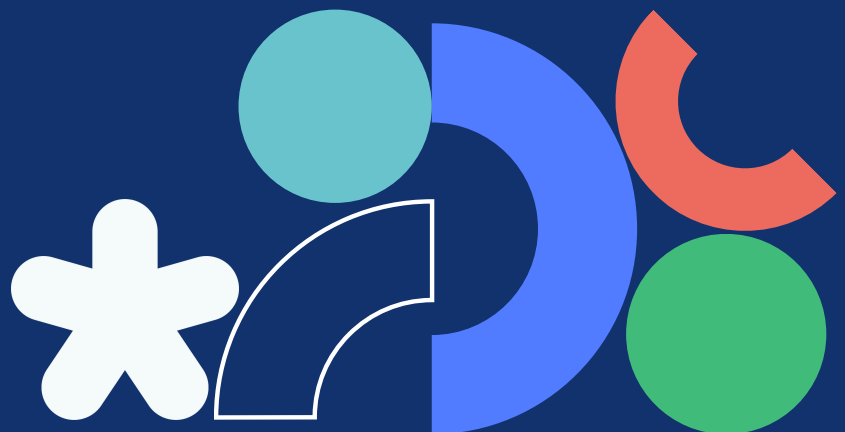


The "Logic vs. Fact" Part C Cheat Sheet





The "Logic vs. Fact" Part C Cheat Sheet

This resource is designed to help you stop "word-matching" (which leads to choosing distractors) and start "intent-mapping".

- **Opinion-Signaling Words** help you identify **Subjectivity**. These words indicate that the text is moving away from objective data and into the realm of personal belief, expert interpretation, or clinical judgment. In Part C, identifying the attitude (e.g., is the author skeptical or supportive?) is often the key to the correct answer.
- **Hedging Language** helps you identify **Certainty levels**. Hedging words are used to limit a claim or express caution. If a question asks for a "proven result" but the text uses hedging words like "appears to" or "may indicate," that section is likely a distractor rather than the answer.

Opinion-Signaling Words	Hedging Language
Verbs of Belief: believe, suggest, feel, argue, recommend, think, maintain, question.	Adverbs of Probability: perhaps, possibly, likely, probably, potentially.
Judgment Adjectives: remarkable, unfortunate, disappointing, essential, compelling, foolhardy, controversial.	Modal Verbs: should, could, might, may.
Tone Indicators: skeptical, surprisingly, significantly, ultimately.	Limiting Phrases: appears to, seems to, suggests that.



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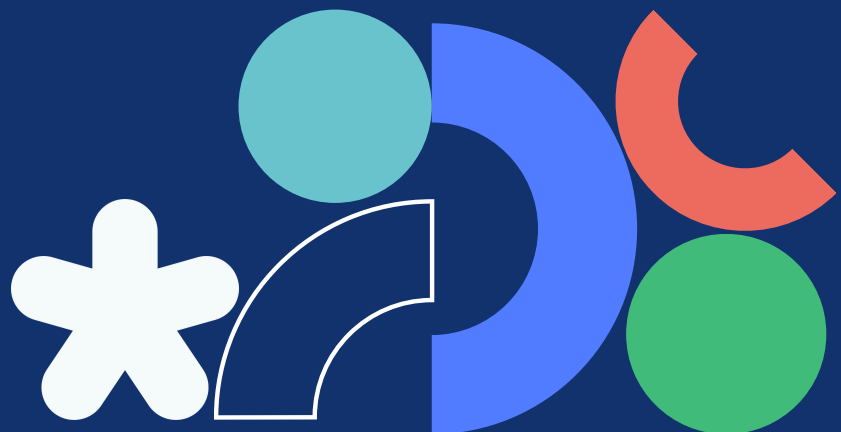
The Part C Strategy: Facts are objective, data-driven, and neutral. Part C, however, primarily tests your ability to comprehend opinions, attitudes, and authorial intent. If an answer choice repeats exact medical terminology from the text but ignores these signaling words, it is likely a distractor. Always ask: "What is the writer trying to say?" rather than "What words are used?".

Pro Tips:

- When you see an answer choice that uses exact vocabulary from the passage, be suspicious. Check if the text uses a "hedging" word (Column B) that changes the meaning of those keywords. If the text says "X *might* cause Y" but the option says "X *causes* Y," the option is wrong.
- Instead of looking for word-for-word matches, look for the *meaning*. For example, if the text says "doctors are **skeptical**," the correct answer might say "medical professionals **question** the effectiveness".



The Clinical Relevance Writing Checklist





The Clinical Relevance Writing Checklist

Use these five questions during your **5-minute reading time** (when you cannot write or underline) to ensure your letter meets the criteria for conciseness and clarity.

- **Step 1: What is the "Purpose"?** Why are you writing this letter *right now*? Your first paragraph must state the urgent or primary reason for the referral or discharge so the reader understands the goal immediately.
- **Step 2: Who is the Reader?** Is the recipient a specialist, a general practitioner, or a community nurse? A cardiologist needs different clinical details than a social worker.
- **Step 3: Does this detail "Earn its Place"?** Look at every piece of history (social, family, and medical). If a 10-year-old surgery or a patient's marital status does not directly impact the recipient's ability to provide care *today*, exclude it.
- **Step 4: Is the Logic Clear?** Are you "dumping" case notes in chronological order, or are you grouping them by relevance? The examiner values clear clinical logic over a simple list of facts.
- **Step 5: Current vs. Past Priorities.** Does the letter focus more on the patient's current condition and ongoing care needs than on resolved past issues?

Strategy Note: Many students struggle because they include too much information, reaching over 300 words. OET writing is not about showing how much you know; it is about providing the reader with exactly what they need to continue safe patient care.