays, many people are drawn to these practices for their perceived physical and mental health benefits, as well as general stress relief. All religious traditions and cultures have some form of meditative or other mind–body practice, but the current explosion of interest in these practices has largely occurred within a secular context.

Concurrent with this growing public interest is emerging research describing various neurobiological, physiological, and genomic changes associated with mind–body practices, particularly meditation, including activation of specific brain regions, increased heart-rate variability, and suppression of stress-induced inflammatory pathways. Though some of these changes appear to occur with multiple techniques, others may be technique specific. For example, several neurological changes have been observed in patients engaging in either yoga or short breathing meditations, while others are more pronounced in those who engage in longer meditation practices. The link between particular tools and desired outcomes remains unclear in many scenarios.

E2 TEST PREP

OET Reading Part C

Stress is ubiquitous, and its role when excessive or persistent as a major contributor to morbidity and mortality is well recognized. In 1964, John Stoeckle and colleagues concluded that 60 to 80% of visits to primary care physicians had a stress-related component, and we can only assume that this percentage has since increased or at least remained stable with the added pressures of modern life. Despite this, many patients are initially sceptical of how mind–body techniques can reduce the stress response and must be counselled regarding what to reasonably expect when using these techniques. With guidance and consistent practice, most patients feel less stressed, experience a greater sense of wellbeing, and are less bothered by the symptoms that brought them in.

Many randomized, controlled trials have suggested improved health outcomes and quality of life in multiple physical and mental health conditions that are related to or exacerbated by stress. Nonetheless, not everyone is ready to embrace these tools: some patients may have concerns about certain practices contravening their religious beliefs; others are not ready to engage in the effort required to maintain a regular practice; still others have been conditioned to request a pill for every ailment. Moreover, these tools may not be appropriate for some patients. For example, patients with severe mental illness may have difficulty learning the necessary skills, or risk losing touch with reality when they engage in some of these practices. Despite this, many patients are keen to learn more about mind–body tools.

Given the available data and the favourable side-effect profiles of these practices, mind–body medicine expert Dr Salim Singh believes that it should be recognized as potential primary and secondary prevention and routinely incorporated into primary care. However, Dr Singh says it is not surprising that it hasn't been seen in this light, given that healthcare has been predominantly built on a reactive disease treatment model rather than a proactive health-enhancement model. Yet preliminary findings suggest that integrating these tools into the healthcare system may reduce healthcare utilization and may be cost-effective.

OET Reading Part C

In addition to the potential physical and mental health benefits of meditation, there may be potential societal benefits. Meditation and related tools promote empathy and mindful presence among healthcare professionals, thereby enhancing the quality of care. Indeed, many medical schools are now exploring this path, but only a few have made it a required part of the curriculum. Historically, cultivation of these mindful and contemplative practices throughout a society promoted tolerance and mutual understanding, enhancing the social fabric. This still seems to be true, as research suggests that, on an individual level, mind–body practices can promote prosocial behaviour.

Western medicine has produced revolutionary health benefits through advances in pharmacotherapies and procedures. It now faces enormous challenges in battling stress-related noncommunicable diseases. More people than ever are taking prescription medications for chronic health conditions, and while drug treatments have changed many patients' lives for the better, many of these conditions also have a lifestyle component. Mind–body therapies could be an adjunct in managing these problems by fostering resilience through self-care.

It is important to learn how best to personalize these approaches and maximize their public health potential. We must understand whether particular approaches are more likely to help certain people; whether psychological or genetic factors predict who will respond best to certain practices; what constitutes optimal dosing; and to what extent these practices can reduce the need for pharmaceuticals and procedures. More robust clinical trials are needed, as well as basic research into the foundations of mind–body health effects. There is much work to be done, but the future is promising for mind–body medicine.

OET Reading Part C

Text 1: Questions 7-14

7. **What does the writer suggest about meditation in the first paragraph?**

A. The way it has been viewed in medicine has changed positively over time.

B. Its medical benefits are still questioned despite its growing popularity.

C. People today are engaging in it mostly for religious reasons.

D. Its potential benefits are limited to stress relief.

8. **In the second paragraph, the writer states that research regarding mind-body treatments has**

A. increased because of growing public interest in the area.

B. not yet demonstrated that they have any physical effects.

C. shown that meditation is more effective for most conditions than other tools.

D. yet to clarify the relationship between specific tools and their outcomes.

OET Reading Part C

9. **The writer mentions John Stoeckle's study to emphasise that**

A. patients do not realise the effect of stress on their condition.

B. stress has long been a factor in causing or exacerbating diseases.

C. mind-body practices are not used enough in treatment.

D. levels of stress are decreasing due to the use of meditation.

10. **What does *this* refer to in the fourth paragraph?**

A. that medication is a more appropriate treatment for most conditions.

B. the lack of clinical trials that prove the benefits of meditation.

C. that patients often misunderstand how to use mind-body tools.

D. the potential barriers to the use of mind-body treatments.

OET Reading Part C

11. **According to Dr Singh, mind-body tools are not commonly employed in primary care because**

A. they are considered too expensive to incorporate into regular practice.

B. there is not enough data yet to support their utilization.

C. the current approach to healthcare does not favour their use.

D. patients may visit healthcare professionals more regularly when using them.

12. **What does the writer suggest about the advantages of meditation in the sixth paragraph?**

A. they now form an integral part of many medical training programs.

B. doctors need to be aware of them for patients to see improvement.

C. they may be relevant to both patients and healthcare professionals.

D. they are different for today's society than for societies of the past.

OET Reading Part C

13. **What does the writer imply about the treatment of stress-related diseases in the seventh paragraph?**

A. mind-body therapies can be used alongside more conventional treatments.

B. medication has failed to help patients with these conditions.

C. patients with these conditions rely excessively on drugs.

D. Western medicine has ignored it for too long.

14. **What does the expression *optimal dosing* refer to in the final paragraph?**

A. changes to medication when used in conjunction with mind-body therapies.

B. the amount of mind-body therapies appropriate for each patient.

C. balancing the associated costs and the effectiveness of mind-body treatments.

D. how much mind-body therapy is required for patients to cease taking medication.

OET Reading Part C

Text 2: Physician Burnout

Each day seems to bring another headline about the crisis of physician burnout. The issue has been simmering for years and has been brought to a boil by mounting changes in the health care system, most prominently the widespread implementation of the electronic health record (EHR) and performance metrics. Initially, the prevailing attitude was that burnout is a physician problem and that those who can't adapt to the new environment need to get with the program or leave. Some dismissed the problem as a generation of "dinosaur" doctors whining and pining for an inefficient, low-tech past. But recently, it has become clear that millennials, residents, and even medical students are showing signs of burnout. The unintended consequences of radical alterations in the health care system that were supposed to make physicians more efficient and productive, and thus more satisfied, have made them profoundly alienated and disillusioned.

Attempts to reduce physician burnout have, by and large, targeted the doctor, proposing exercise classes and relaxation techniques, social hours for decompressing, greater access to childcare, hobbies to enrich free time, and ways to increase efficiency and maximise productivity. Such recommendations came from a variety of professionals, from psychologists to colleagues and even politicians. Yet, there is scant evidence that any of these measures have had a meaningful impact, In fact, the latest studies evaluating more than 1500 physicians have led to the inescapable conclusion that such proposed solutions do not address the underlying problem: a profound lack of alignment between caregivers' values and the reconfigured health care system.

E2 TEST PREP

OET Reading Part C

Medicine in many ways stands alone. Doctors, nurses, and other health care professionals have traditionally viewed their work as a calling. They tend to enter their field with a high level of altruism coupled with a strong interest in human biology, focused on caring for the ill. These traits and goals lead to considerable intrinsic motivation, that is, performing an activity because it is interesting, while the activity itself provides spontaneous satisfaction. In a misguided attempt to improve the medical system, health care reformers put into place various positive and negative extrinsic motivators, those external, tangible rewards that provide satisfaction not from the activity itself but from that reward. Such motivators may be well-received in some workplaces, but what they didn't realise is extrinsic motivators, such as monetary rewards, would actually erode intrinsic motivation for medical professionals, eventually leading to "amotivation" — in other words, burnout.

Reformers are perplexed that monetary incentives haven't worked to prevent or remedy burnout. Using a monetary reward as a central motivation strategy seems practical and appealing. However, in a recent survey of more than 15,000 doctors in 29 specialties, half the doctors said they would give up at least $20,000 in annual income in order to reduce their work hours; these doctors included millennials, who are among the lowest earners. It's important to emphasise that money in and of itself is not toxic; Gagné and Deci observed that an increase in yearly salary or a bonus does not diminish intrinsic motivation. But bringing money to the fore in each individual patient interaction — by translating physicians' work into relative value units, for example — does.

Most physicians recognise that it is impossible to satisfy the current system's demands. If you surrender, the joy of engaging with your patients is diminished and ultimately lost. If you resist, you incur the system's wrath. Erin Silverman, a hospitalist at the University of California, San Francisco, recently stated "the relentless reminders of tasks we haven't completed and supplications to correct our documentation leaves us feeling depleted and undervalued." Burnout is toxic for patients as well as physicians because it's associated with loss of empathy, impaired job performance, and increases in medical mistakes. Family and friendships also suffer as the EHR's demands invade doctors' homes and consume the time once enjoyed in vital relationships, worsening emotional exhaustion.

E2 TEST PREP

OET Reading Part C

The problem of burnout will not be solved without addressing three key factors. The first of these is autonomy. This provides doctors flexibility in their schedule to allow for individual styles of practice and patient interaction. This is paramount in scheduling as it recognises that both patients and doctors are individuals, and some interactions simply take longer than others. The EHR, initially lauded for its potential as a repository of patient information, goes against this, having become nothing more than a time-consuming billing tool.

The second key factor is competence. Once viewed as having a deep fund of medical knowledge and exercising appropriate clinical judgment, under recent health care reforms, it has been redefined as compliance with various metrics, many of which are not evidence-based, steered more towards fulfilling performance indicators rather than focusing on the ill. Competency can be restored by purging the system of meaningless metrics while maintaining a core of evidence-based measures, allowing for clinical judgment, and honouring individual patient preferences. Lastly, relatedness, or simply, feeling that one belongs, is paramount. Doctors want to give patients the time and support they need, and they want the system to value and recognise their efforts to provide this kind of care. Restoring these three pillars will support the return of intrinsic motivation and lessen the degree of burnout for all healthcare workers.

OET Reading Part C

Text 2: Questions 15-22

15. **In the first paragraph, what point is made about physician burnout?**

A. advancements in technology have been favourable.

B. it has been recognised as a problem for a long time

C. some physicians are more adaptable than others.

D. its long-term effects on junior doctors is uncertain.

16. **What problem does the writer raise in the second paragraph?**

A. low participation rates have weakened recent studies.

B. current initiatives do not focus on the real issue.

C. doctors require more free time to pursue their interests.

D. advice has so far come from people outside the medical field.

17. **The writer uses the phrase *as a calling* in the third paragraph to explain the**

A. unique characteristics of the medical profession.

B. bond that medical professionals have with patients.

C. high standards within the medical profession.

D. goals that medical professionals set for themselves.

OET Reading Part C

18. **In the third paragraph, the writer implies that**

A. extrinsic and intrinsic motivators are of equal value.

B. burnout is inevitable regardless of motivational factors.

C. it is necessary to know what motivates individual physicians.

D. motivational factors vary between professions.

19. **The author mentions observations by Gagné and Deci in the fourth paragraph in order to show that**

A. money is still a motivation for most people.

B. physicians consider a pay rise as unnecessary.

C. making money the focal point is misguided.

D. money does not affect motivation.

20. **What problem is mentioned in the fifth paragraph?**

A. The system impacts physicians' lives outside the work environment.

B. Doctors require frequent prompting to complete their daily tasks.

C. Patients consider burnout to be extremely harmful.

D. Physicians find it difficult to keep up with routine tasks.

OET Reading Part C

21. **What does the word *it* in the sixth paragraph refer to?**

A. the interaction between doctors and patients.

B. the issue of burnout.

C. the flexibility that doctors need.

D. the electronic health record.

22. **What point does the writer make about the current idea of competency in the final paragraph?**

A. Doctors no longer feel appreciated in their profession.

B. Patient-centred treatment has been largely overlooked.

C. A physician's level of expertise is of great importance.

D. Monitoring doctors' performance levels is unnecessary.

E2 TEST PREP

WRITING

OET Writing Sub-Test: Medicine

TIME ALLOWED:

- READING TIME: 5 MINUTES
- WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

E2 TEST PREP

Writing

Case Notes

Assume that today's date is 06/01/2019

You are the attending medical officer at the emergency department where Mrs Judith Henning is your patient.

- **Patient:** Mrs. Judith Henning
- **DOB:** 12/25/1964
- **Allergies:** Penicillin (hives/itchy skin)
- **Social Background:**
  - Runs her own clothing business
  - Married 30 years
  - Husband – Gregory, aged 56, police officer
  - 2 children – Sally (lives close by). John (abroad).
  - Runs 5 km every other day
  - Alcohol intake - 1-2 units (monthly)
  - Heavy smoker - 26 years (ceased at age 45)
- **Medical History:**
  - Chronic obstructive pulmonary disease (COPD) – since 2018
  - Acute bronchitis resulting from viral respiratory tract infection – 2017
  - Bankart repair R shoulder post frequent dislocations – 2015
  - Minor rotator cuff tear – 2013
  - Reflux – 6 months (sometimes "severe")
- **Current Medications:**
  - Aspirin 81mg daily
  - Calcium carbonate/Vitimin D 600 mg twice p/d
  - Combivent inhaler 2 puffs four times p/d
  - Albuterol inhaler PRN
  - OTC reflux meds

Writing

(06/01/2019):

- **Subjective:**
  - New onset of chest pain 3 episodes (5 day period)
  - Compression-like pain only at night (woke from sleep)
  - Improved with repositioning (use of 2 pillows)
  - Recently consuming larger meals/late in evening
  - Nil pain on exertion
  - Experienced less shortness of breath since last visit
  - Nil nausea or headache

- **Objective:**
  - Nil SOB, palpitations, diaphoresis
  - Weight – 57 kg
  - Height – 157 cm
  - Pulse – 70 reg
  - BP (sitting) – 116/64
  - Lungs – distinct breath sounds without wheezes
  - CV – RRR, normal S1 and S2, Nil S3 or S4 (gallops). Nil murmurs
  - Abdomen – normal bowel sounds, Nil tenderness to palpitation
    Recommendation: Pt. advised discontinue eating 2-3 hours prior to sleep. If chest pain continues despite meal adjustment or on exertion → call GP or visit emergency department

- **Management Plan:**
  - Suspected gastroesophageal reflux disease (GERD)
    Unlikely related to COPD – verify
  - Confirm continuation of medications.
  - Endoscopy – results to be discussed with Pt.s GP

E2 TEST PREP

Writing

Writing Task

Using the information in the case notes, write a referral letter to a gastroenterologist practitioner regarding her required follow up care. Address the letter to Dr Fiona Watson, Gastroenterologist, Kings Cross Medical Centre, Kings Cross.

In your answer:

- **Expand the relevant case notes into complete sentences**
- **Do not use note form**
- **The body of the letter should be approximately 180-200 words**

Use correct letter format

E2 TEST PREP

Writing

asdfasdgada

E2 TEST PREP

SPEAKING

OET Speaking Sub-Test: Medicine

Watch and work along with the video

E2 TEST PREP

Speaking

Candidate Task Card

SETTING: Suburban General Practice

DOCTOR: A 56-year-old patient has come to your practice for a check-up because he/she has a strong family history of hypertension. He/she appears anxious and would like to start taking medication to reduce his/her blood pressure.

TASK:

- **Find out what is worrying the patient**. Has he/she had any symptoms of hypertension recently (e.g., chest pain, headache, confusion, blood in urine, etc.)?
- **Explore the patient's family history**, lifestyle, and smoking habits.
- **Explain that some tests are needed** (e.g., BP, urine sample, blood tests, renal function, etc.). Without any signs or symptoms, you cannot prescribe medication.
- **Encourage the patient to make positive lifestyle changes** (e.g., regular light exercise, reduction of cigarettes, healthier meals, etc.).
- **Explain that once all test results are known**, the next step can be explored.
- **Explain the importance of regularly checking his/her BP** due to the strong family history of hypertension.

Speaking

While you will not be able to see this card on test day, we have included the Interlocutor's Task Card in this booklet for your reference. Reviewing this may help you know what to expect.

Interlocutor Task Card

SETTING: Suburban General Practice

PATIENT: You are a 56-year-old who has come to see your GP for a check-up. You are worried about your blood pressure as you have a strong family history of hypertension.

TASK:

- When prompted, tell the doctor that you have not experienced any symptoms, but you are very concerned due to your family history.
- Explain that your father died of a stroke (aged 62), and your brother (54) has very high blood pressure and takes medication. You smoke 20 cigarettes a day and drink alcohol occasionally. You rarely exercise or eat healthy meals. You are frightened that without medication you could die.
- Insist that medication is right for you regardless of test results.
- Reluctantly agree to wait for your test results. Ask what else you can do?
- You will consider making lifestyle changes and agree to check your BP regularly.

E2 TEST PREP

OET LISTENING ANSWER KEY

Part A: Consultation Extracts

1. **puberty**
2. **6 months / six months**
3. **1 meal a day / 1 meal every day**
4. **cake and ice cream**
5. **watermelon**
6. **fizzy drink / fizzy drinks**
7. **slices of pizza**
8. **2-3 / two to three**
9. **CT angiogram**
10. **soy**
11. **bulimia**
12. **post-natal depression**
13. **knotted sensation / knotted feeling**
14. **rumbling sounds / rumbling noises**
15. **swollen**
16. **high fiber / high fibre**
17. **a protein bar / protein bar**
18. **lean meat and vegetables**
19. **milky coffee**
20. **breathless**
21. **hives**
22. **the brand of antihistamine**
23. **trial run**
24. **a hydrogen breath test**

E2 TEST PREP

OET LISTENING ANSWER KEY

Part B: Short Extracts

25. **A (dentist uncertain if cavities present)**
26. **C (seek assistance from more qualified doctor)**
27. **A (discuss all contributing factors with her GP)**
28. **A (his manner was appropriate)**
29. **A (were lost on the way to the ward)**
30. **C (wearing shoes without socks)**

Part C: Presentations/Interviews

31. **B (spend too many hours connected online)**
32. **C (makes identifying negative effects challenging)**
33. **B (appear more joyful than in real life)**
34. **B (alerts should inform users)**
35. **B (encourages users to consider impact)**
36. **A (can be used across all platforms)**
37. **B (used incorrectly for conditions they don't help)**
38. **A (number prescribed opioids was getting higher)**
39. **C (strong opioids recommended at higher rate than expected)**
39. **C (many doctors have not adapted to new guidelines)**
40. **B (worried about patient reactions)**
41. **A (require a multi-disciplinary approach)**

E2 TEST PREP

OET READING ANSWER KEY

Part A: Vestibular Vertigo

1. **D**
2. **C**
3. **A**
4. **D**
5. **B**
6. **A**
7. **B**
8. **Sitting**
9. **associated hearing loss / hearing loss**
10. **Prochlorperazine**
11. **all types / all**
12. **benign positional vertigo / BPV**
13. **brainstem involvement**
14. **vestibular migraine**
15. **chronic vestibular symptoms**
16. **positional change / positional changes**
17. **notoriously unreliable / unreliable**
18. **peripheral**
19. **a stroke / stroke**
20. **central etiology**

E2 TEST PREP

OET READING ANSWER KEY

Part B: Short Texts

1. **C** (records must hold adequate amount of information)
2. **B** (medical jargon should be avoided)
3. **B** (the required scrub time may vary between hospitals)
4. **A** (staff are responsible for their own personal safety)
5. **C** (outline considerations when assessing patients)
6. **C** (be ready for unexpected items needed)

E2 TEST PREP

OET READING ANSWER KEY

Part C: Long Texts

7. **A** (view in medicine has changed positively)
8. **D** (yet to clarify relationship between specific tools/outcomes)
9. **B** (stress has long been a factor)
10. **D** (potential barriers to mind-body treatments)
11. **C** (current approach to healthcare does not favour use)
12. **C** (relevant to both patients and healthcare professionals)
13. **A** (can be used alongside conventional treatments)
14. **B** (amount of mind-body therapies appropriate for each patient)
15. **B** (recognized as a problem for a long time)
16. **B** (current initiatives do not focus on the real issue)
17. **A** (unique characteristics of the medical profession)
18. **C** (necessary to know what motivates individual physicians)
19. **C** (making money the focal point is misguided)
20. **A** (system impacts life outside work)
21. **C** (the flexibility that doctors need)
22. **B** (patient-centred treatment has been overlooked)

E2 TEST PREP

OET WRITING (MEDICINE) SAMPLE RESPONSE

Case: Mrs Judith Henning

Dr. Fiona Watson
Gastroenterologist
Kings Cross Medical Center
Kings Cross

06/01/2019

Dear Dr. Watson,

RE: Mrs. Judith Henning, aged 54

I am writing to refer Mrs. Henning for your professional assessment following recent bouts of nocturnal chest pain.

Mrs. Henning experienced compression-like pain which was eased by elevating her upper body using two pillows. These symptoms have occurred 3 times over the last 5 days and are suggestive of gastroesophageal reflux disease. Her pain is only present when recumbent and typically after consuming large meals, especially at night. She feels no pain on exertion, but she has been advised to avoid eating 2-3 hours before sleep.

Mrs. Henning suffers from chronic obstructive pulmonary disease for which she uses both combivent and albuterol inhalers. For the last 6 months, she has been taking OTC medication for reflux. Her physical examination was unremarkable, and it is not believed that her COPD or medication is the cause of the new onset of chest pain.

It would be appreciated if you could diagnose whether Mrs. Henning has gastroesophageal reflux disease and if her current medications should be continued. In addition, please perform an endoscopy to determine the cause of her chronic reflux and send the results to her GP, Dr. Smith, at Kings Cross Medical Centre, Kings Cross.

If you have any queries do not hesitate to contact me.

Yours sincerely,

Doctor

E2 TEST PREP

OET WRITING (MEDICINE) SAMPLE RESPONSE

- **Score Estimate**: OET B (High Pass)
- **Strengths**: Clear statement of purpose ; accurate clinical details included ; formal and professional tone.
- **Areas for Improvement**: Use DOB instead of age ; state provisional diagnosis (GERD) immediately in the purpose paragraph ; avoid repetitive mention of symptoms.

E2 TEST PREP

OET SPEAKING (MEDICINE) SAMPLE RESPONSE FEEDBACK

Roleplay: 56-year-old anxious patient

- **Score Estimate**: OET B
- **Strengths**: High level of empathy shown regarding father's stroke ; logical sequencing from open to closed questions ; effective use of non-judgmental stance during lifestyle assessment.
- **Areas for Improvement**: Better establishment of what the patient already knows about BP management ; more pausing when explaining the list of required tests

E2 TEST PREP

Start now *It's free

Practice Tests

Method videos

Recorded/ Live Classes

Start Free Trial

Who we are

E2 Test Prep has helped world-wide candidates pass their high-stakes English exams through its powerful methods, exam-like practice questions, live classes, 1:1 tutorials, speaking and writing feedback and simulated Mock Tests.

Visit us: E2TestPrep.com