

**LISTENING SUB-TEST – ANSWER KEY**  
**PARTS A, B & C**

SAMPLE

## LISTENING SUB-TEST – ANSWER KEY

### PART A: QUESTIONS 1-12

- 1 (a) (heavy) suitcase
- 2 (his) right leg
- 3 (really) intense
- 4 turn over in bed  
get comfortable
- 5 tingling
- 6 (an) events organiser
- 7 compression packs
- 8 (an) osteopath
- 9 ultrasound
- 10 acupuncture
- 11 (the) combination of treatments
- 12 (a) slipped

### PART A: QUESTIONS 13-24

- 13 palm
- 14 itching
- 15 (little) blisters
- 16 chaotic
- 17 chest
- 18 frequent
- 19 anything in (his) daily life  
anything in (his) diet
- 20 (malignant) melanoma
- 21 cold sores
- 22 (an) anti(-)viral cream
- 23 broken
- 24 biopsy

## LISTENING SUB-TEST – ANSWER KEY

### PART B: QUESTIONS 25-30

- 25 B Care must to be taken to prevent the patient from falling.  
26 A interruptions while calculating dosages.  
27 A Her emotional state will be carefully observed.  
28 C what painkillers might be available during labour  
29 A treatment administered previously.  
30 A a fracture may be misaligned.

### PART C: QUESTIONS 31-36

- 31 A because of the social groups it mainly affects  
32 B a greater awareness of how many people there have the disease.  
33 A she was worried about the health of any children she might give birth to.  
34 C a delay between the initial infection and treatment  
35 A The development of his illness was typical of people with Chagas.  
36 B produce medication in a form that is suitable for children.

### PART C: QUESTIONS 37-42

- 37 B making sure she supports patients in reaching their goals.  
38 C mainly concerned about his state of mind.  
39 A what he could achieve most easily.  
40 C it showed him there was something to work towards.  
41 A demonstrate how slow any progress can seem to patients.  
42 B able to build on the work of the occupational therapist.

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END OF KEY

**READING SUB-TEST – ANSWER KEY  
PART A**

SAMPLE

## READING SUB-TEST – ANSWER KEY

### PART A: QUESTIONS 1-20

- 1 C
- 2 D
- 3 B
- 4 A
- 5 C
- 6 B
- 7 A
- 8 (a) pillow
- 9 0.2 mg
- 10 bony prominences
- 11 naloxone
- 12 crepe bandage
- 13 fentanyl
- 14 compartment syndrome dislocation
- 15 dislocation
- 16 sling
- 17 jewellery
- 18 throbbing
- 19 (non-compression) cotton stockinette
- 20 70 years  
seventy years

**READING SUB-TEST – ANSWER KEY  
PARTS B & C**

SAMPLE

## READING SUB-TEST - ANSWER KEY

### PART B: QUESTIONS 21-26

- 21 B may not work correctly in close proximity to some other devices.
- 22 C which staff should perform NG tube placement.
- 23 A check that their existing training is still valid
- 24 B evaluate the need for a chaperone on a case-by-case basis.
- 25 A involve the patient in their decisions.
- 26 B explain the background to a change in patient care.

### PART C: QUESTIONS 27-34

- 27 B reinforce a view about the impact of sleep deprivation.
- 28 C Researchers have tended to confirm earlier ideas about its purpose.
- 29 C the simultaneous production of adenosine and adenosine receptors
- 30 A Sleep deprivation has consequences beyond its impact on adenosine levels.
- 31 D the extent of the contrast in the men's metabolic states between sleep debt and recovery
- 32 D enforced lack of sleep
- 33 A There was no reversal of a certain effect of sleep deprivation.
- 34 B it could be difficult to develop any treatment for sleep deprivation.

### PART C: QUESTIONS 35-42

- 35 D cases of ADHD have genuinely increased in the USA.
- 36 C the grouping of imprecise symptoms into a mental disorder
- 37 A highlights the difficulty of distinguishing ADHD from other conditions.
- 38 C studies.
- 39 C had mild undiagnosed ADHD in childhood.
- 40 B influenced research that led to the reworking of ADHD diagnostic criteria.
- 41 A a physiological reaction.
- 42 C Insufficient attention seems to have been paid to it.

**Occupational English Test****WRITING SUB-TEST: NURSING  
SAMPLE RESPONSE: LETTER**

Ms Samantha Bruin  
Senior Nurse  
Greywalls Nursing Home  
27 Station Road  
Greywalls

7 September 2018

Re: Mr Gerald Baker, aged 79

Dear Ms Bruin

Mr Baker is being discharged from City Hospital back into your care today. He underwent a left total hip replacement.

Mr Baker was recommenced on 100mg Aspirin daily post-operatively. In addition to his usual treatment for hypertension, he requires pain relief (Panadeine Forte, max 8 tablets/day) and daily dressing changes to preserve his skin integrity. He has good mobility and can walk along the ward using a wheelie-walker without difficulty. He is to undergo a series of range-of-motion, stretching and strengthening exercises, and occupational therapy, to ensure a full recovery. We are sending a walker and wedge pillow with the patient. Our social worker has organised hire of a toilet raiser for two weeks.

During post-operative recovery, Mr Baker appeared disoriented. As there is no record of dementia, this may relate to the anaesthetic; continued observation is nevertheless recommended. His sister may be able to comment. Mr Baker's haemoglobin dropped post-operatively. He was transfused three units of packed red blood cells, without complication, and his Hb on discharge is stable (112 g/dL). Please monitor for signs of anaemia.

Mr Baker will have his staples removed at City Hospital Clinic on 21 September. Follow-up blood tests (UEC, FBE) will also be conducted.

Please contact me with any queries.

Yours sincerely

Charge Nurse