Occupational English Test: Preparation Book

Reading Sub-test

Volume 1

By Anna Hartford
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Introduction

Welcome!

This book was written for candidates across the world taking the Occupational English Test (OET), to provide guidance, tips and practice that will make passing the OET easier and less stressful.

The content of this book is based on the author’s many years of experience in preparing candidates for the OET. It includes advice for preparation that has been tried and tested by candidates from a wide variety of backgrounds and levels of English ability.

There are four main areas of preparation required to pass the OET Reading Sub-test.

These are:

1. Familiarity with test structure
2. Vocabulary building
3. Test-taking strategies
4. Practice tests

The first area involves knowledge of what the test will involve, so that you know what to expect on test day. Part 1 of this book gives you a detailed, up-to-date overview of the structure of the Reading Sub-test.

The second area is one that will prepare you to succeed in the Reading Sub-test no matter what the subject matter of the test is. Vocabulary building is, in fact, the foundation stone of your success. Part 2 of this book provides a simple study plan for expanding and strengthening your vocabulary.

The third area, test-taking strategies and preparation, is often covered in OET preparation courses. Part 3 gives an overview of the strategies that are the most useful for each part of the Reading Sub-test. It is important to know these strategies and have a chance to practice using them before the real test. It also provides candidates with specific guidance on how to prepare themselves for the test.

The fourth area of preparation is completing practice tests. This will allow you to streamline your application of the test-taking strategies you’ve learned and apply your vocabulary in a setting that simulates the OET. Part 4 of this book includes 3 full-length practice tests, including answer keys and guides to help you
understand where each answer comes from and why it is correct.
Good luck with your preparation!

- Anna Hartford
  (19 July 2018)
Part 1: Test Structure

The Reading Sub-test has three parts to be completed in 60 minutes: Part A, Part B and Part C. In comparison to the original version of the OET, the current version of the Reading Sub-test (introduced in 2018) has a few differences:

- More texts are used (12 rather than 6)
- There is a broader range of text types
- Texts are more relevant to the healthcare workplace
- Questions will test a broader range of reading skills, such as reading for:
  - General ideas (the “gist” of a text)
  - Opinion
  - Attitude

The structure of each part of the updated Reading Sub-test is outlined below.

Part A

Part A requires candidates to skim and scan 4 short, health-related texts (labelled A, B, C and D) and answer 20 questions relating to the texts. The texts use a vocabulary and structure that can be understood by all health professions.

Texts

All of the texts can be found in the workplace of a healthcare professional. This means that the texts do not include journal abstracts, which were common in Part A of the previous version of the OET. At least one of the texts contains visual or numerical information (e.g. a graph, table or flow chart).

Examples of texts that may be used are:

- Diagnostic tools or algorithms
- Advice to be given to patients
- Dosage options for a medication
- Treatment guidelines

Questions

The questions for Part A will be grouped into 3 or 4 sets (most often, there will be 3 sets). Each set will have 6-7 questions. The questions will be easiest in the first set and get harder as candidates move through each set.

All of the questions must be completed within a 15 minute time limit.
The question types used are:

- **Matching questions** *(always used for the 1st set)*
  - These will require candidates to identify which text features certain types of information.
  - E.g. “Which text contains information about treating melanoma?”
  - The candidate is required to write their answer as “A”, “B”, “C” or “D”, according to the text that the information is found in.
  - This set tests skimming and scanning for relevant information.
  - The purpose of this set is to orient candidates to the general content of each text.

- **Short answer questions** *(used for the next 2 or 3 sets)*
  - These will require candidates to find specific information within the texts.
  - E.g. “What is the first-line treatment recommended for epilepsy?”
  - The answers will always be taken directly from the texts, *in the same word form*. This means that candidates do not need to change the grammar or spelling of the answer in order to get it correct.
  - Each answer will be approximately 2 or 3 words long, although there is no set limit.

- **Gap filling questions**
  - These are similar to the gap filling questions found in Part A of the previous version of the OET Reading test.
  - E.g. Asthma attacks are the __________ reason for emergency room presentations (the answer from the text could be “most common”).
  - As for short answer questions, each answer will be approximately 2 or 3 words long, although there is no set limit.

To receive a mark for your answer, you must:

- Write legibly (an answer with unreadable handwriting will receive zero marks)
- Use correct spelling and grammar (you will not need to change the grammar used in the text. Simply transfer the words exactly as they are
found).

- Be accurate according to the text (even if your answer is generally correct, it must communicate the same meaning as the text)

For gap fill questions, you should always read the full sentence, to check if your answer makes sense in the context of the words immediately around it.

Part B

Part B consists of 6 short texts (with a word length of 100-150 words each). For each text, there is one multiple choice question.

Texts

Each text uses vocabulary that is understandable to all health professions. The types of texts used are those which can be found in the healthcare workplace. They include:

- Policies
- Procedures
- Staff updates or announcements.

Although the texts are relatively short, they are also designed to contain a substantial amount of information. This means that candidates will need to be able to read and understand information relatively quickly.

This is the part of the Reading Sub-test that differs most from the original version of the OET. Candidates who have only taken the original test, or have only used original test samples to prepare for the new OET, will encounter new text types in Part B.

Questions

The question for each text will ask candidates for one of three types of information:
- **General idea** of the text (the “gist”),
- **Main point** of the text, or
- **Purpose** of the text.

The answers may require candidates to infer information that isn’t explicitly provided in the text. However, candidates will not need to understand every part of the text to answer the question correctly.

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**Part C**

Part C requires candidates to read 2 longer, health-related texts and answer 16 multiple choice questions based on the content of these texts.

This part of the Reading Sub-test tests a candidate’s ability to:

- Understand comprehensive texts,
- Infer meaning, and
- Identify points of view.

**Texts**

Each text in Part C is approximately 1.5 to 2 pages in length (750-850 words each) and is divided into paragraphs (the texts in this book will be the same length as the real test, but cover 2-3 pages due to the smaller page size).

Both texts will be on healthcare-related topics, but the precise topic for each text will be different. The texts will contain:

- Medical facts, AND
- Different perspectives on the topic.
Examples of the type of information used in these texts include:

- Progress of research in an area of healthcare
- Case studies

Unlike Parts A and B, Part C will use information from academia (e.g. journal articles) rather than just from the workplace.

Questions

Each question will have 4 possible answers to choose from (A, B, C or D). You must select only one answer. Incorrect answers receive zero marks, but marks aren’t taken away for them. Therefore, if you run out of time in the test, you should always guess the answers to any questions you haven’t answered yet.

The questions in Part C of the revised Reading Sub-test will not test concrete facts as much as the original version of Part B. They will be more focused on abstract, general information. Each answer option will have similar format and assess the same reading skill from the same section of text.

Six of the eight questions for each text will request information about:

- Gist
- Main points
- Attitudes
- Opinions (or their source)

Two of the eight questions will be testing lexical reference (2 types):

- First type: the meaning of vocabulary and expressions used in the text
  - This will not necessarily be the exact dictionary definition. The correct meaning will depend on the context in which it is used.
  - By reading the sentences before and after a word or phrase, you may still be able to guess the answer correctly even if you don’t know the exact meaning of the words.
- Second type: comprehension of cohesive and other devices
  - “Cohesion” is the linking of text within a sentence. This can be achieved by using cohesive devices, namely grammar (e.g. pronouns) or vocabulary (e.g. a research study may be referred to as “the investigation” later in the text).
  - Examples of words or phrases that may be tested include:
    - **Pronouns** referring to someone or something, which was
previously mentioned in the text. E.g. the author may use “she” instead of “Dr Karen Rogers” to avoid repetition. The question may ask who “she” refers to.

- **References** to someone or something before it is identified. E.g. “A commonly used diagnostic test, which has equivocal value in identifying patients at risk of colon cancer, is…” (the diagnostic test is referred to as “commonly used” and of “equivocal value”, before it is finally identified).

- **Linking words/PHRASES** that connect parts of a sentence or paragraph. E.g. “The new drug is highly efficacious, however, it has a narrow therapeutic index” (“however” is used to connect and emphasize contrast between the two parts of the sentence).

For the latest information about the test structure, don’t forget to go to the OET Centre official website: [www.occupationalenglishtest.org](http://www.occupationalenglishtest.org).
Part 2: Vocabulary Building

One of the most helpful things you can do to improve your performance in the Reading Sub-test is to build up your vocabulary (including synonyms). This will make it easier for you to recognize and understand what you heard and read. You will then be able to answer questions about the texts in the test more accurately.

Task 1: Learn new words

Follow this suggested study approach on a regular basis:

1. Use medical journal articles:
   a. Go to an open-access medical journal. Some suggested ones are:
      - www.mja.com.au
      - www.bmj.com
      - www.racgp.org.au/afp/2017
   b. Choose an article that sounds interesting to you.
   c. While reading the article, underline unfamiliar words and guess their meaning.
   d. Keep reading.
   e. At the end of the article, go back and look up the words you underlined in a dictionary.

2. Categorise the words you looked up in the dictionary as follows:
   a. Group A: Words that you guessed incorrectly, and might be used in a podcast on a different topic.
   b. Group B: Words that you guessed incorrectly, but are unlikely be used in a podcast on a different topic.
   c. Group C: Words that you guessed correctly.

3. Aim to add 6-8 words to your vocabulary list each day, prioritizing Group A words first, Group B second, etc. Your vocabulary list might look like this:

<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>Part of Speech</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neural</td>
<td>Adjective</td>
<td>Relating to nerves or the nervous system.</td>
</tr>
</tbody>
</table>
4. Revise your vocabulary list at the end of each week. You can test yourself by covering up the meanings of the words and trying to guess them. Alternatively, cover up the words themselves and try to remember the word based on the meaning.

**Ideal frequency:** 1 article (or 6-8 words) per day.

**Minimum frequency:** 1 article (or 6-8 words) every 2 or 3 days.

**Task 2:** Create word families

A word family is a group of words that are made from the same *root* (small word or part of a word).

For example, the root “infect” can be used to create many other words with similar meanings:

- Infection (noun)
- Infectious (adjective)
- Infect (verb)
- Infectiously (adverb)

In an average English text, it has been found that more than 80% of the words come from a group of about 2000 commonly-used English words (Dr Prudent Injeeli, Mind Your Words: Master the Art of Learning and Teaching Vocabulary, Trafford Publishing, 2013).

Therefore, recognizing and building word families can be an extremely helpful and efficient way to strengthen your understanding of English texts in general. It will also extend and solidify your understanding of individual words.

To create your own word families:

1. Look up an unfamiliar word you find in an English text
2. Use an online dictionary, such as the Oxford Learner’s Dictionary, to look up the meaning and part of speech (noun/verb/adjective/adverb) of the word.
3. Check the list under the heading “nearby words” to find other members
of that word family (words that use the same root or part of a word).

Here are some more examples:

- **Root: admit**
  - Admission (noun)
  - Admissible (adjective)
  - Admit (verb)

- **Root: use**
  - Use (noun)
  - Useful (adjective)
  - Use (verb)
  - Usefully (adverb)

- **Root: decide**
  - Decision (noun)
  - Decisive (adjective)
  - Decide (verb)
  - Decisively (adverb)
Part 3: Test-taking Strategies and Preparation

Part A

Part A of the Reading Sub-test is probably the one part of the OET where having a good strategy is most helpful, since you only have 15 minutes to find the answers.

The following approach has helped many candidates maximize their marks despite the time constraints:

*For the 1st set (e.g. Questions 1-7):*

1. Read the **heading** of each text, and underline or circle the **key words** (these are the words that carry the main meaning of the heading).
2. Read the **first question**, paying attention to the **key words**.
3. Based on the **key words** in the first question, select the most relevant text. If you're not sure which text the question is referring to, try the next question! It might be more obvious.

*For the remaining 2-3 sets:*

1. Read each **question**, paying attention to the **key words**.
2. Based on the **key words** in the question, select the most relevant text.
3. **Scan** the relevant text for more of the **key words** you found in the question. This will lead you to the part of the text that contains the required information.

Most importantly of all, if you get stuck - move on! You only have 15 minutes, and there might be answers you can find further along in the set.

**HOW TO PREPARE FOR PART A:**

*Expose Yourself to Similar Texts*

Since Part A is focussed on candidates’ ability to find specific information within texts, it is important to practice reading detailed texts, as well as skimming and scanning.
The texts are all ones that can be found in the healthcare workplace, so candidates with work experience may find this part of the test easier. Candidates who don’t currently work in a healthcare setting (or those who do, but want to expose themselves to a wide variety of relevant texts) should use the Internet to find the text types listed in Part 1 of this book.

**Practice Skimming and Scanning**

Part A is also designed to simulate situations in the healthcare setting, where you will be required to read and understand written information without having time to read the whole text in detail.

To help you prepare for this, you should work on your ability to read information quickly and accurately. Skimming and scanning are two essential skills that you can practice by doing the following:

- **Skimming (reading just the main words of a text)**
  - Pick a text with a mixture of written information and pictures, figures or graphs.
  - Read through the text, paying attention only to the main words in each sentence, ignoring small words like “and” or “the”. Look at headings, subheadings and images.
  - Write down a few dot points of the main points you picked up from skimming the text.
  - Do this regularly – it is a skill that you develop with practice.

- **Scanning (looking for particular information in a text)**
  - Again, pick a text.
  - Read the first 1-2 sentences of the text and underline 2 or 3 key words.
  - Keeping these 2 or 3 keywords in mind, look at the rest of the text and try to find any other places in which they are used. If you don’t succeed, read the text more slowly to make sure you haven’t missed them. If the key words you chose don’t appear again in the text, select different key words and do this step again.
  - Practice doing the same exercise, but with numbers instead of key words.
The British Broadcasting Corporation (BBC) also provides some useful exercises to help you practice skimming and scanning:

www.bbc.co.uk/skillswise/topic/skimming-and-scanning
Part B

In order to answer the multiple-choice questions in Part B as accurately as possible, follow the approach below:

1. Read the question for Text 1 and underline or circle the key words.
2. Read answer option A and underline or circle the key words.
3. Scan through the text, looking for the key words in the question and answer option A. Underline or circle pieces of information that support this answer.
4. Read the second answer option and underline or circle the key words.
5. Scan through the text, looking for the key words in answer option B. Underline or circle pieces of information that support this answer.
6. Repeat this for answer option C.
7. Select the answer that has the most supporting information throughout the text.

If you are not sure which part of the text to go to for a question, use the following strategies:

1. Remember that the questions move through the text in order. Therefore, if you used the third paragraph to find the answer for the last question, you will probably need to use the fourth paragraph next.
2. Circle or underline the keywords in the question (or the first answer option, if the question stem is very short). Then, read the first sentence ONLY of each paragraph and look for similar words. This can give you clues about which paragraph is relevant to that question.

HOW TO PREPARE FOR PART B:

Expose Yourself to Similar Texts

Practice reading the types of texts mentioned in Part 1, namely:
- Policies
- Procedures
- Staff updates or announcements

These can easily be accessed by searching the Internet, or by requesting copies from your actual workplace.
Expand Your Vocabulary

Obviously, the more words you understand within a text, the more likely you are to answer questions about it correctly. Since the OET is a test of English, it makes sense to increase your English vocabulary in preparation for the test. For a methodical study approach to increase your vocabulary, see Part 2 of this book. In addition, Volume 2 of this series provides a comprehensive list of medical prefixes and suffixes (words used at the beginning or end of a longer word) that can help you to guess the meaning of unfamiliar words in the test. This list should be used to supplement your study of vocabulary.

Improve Your Tolerance of Ambiguity

To answer the questions in Part B correctly, you will need to be able to understand the general idea or main points of a text without necessarily understanding all the words within it. The more ready you are to accept this, the less likely you will be to spend too much time on each text.

You can to help yourself to be more comfortable with not understanding all of the words in a text by:

- Obtaining a text sample (such as those mentioned above, but other types of texts can be used effectively as well)
- Skim one paragraph or section of text (about 100-150 words)
- Write down 1 or 2 main points that the author has made in the paragraph or section. Avoid writing down specific details.

The more you do this exercise, the more effectively you will be able to tackle Part B.
Part C

The best strategy to use for Part C is similar to that for Part B:

Read the first question of Text 1 and underline or circle the key words.

1. Based on the key words in the question, go to the relevant part of the Text. In many cases, you will be told which paragraph to go to in the first question, so the paragraph number will be one of your key words.
2. Scan the relevant section of the Text for any of the key words you found in the first question. This will lead you to the part of the text that contains the relevant information for that question.
3. Once you have found the relevant section of the Text, check each answer option according to the information in the text. Do not simply select the first answer you see that looks correct – there may be a better answer further down the list of options.

Since there are 2 texts to read and answer questions, it is recommended that you divide up your time to manage it effectively:

- Spend no more than about 15 minutes answering questions about Text 1. After 15 minutes, move on to Text 2. There may be easier questions further along that you won’t have a chance to answer if you spend all your time on Text 1.
- Spend no more than 15 minutes answering questions about Text 2.
- Aim to finish Parts B and C with at least 5 minutes to spare. This is for checking your answers and returning to questions that you didn’t have time to complete.

HOW TO PREPARE FOR PART C:

Expand Your Vocabulary

Since the focus of Part C is language comprehension (understanding), it is again very important to increase your English vocabulary before the test. As for Part B, you can find a methodical study approach to increase your vocabulary in Part 2 of this book. In addition, Volume 2 of this series provides a
comprehensive list of medical prefixes and suffixes (words used at the beginning of end of a longer word) that can help you to guess the meaning of unfamiliar words in the test. This list should be used to supplement your study of vocabulary.

**Practice Reading for Opinions/Attitudes**

There is a strong focus in Part C on testing whether candidates can accurately identify the opinions or attitudes of the author, as well as other people mentioned in each text. Therefore, when you are doing a practice test or reading any other text for study purposes, you should write down at least 1-5 points about the opinions or attitudes expressed in the text. The exact number of points you write down will depend on the length and content of the text.

Remember that not all opinions or attitudes are stated explicitly. *Implicit* information is either unstated, or expressed indirectly. To practice identifying an implicit point in a passage of text, you can use the following method:

1. Read the passage of text
2. Ask yourself: "What do each of the details of the passage have in common?"
3. In your own words, find the common theme among all the details of the passage and the author's point about this theme.
4. Write a short sentence stating the theme and what the author says about it.

The following passage from demonstrates an example of this process:

“When you're with your friends, it's okay to be loud and use slang. They'll expect it and they aren't grading you on your grammar. When you're standing in a boardroom or sitting for an interview, you should use your best English possible, and keep your tone suitable to the working environment. Try to gauge the personality of the interviewer and the setting of the workplace before cracking jokes or speaking out of turn. If you're ever in a position to speak publicly, always ask about your audience, and modify your language, tone, pitch and topic based on what you think the audience's preferences would be. You'd never give a lecture about atoms to children!”
What do the details in the passage have in common?

In this case, the author is writing about hanging out with friends, going on an interview, and speaking publicly, which, at first glance, don't seem to relate to each other that much. If you find a common theme among all them, though, you'll see that the author is giving you different situations and then telling us to speak differently in each setting (use slang with friends, be respectful and quiet in an interview, modify your tone publicly). The common theme is speaking situations, and the author’s opinion about it is “different situations require different ways of speaking”. Therefore, the implicit point is: “different situations require different ways of speaking”.

*Improve Your Grammar*

Studying English grammar will help you to accurately answer the two lexical reference questions for each text in Part C. It is also important to be able to use English correctly to perform well in the other Sub-tests of the OET.

This part of preparation is especially important for candidates who have not formally studied English before, or not for a long time (e.g. studied some English in school but not since).

A guide to English grammar is beyond the scope of this book, but there are plenty of resources you can access for free (e.g. grammar guides on the Internet or books about English grammar at your local library).
Tips for Choosing the Correct Answer in Multiple Choice

The right approach to multiple choice questions is quite important in Parts B and C. The following tips may help you to make up your mind about whether an answer option is correct:

- Be suspicious of absolute answers. These might use absolute words such as "always", "will" or "never". Alternatively, they might be too definite.
  - E.g. "Breastfeeding leads to fewer infections in babies" is a very definite statement, due to the words "leads to" (rather than "can/might lead to"). This doesn't allow for the possibility that this might not be true in all cases.
- Answer the questions according to the information in the passage, not the information you know from other sources. You're being tested on how well you read and understand a sample of English, not whether you agree with it!
- Pay attention to words that describe relationships. Sometimes, the answer option will sound correct but a single word can make it wrong. This is usually a word describing a relationship between two facts. For example:
  - "A shows that B" or "A is associated with B" (a definite relationship between two factors, but one doesn't necessarily cause the other)
  - "A suggests B" or "A implies B" (a possible relationship)
  - "A is more/greater/less/lesser than B" (e.g. "A diet containing too much food high in sugar has a greater effect on the risk of cardiovascular disease than fatty foods.")
  - "A causes B" or "A leads to B" (a definite relationship, where one factor is the direct result of another)
Part 4: Practice Tests
Test 1

Part A

TIME: 15 minutes

- Look at the four texts, A – D, in the separate Text Booklet.
- 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.

Cigarette Smoking and Lung Cancer: Questions

Questions 1-7

For each of the questions, 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

<table>
<thead>
<tr>
<th></th>
<th>The effects of passive smoking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The chances of a smoker getting lung cancer?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The benefits to the respiratory system of quitting smoking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Ways to get help with quitting smoking?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>The reduction in lung cancer risk if a smoker quits?</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Recommended websites or phone numbers for smokers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>
## 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. Your answers should be correctly spelled.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8</strong></td>
<td>How much of the lung cancer risk is avoided by being smoke-free for 10 years?</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>What is the phone number for Quitline?</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>What is normally expelled by the alveoli in the lungs?</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>What effect can smoking have on asthma?</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>What type of cancer can be improved by quitting smoking?</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>Which two (2) cardiovascular diseases are associated with passive smoking?</td>
</tr>
<tr>
<td><strong>14</strong></td>
<td>In which state is it illegal to smoke in cars carrying children under 18?</td>
</tr>
</tbody>
</table>
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. Your answers should be correctly spelled.

Cigarette smoke damages the lungs by destroying the _______ (15) that absorb oxygen.

Eventually, the destruction of lung tissue can render a smoker unable to _______ (16) normally.

Cigarette packets now feature depictions of its health effects, such as _______ (17).

The effect of previous smoking can be reversed in some ways, as the _______ (18) lining the upper airways can recover from damage.

Passive smoking increases the risk of _______ (19) in children.

The good news is that if people _______ (20) smoking before the age of 40, they can significantly reduce their cancer risk.
Cigarette Smoking and Lung Cancer: Texts

Text A

Smoking and the Risk of Lung Cancer

For a life-long smoker, the risk of lung cancer is 20 times higher than a non-smoker.

As with many of the health facts about smoking, this is an alarming statistic – but you can make a real difference to your health outcomes by choosing to quit smoking. Evidence shows that:

- If you quit smoking by the age of 40, you reduce your risk of lung cancer by up to 90%
- Quitting by the age of 50 reduces your risk by up to 65%
- After 10 years of being smoke-free, you’ll have avoided around 40% of the risk of ever getting lung cancer
- Even for someone newly diagnosed with early stage lung cancer, quitting smoking improves prognosis and reduces the chance of tumour progression

Source: Cancer Institute of NSW

Text B

Cigarette packaging representations
Effect of Smoking on the Lungs

What does smoking do to my lungs?
It paralyses and can destroy cilia, which line your upper airways and protect you against infection. It destroys the alveoli, or air sacs, which absorb oxygen and get rid of carbon dioxide. It destroys lung tissue, making the lungs less able to function, and irritates the lungs which creates phlegm and narrows the airways, making it harder to breathe.

How does that affect me?
It makes you short of breath, it makes you cough, it gives you chronic bronchitis and repeated chest infections, it worsens your asthma and it can give you lung cancer. That's apart from effects on your heart, fertility, pregnancy and your children.

But most people who smoke don't get lung cancer.
No. Most people die of other things first, often because they smoked.

If I give up, will my lungs improve?
Yes. Cilia that are paralysed, but not destroyed, can recover. You will have less asthma and fewer chest infections. The sooner you stop, the better your chances of improved lung function.

Passive Smoking: Summary
- In Victoria, it is illegal to smoke in cars carrying children who are under 18 years of age.
- If a person who smokes can’t give up for their own health, perhaps the health of their partner or children, or other members of their household, will be a stronger motivation.
Passive smoking increases the risk of respiratory illness in children, e.g. asthma, bronchitis and pneumonia.

- People who have never smoked who live with people who do smoke are at increased risk of a range of tobacco-related diseases, including lung cancer, heart disease and stroke.

Source: Victoria State Government
Part B

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

1. The treatment guidelines below recommend that
   A All patients receive parathyroid hormone monitoring
   B All patients receive 6-weekly monitoring
   C All patients receive baseline blood tests

Table: Medical Monitoring Guidelines for High Risk Patients on Very Low Energy Diets

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Baseline Measures</th>
<th>6 weeks</th>
<th>Completion of Intensive Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electrolytes/Creatinine</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
<tr>
<td>Liver function tests</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
<tr>
<td>Fasting glucose</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
<tr>
<td>Cholesterol, triglycerides and HDL</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
<tr>
<td>Uric acid</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
<tr>
<td>Full blood count</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
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<td></td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
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<tr>
<td>Iron studies</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
<tr>
<td>Calcium and Parathyroid hormone (in patients on long term anticonvulsants)</td>
<td>Yes</td>
<td>If required</td>
<td>Yes</td>
</tr>
</tbody>
</table>

2. This notice is giving information about
   A  The differential management of infants using glucose
   B  How to check an infant’s blood glucose level
   C  The ideal glucose concentration in infants with clinical signs

Management of documented hypoglycemia in breastfeeding infants

A. Infant with no clinical signs
   1. Continue breastfeeding (approximately every 1–2 hours)
      or feed 1–5 mL/kg of expressed breastmilk or substitute
      nutrition.
   2. Recheck blood glucose concentration before subsequent
      feedings until the value is acceptable and stable.
   3. Avoid forced feedings (see above).
   4. If the glucose level remains low despite feedings, begin
      intravenous glucose therapy.
   5. Breastfeeding may continue during intravenous glucose
      therapy.

B. Infant with clinical signs or plasma glucose levels < 20–25mg/dL (<1–1.4mmol/L)
   1. Initiate intravenous 10% glucose solution with a
      minibolus.
   2. Do not rely on oral or intragastric feeding to correct
      extreme or clinically significant hypoglycemia.
   3. The glucose concentration in infants who have had
      clinical signs should be maintained at > 45 mg/dL (> 2.5
      mmol/L).
   4. Adjust intravenous rate by blood glucose concentration.
   5. Encourage frequent breastfeeding.
6. Monitor glucose concentrations before feedings while weaning off the intravenous treatment until values stabilize off intravenous fluids.


3. This information sheet recommends
   A Regular auditing to ensure pain management program efficacy
   B Indicators to use in pain management program audits
   C At least 50% change as being clinically important

<table>
<thead>
<tr>
<th>Audit of Pain Management Programs: Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is recommended to conduct an audit of 20 or more sequential patients undertaking a pain management program. Data collection should include simple demographic and program data as well as data (pre and post program with a minimum three month interval between data sets) regarding changes in:</td>
</tr>
<tr>
<td>Healthcare utilisation.</td>
</tr>
<tr>
<td>Depression/anxiety/stress.</td>
</tr>
<tr>
<td>Pain self-efficacy.</td>
</tr>
<tr>
<td>Pain catastrophising.</td>
</tr>
<tr>
<td>Percentage change in individual patients has been suggested (rather than average percentage change across the population audited) as average percentage change is very sensitive to outliers and small audits may therefore be significantly influenced by average percentage change.</td>
</tr>
<tr>
<td>The Initiative on Methods, Measurement, and Pain Assessment in Clinical Trials (IMMPACT) recommends considering clinical important change (as distinct from statistically significant change) on the following basis:</td>
</tr>
<tr>
<td>Minimal benefit: 10-20 per cent change.</td>
</tr>
<tr>
<td>Moderately important benefit: at least 30 per cent change.</td>
</tr>
<tr>
<td>Substantially important benefit: at least 50 per cent change</td>
</tr>
</tbody>
</table>

4. This regulatory statement instructs healthcare professionals to
   A  Admit all patients to NSW public hospitals within 48 hours
   B  Assess all patients in the Emergency Department for VTE
   C  Initiate VTE prophylaxis for all patients identified to be at risk

MANDATORY REQUIREMENTS:

- All adult patients admitted to NSW public hospitals must be assessed for the risk of VTE within 24 hours and regularly as indicated / appropriate.
- All adult patients discharged home from the Emergency Department who as a result of acute illness or injury, have significantly reduced mobility relative to normal state, must be assessed for risk of VTE.
- Patients identified at risk of VTE are to receive the pharmacological and / or mechanical prophylaxis most appropriate to that risk and their clinical condition.
- All health services must comply with the Prevention of VTE Policy.
- All Public Health Organisations must have processes in place in compliance with the actions summarised in the VTE Prevention Framework (Appendix 4.1 of the attachment). A VTE risk assessment must be completed for all admitted adult patients and other patients identified at risk, and decision support tools made available to guide prescription of prophylaxis appropriate for the patient’s risk level.

5. The advice below can best be applied to a healthcare setting by
   A  The inclusion of nurses in governance structures
   B  Providing information to patients in their native language
   C  Redesigning projects according to advisory group recommendations

<table>
<thead>
<tr>
<th>Partnerships with consumers can come in many forms. Some examples include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• working with consumers to check that the health information is easy to understand</td>
</tr>
<tr>
<td>• using communication strategies and decision support tools that tailor messages to the consumer</td>
</tr>
<tr>
<td>• including consumers in governance structures to ensure organisational policies and processes meet the needs of consumers</td>
</tr>
<tr>
<td>• involving consumers in critical friends’ groups to provide advice on safety and quality projects</td>
</tr>
<tr>
<td>• establishing consumer advisory groups to inform design or redesign projects</td>
</tr>
</tbody>
</table>

6. The purpose of the document below is to
   A Prevent Medicare claims being paid for public patients
   B Specify when services can be billed to Medicare
   C Ensure healthcare professionals don’t falsify claims

Guideline for substantiating claims for diagnostic imaging and pathology services rendered to emergency department patients of public hospitals

Public hospitals are funded under an arrangement with the Australian Government to provide free public hospital services to eligible patients. This includes diagnostic imaging and pathology services provided to public hospital emergency department patients. A patient who presents to a public hospital emergency department should be treated as a public patient. If that patient is subsequently admitted they may elect to be treated as a private patient for those admitted services. For a Medicare claim to be paid for a patient in a public hospital, the patient must be admitted as a private patient at the time the service was rendered.

Where a service for a patient in a public hospital has been billed to Medicare, the hospital or rendering practitioner may be asked to substantiate these claims.

Documents you may use include:

- **the form which the patient (or next of kin, carer or guardian) -** has signed indicating that the patient has elected to be admitted as a private patient, and
- **patient records -** that show the patient was admitted as a private patient at the time the service was rendered

Part C

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

Text 1: Scope of Practice for Healthcare Professionals

A "scope of practice" refers to the procedures, actions, and processes that a healthcare practitioner is allowed to undertake according to their professional certification. The scope of practice is limited to that which is legally permitted for a healthcare professional with a certain level of education and experience, as well as their level of competency. Each level of jurisdiction has their specific laws, policies and licensing bodies, which define and regulate scope of practice. Different facilities, such as hospitals, may have different policies with regards to the clinical responsibility afforded to a healthcare professional.

There are two types of scope of practice. Core scope of practice refers to the everyday expectations of a clinician in practice, within that particular unit. These reflect the clinician's qualifications and training and are considered to be "usual practice". Advanced scope of practice refers to additional allowances or responsibilities, and usually specify particular treatments/procedures or categories of treatments/procedures to be included in the individual's scope of practice.

Three categories may be useful in identifying a healthcare professional's scope of practice. The first is education and training – has the person received formal or on-the-job training and have documentation to prove this? The second relates to the state or federal government that oversees the individual’s place of employment – does it allow the skill in question and not explicitly disallow it? Finally, the particular institution of employment is also relevant – does it also allow the skill in question and not explicitly disallow it?

Some examples of how scope of practice differs are useful. All states and
provinces who recognise the licensing of registered respiratory therapists (RRTs) allow them to carry out extracorporeal membrane oxygenation (ECMO) support. However, some institutions do not allow this. In this case, it is within the institution’s rights to refuse to allow RRTs working there to perform ECMO. Therefore, RRTs working at these institutions are not allowed to include ECMO as part of their scope of practice.

Some environments require alterations to be made to a scope of practice. For example, allied health professionals who work in a rural or remote area have a broader scope of practice than those who work in metropolitan areas. They may be required to undertake activities or procedures that are outside the scope of practice generally accepted for their profession. This allows them to better meet the needs of communities in which they work.

Apart from geographical differences, certain significant events may also result in alterations being made to the scope of practice. For example, during the 2009 H1N1 influenza pandemic, a number of states expanded the scope of practice for a number of healthcare professions in order to increase the number of clinicians eligible to provide vaccinations. This was a temporary measure that lasted for the duration of the emergency and was legally permitted. Other states did not employ this measure, primarily because the capacity of clinicians to vaccinate the public in these areas was sufficient.

State governments annually review the scope of practice for routine (non-emergency) activities to make sure they are meeting the population needs. Changes to scope of practice must be considered with caution, as they can affect people in both positive and negative ways. Changes may be seen as a way to protect the public and give broader access to competent healthcare professionals, but can also result in turf battles between two or more different professions over the exclusive rights to perform an activity.

Considering this, healthcare professionals must understand their professional and individual scope of practice. Some tasks, while they are within the scope of practice for a profession, may not be permitted under the scope of practice of an individual. This is often an issue for allied health staff who move from rural or remote areas to metropolitan areas, where their scope of practice is more limited. Conversely, allied health staff who formerly worked in a metropolitan area may
find themselves without the skills or experience to meet their scope of practice in a rural or remote area. In the team environment of the healthcare system, it is key that each team member can clearly identify and communicate their professional and individual scope of practice.
Text 1: Questions 7 to 14

7. In the first paragraph, the meaning of the phrase “afforded to” is: 
   A  The clinical responsibility that is paid for by healthcare professionals. 
   B  The clinical responsibility that can be afforded by healthcare professionals. 
   C  The clinical responsibility that is given to healthcare professionals. 
   D  The clinical responsibility that is acceptable to healthcare professionals.

8. In the second paragraph, core scope of practice refers to: 
   A  The clinician’s expectations of what their work involves. 
   B  The things that a member of the public can expect from the clinician. 
   C  The things that the unit can expect from the clinician. 
   D  The qualifications and training of the clinician.

9. All of the following are categories that can be applied to identify scope of practice except: 
   A  The formal or on-the-job training received by the healthcare professional. 
   B  The state or federal government’s allowance or non-allowance of an activity. 
   C  The institution’s allowance or non-allowance of an activity. 
   D  A proven history of formal or on-the-job training.

10. The situation for paramedics is similar to that for registered respiratory therapists because: 
    A  They are both involved in emergency patient care. 
    B  They both have varying scopes of practice. 
    C  They can both perform a percutaneous cricothyrotomy. 
    D  They are both procedures used to help a patient breathe more effectively.
11. According to the fifth paragraph, the benefit of changes to scope of practice is:
   A   The communities in which healthcare professionals work can have their needs met more effectively.
   B   The services provided by allied health professionals in rural or remote areas can be better than those provided in metropolitan areas.
   C   Allied health professionals can better serve rural or remote communities.
   D   Healthcare professionals can rely more on their judgment when treating patients, rather than being restricted by their scope of practice.

12. In the sixth paragraph, the author implies that:
   A   Some states and provinces were better equipped to prevent the spread of H1N1 influenza in 2009 than others.
   B   Healthcare professionals should have their scope of practice extended permanently to provide vaccinations in case of another influenza pandemic.
   C   There was a knee-jerk reaction by some states to contain the spread of H1N1 influenza in 2009 by expanding their capacity to deliver vaccinations.
   D   In some states, healthcare professionals have been allowed to provide vaccinations since 2009 to prevent the spread of pandemic influenza.

13. According to the seventh paragraph, the author's opinion on changes to scope of practice is that:
   A   Such changes are necessary to protect the public and provide access to a broader range of competent healthcare professionals.
   B   Such changes can be politically controversial and have an ambiguous benefit.
   C   Such changes lead to conflict between two or more healthcare professions over the exclusive rights to perform an activity.
   D   Such changes should be reviewed more frequently than they are currently.
14. The main message of the article is:
   A  Scope of practice varies within each profession, so healthcare professionals should be informed of what their scope of practice is.
   B  Scope of practice is dynamic and depends on geographical factors, individual states or institutions, and significant events.
   C  Different healthcare professions have different scopes of practice.
   D  Each member of a healthcare team should be aware of their individual, as well as professional, scope of practice.
**Text 2: Advanced Dementia**

Dementia is a significant cause of morbidity and mortality worldwide. In 2014, approximately 5 million people in the United States had a diagnosis of Alzheimer's disease, with an estimated 14 million being affected by 2050. Once diagnosed, patients can survive with the condition for an average of 3 to 12 years. The majority of this time will be spent in the most severe stages of the disease. As nursing homes are the site of death in most cases, these are an important factor to consider when studying Alzheimer's disease.

At the moment, no cure exists for dementia or the progression of its disabling symptoms. The Global Deterioration Scale, which ranges from 1 to 7, is used to describe the level of disability in patients with dementia. Stage 7 characterises advanced dementia: profound memory deficits, a virtual absence of the ability to verbalise, inability to ambulate independently or perform activities of daily living, and urinary and fecal incontinence. These manifestations result in complications such as eating problems, episodes of fever and pneumonia.

In order to provide an estimate of survival time for patients with dementia, the Functional Assessment Staging Tool is commonly used. Although impossible to quantify accurately in 100% of cases, this tool allows a general prognosis to be made. This is important because a patient's eligibility for the hospice benefit is assessed based on their projected survival time as well as history of dementia-related complications. Some clinicians prefer to use a risk score to predict survival, as this has slightly better predictive ability. Many consider that the eligibility of patients for nursing home care should be based on the desire for such care, rather than prognosis.

The care of patients with advanced dementia revolves around advanced care planning. This includes educating the patient's family about the prognosis of the disease and its manifestations, counseling about proxy decision making, and recording the patient's wishes regarding treatment through an advanced care directive. Some observational studies have shown that patients with advanced care directives have better palliative care outcomes: reduced incidence of tube feeding, fewer hospitalisations during the final stages, and greater likelihood of enrollment in a hospice.
Decisions about the care of patients should also reflect the goals of such care. These goals should be agreed upon between the provider, the primary carers, and ideally, the patient themselves. The goals of treatment, and therefore the treatment decisions themselves, should be aligned with the patient's wishes as far as possible. An example of how treatment preferences may vary is whether the patient would like all medical interventions deemed necessary, only certain medical interventions, or comfort measures only. In 90% of proxies interviewed in prospective studies, the latter was reported to be the primary goal of care.

Out of the most common complications of advanced dementia, eating problems are the most prevalent. These may include oral dysphagia ("pocketing" of food in the cheek), pharyngeal dysphagia (inability to swallow, leading to the risk of aspiration), inability to eat independently and refusal. When eating problems occur, acute causes should always be considered (e.g. dental pathology). The reversal of such causes should be guided by the previously agreed goals of care. Chronic or sustained eating problems are most often managed by hand feeding, tube feeding, or encouragement of food intake through smaller meals, different textures or high-calorie supplementation.

Infections are another common clinical problem in patients with advanced dementia, most commonly relating to the urinary or respiratory tract. In 362 nursing home residents with advanced dementia, the Study of Pathogen Resistance and Exposure to Antimicrobials in Dementia (SPREAD) found that two thirds were diagnosed with suspected infections within a 12 month period. Approximately 50% of patients with advanced dementia are diagnosed with pneumonia in the last 2 weeks of life, and such patients experience a high rate of death from this cause. However, the use of antimicrobials to treat infections has been found to increase length of survival but also the level of discomfort in patients with advanced dementia. Therefore, such treatment may not necessarily align with the patient's preferences or goals of care.

Improving the care of patients with advanced dementia is becoming an increasingly recognised issue amongst healthcare providers. Studies of the experiences of patients with advanced dementia have shown that care which is focused on patient-centred goals and adherence to patient preferences is most effective in improving outcomes. In order to achieve this, providers need to be
better equipped to engage patients and their families in advanced care planning, reduce the use of invasive treatments of limited benefit (such as tube feeding) and better address distressing clinical symptoms.
15. The Global Deterioration Scale is most useful for providing healthcare professionals with information about:
   A. The patient's ability to recall memories, verbalise, ambulate independently, attend to activities of daily living and control urine and fecal output.
   B. A quantification of the patient's degree of disability.
   C. The likelihood of dementia-related complications.
   D. The patient's predicted survival time.

16. According to the third paragraph, the main reason for making a general prognosis about survival time is:
   A. To provide family members with some idea of the trajectory of the disease.
   B. To inform decisions that providers must make about treatment.
   C. To determine eligibility for nursing home care.
   D. To determine eligibility for the government subsidy of hospice care.

17. The best replacement for the word "proxy" in the fourth paragraph would be:
   A. substitute
   B. additional
   C. carer
   D. treatment

18. In the fifth paragraph, the author's main argument is that:
   A. Decisions about care should be guided by its goals, which most often means comfort care rather than medical interventions.
   B. Most patients with advanced dementia prefer comfort care to medical interventions.
   C. The goals of care should be agreed upon in consultation with the provider, the family and the patient themselves.
   D. Treatment preferences vary between individual patients with advanced dementia.
19. According to the sixth paragraph, eating problems in advanced dementia may be caused by:
   A inappropriate eating practices.
   B recent dental procedures.
   C aspiration of food.
   D refusal to eat independently.

20. In the seventh paragraph, the author suggests that:
   A About 50% of people with advanced dementia will suffer from pneumonia during the last 2 weeks of their life.
   B Infections in people with advanced dementia should not always be treated.
   C Within a 12 month period, approximately two thirds of nursing home residents with advanced dementia are suspected to have an infection.
   D Urinary and respiratory infections are the most common clinical problem in advanced dementia.

21. Ways in which the care of patients with advanced dementia can be improved include all the following except:
   A Adherence to patient preferences for treatment.
   B Better treatment of distressing symptoms.
   C Engaging patients and families in advanced care planning.
   D Hand feeding instead of tube feeding.

22. The author's approach to the care of patients with advanced dementia could best be described as:
   A practical.
   B patient-centred.
   C analytical.
   D utilitarian.
### Test 1: Answer Key

#### Part A
#### Questions 1 to 20

<p>| | |</p>
<table>
<thead>
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<tbody>
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<td>1</td>
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<td>3</td>
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<td>7</td>
<td>C</td>
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<tr>
<td>8</td>
<td>around 40%</td>
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<td>9</td>
<td>131 848</td>
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<tr>
<td>10</td>
<td>carbon dioxide</td>
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<td>worsens</td>
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<tr>
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<td>early stage lung cancer</td>
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<tr>
<td>13</td>
<td>heart disease and stroke</td>
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<td>14</td>
<td>Victoria</td>
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Part B
Questions 1 to 6

<p>| | | |</p>
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<tr>
<td>1</td>
<td>C</td>
<td>All patients receive baseline blood tests</td>
</tr>
<tr>
<td>2</td>
<td>A</td>
<td>The differential management of infants using glucose</td>
</tr>
<tr>
<td>3</td>
<td>B</td>
<td>Indicators to use in pain management program audits</td>
</tr>
<tr>
<td>4</td>
<td>C</td>
<td>Initiate VTE prophylaxis for all patients identified to be at risk</td>
</tr>
<tr>
<td>5</td>
<td>B</td>
<td>Providing information to patients in their native language</td>
</tr>
<tr>
<td>6</td>
<td>A</td>
<td>Prevent Medicare claims being paid for public patients</td>
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</tbody>
</table>

Part C
Questions 7 to 14

<p>| | | |</p>
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<tbody>
<tr>
<td>7</td>
<td>C</td>
<td>The clinical responsibility that is given to healthcare professionals.</td>
</tr>
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<td>8</td>
<td>B</td>
<td>The things that a member of the public can expect from the clinician.</td>
</tr>
<tr>
<td>9</td>
<td>A</td>
<td>The formal or on-the-job training received by the</td>
</tr>
</tbody>
</table>
They both have varying scopes of practice.

Allied health professionals can better serve rural or remote communities.

Some states and provinces were better equipped to prevent the spread of H1N1 influenza in 2009 than others.

Such changes can be politically controversial and have an ambiguous benefit.

Scope of practice varies within each profession, so healthcare professionals should be informed of what their scope of practice is.

Questions 15 to 22

A quantification of the patient's degree of disability.

To determine eligibility for the government subsidy of hospice care.

Substitute.

Decisions about care should be guided by its goals, which most often means comfort care rather than medical interventions.

Inappropriate eating practices.

Infections in people with advanced dementia should not always be treated.

Hand feeding instead of tube feeding.

Patient-centred.
Test 1: Answer Guide

Part A

Text A

Smoking and the Risk of Lung Cancer

For a life-long smoker, the risk of lung cancer is 20 times higher than a non-smoker. As with many of the health facts about smoking, this is an alarming statistic – but you can make a real difference to your health outcomes by choosing to quit smoking.

Evidence shows that:

- If 20 quit smoking by the age of 40, 5 reduce your risk of lung cancer by up to 90%
- Quitting by the age of 50 reduces your risk by up to 65%
- After 10 years of being smoke-free, you’ll have avoided around 40% of the risk of ever getting lung cancer
- Even for someone newly diagnosed 12 early stage lung cancer, quitting smoking improves prognosis and reduces the chance of tumour progression

Text B
Effect of Smoking on the Lungs

What does smoking do to my lungs?
It paralyses and can destroy cilia ch line your upper airways and protect you against infection. It destroys alveoli, or air sacs, which absorb oxygen and get rid of carbon dioxide to stroys lung tissue, making the lungs less able to function, and irritates the lungs which creates phlegm and narrows the airways, making it harder to breathe.

How does that affect me?
It makes you short of breath, it makes you cough, it gives you chronic bronchitis and repeated chest infection worsens your asthma and it can give you lung cancer. That's apart from effects on your heart, fertility, pregnancy and your children.

But most people who smoke don't get lung cancer.
No. Most people die of other things first, often because they smoked.

If I give up, will my lungs improve?
Yes. Cilia that are paralysed, but not destroyed, can recover. You will have less asthma and fewer chest infections. The sooner you stop, the better your chances of improved lung function.
Part B

1. The treatment guidelines below recommend that
   A Incorrect: this is only recommended for patients taking long term anticonvulsants
   B Incorrect: this is only recommended “if required”.
   C Correct: this is the general idea of the text, since it is common to all patients.

2. This notice is giving information about
   A Correct: this is the general idea of the text, since it covers different management approaches for different glucose levels.
   B Incorrect: the instructions for checking an infant’s blood glucose level are not found in the text.
   C Incorrect: In infants with clinical signs, the glucose levels given are an alternative criterion for following the corresponding management approach.

3. This information sheet recommends
   A Incorrect: the recommended regularity of auditing is not stated.
   B Correct: indicators are mentioned several time throughout the text, and are therefore a main point.
C Incorrect: at least 30% change is also mentioned as being clinically important, but only moderately.

4. This regulatory statement instructs healthcare professionals to
   A Incorrect: patients who are already admitted must be assessed for VTE risk within 24 hours.
   B Incorrect: this only applies to patients discharged home.
   C Correct: this is stated in the third dot point.

5. The advice below can best be applied to a healthcare setting by
   A Incorrect: consumers refers to patients, not nurses.
   B Correct: this would address the example of “using communication strategies that tailor messages to the consumer”.
   C Incorrect: this doesn’t address partnerships with consumers.

6. The purpose of the document below is to
   A Correct: the document outlines ways in which patients can be proved to be private patients, before Medicare claims are paid.
   B Incorrect: the document goes further than this.
   C Incorrect: the document guides healthcare professionals but doesn’t prevent falsification of claims.

Part C

7. In the first paragraph, the meaning of the phrase “afforded to” is:
   A Incorrect: healthcare professionals cannot purchase clinical responsibility.
   B Incorrect: “afforded by” refers to the money that healthcare professionals can pay for clinical responsibility.
   C Correct: “afforded” can mean “allowed” or “given”.
   D Incorrect: “afforded” does not mean “acceptable”.

8. In the second paragraph, core scope of practice refers to:
   A Incorrect: the clinician’s expectations are not mentioned. Rather, the expectations OF the clinician are mentioned.
   B Correct: “expectations of a clinician in practice” is broad, therefore it refers to the public in general.
   C Incorrect: the unit’s expectations are not mentioned. Rather, expectations are in the context of working at a particular unit.
   D Incorrect: expectations reflect the clinician’s qualifications and training.
9. All of the following are categories that can be applied to identify scope of practice except:
   A  Correct: this can’t be applied to identify scope of practice unless these are documented.
   B  Incorrect: this is mentioned as a category in the paragraph: “state or federal government that oversees the individual’s place of employment”
   C  Incorrect: this is mentioned as a category in the paragraph: “does it also allow the skill in question and not explicitly disallow it?”
   D  Incorrect: this is mentioned as a category in the paragraph: “formal or on-the-job training and have documentation to prove this.

10. The situation for paramedics is similar to that for registered respiratory therapists because:
   A  Incorrect: not the reason for their situation being similar.
   B  Correct: passage states “A similar situation exists for paramedics. In some states and provinces, paramedics are allowed to carry out a percutaneous cricothyrotomy…However, in the states and provinces which do not allow paramedics to carry out this procedure…”
   C  Incorrect: this is not similar to the situation for respiratory therapists, which depends on the institution (not the state/province) in which they work.
   D  Incorrect: not the reason for their situation being similar.

11. According to the fifth paragraph, the benefit of changes to scope of practice is:
   A  Incorrect: this benefit refers to the scope of practice of ALLIED health professional.
   B  Incorrect: they can be different, but not necessarily better due to limited resources.
   C  Correct: passage states “Some environments require alterations to be made to a scope of practice. For example…in a rural or remote area…better meet the needs of the communities”
   D  Incorrect: this is not the reason stated for alternations being beneficial.

12. In the sixth paragraph, the author implies that:
   A  Correct: some states were better equipped because “the capacity of clinicians to vaccinate the public in these areas
was sufficient”

B Incorrect: the author states that this only happened because it was necessary. Therefore, the answer is too broad.

C Incorrect: “knee-jerk” describes something that is unplanned or disorganised. The author doesn’t state anything that suggests this.

D Incorrect: this was only for the duration of the pandemic, not “since 2009”, which implies it is still the case today.

13. According to the seventh paragraph, the author's opinion on changes to scope of practice is that:

A Incorrect: the passage states “may be seen (meaning “may be perceived”) as a way to protect the public”.

B Correct: ambiguous benefit is mentioned (“they can affect those affected by the changes in both positive and negative ways”) and so is political controversy (“may be seen as a way to protect the public...but can also result in turf battles between two or more different professions”)

C Incorrect: the passage states “can result in turf battles”, not “will result in turf battles”. Therefore, this answer is too broad.

D Incorrect: the author doesn’t criticise the frequency of the changes.

14. The main message of the article is:

A Correct: this is mentioned in the first (“Each level of jurisdiction has their specific laws, policies and licensing bodies...Different facilities, such as hospitals, may have different policies”) and last (“it is key that each team member can clearly identify and communicate their...scope of practice”) paragraph, and supported throughout the article.

B Incorrect: this is factually true, but not really a message to the reader.

C Incorrect: this is factually true, but not really a message to the reader.

D Incorrect: this is factually true, but not really a message to the reader and only mentioned once.

15. The Global Deterioration Scale is most useful for providing healthcare professionals with information about:

A Incorrect: it is MORE useful for describing the level of disability, which is based on these factors.

B Correct: the passage states that it can “describe the level of disability in patients with dementia”.
C Incorrect: it doesn’t predict how likely these complications are.
D Incorrect: not mentioned in the passage.

16. According to the third paragraph, the main reason for making a general prognosis about survival time is:

A Incorrect: not mentioned as a reason for making a prognosis.
B Incorrect: not mentioned as a reason for making a prognosis.
C Incorrect: eligibility for the hospice benefit, not nursing home care, is determined.
D Correct: the passage states it is “important because a patient's eligibility for the hospice benefit is assessed based on their projected survival time”.

17. The best replacement for the word "proxy" in the fourth paragraph would be:

A Correct: “proxy” means a substitute, delegate, agent or representative.
B Incorrect: “proxy” doesn’t mean additional
C Incorrect: “proxy” doesn’t mean carer (a carer is one example of a proxy)
D Incorrect: “proxy” doesn’t mean treatment

18. In the fifth paragraph, the author's main argument is that:

A Correct: the author states “decisions about the care of patients should also reflect the goals” and “comfort measures only. In 90% of proxies ...the latter was reported to be the primary goal of care”
B Incorrect: most proxies prefer comfort care to medical interventions.
C Incorrect: this is true, but not the MAIN argument.
D Incorrect: this is true, but not the MAIN argument.

19. According to the sixth paragraph, eating problems in advanced dementia may be caused by:

A Correct: inappropriate eating practices include “oral dysphagia”.
B Incorrect: dental pathology is mentioned, but not dental procedures.
C Incorrect: this is an outcome, not a cause, of eating problems.
D Incorrect: the passage states “refusal to eat”, not “refusal to eat independently”
20. In the seventh paragraph, the author suggests that:
   A. Incorrect: this is too broad, as the passage only states: “Approximately 50% of patients with advanced dementia are diagnosed with pneumonia in the last 2 weeks of life” - more might suffer, but are undiagnosed.
   B. Correct: the passage states that “such treatment may not necessarily align with the patient's preferences or goals of care” and that goals of care should guide treatment decisions (paragraph 5).
   C. Incorrect: “two thirds were diagnosed with suspected infections within a 12 month period” (Diagnosed with, not suspected to have, infections).
   D. Incorrect: the passage states that infections are “another common clinical problem” not the “most common clinical problem”.

21. Ways in which the care of patients with advanced dementia can be improved include all of the following except:
   A. Incorrect: the passage mentions this (“care which is focused on patient-centred goals and adherence to patient preferences”)
   B. Incorrect: the passage mentions this (“better address distressing clinical symptoms”)
   C. Incorrect: the passage mentions this (“better equipped to engage patients and their families in advanced care planning”)
   D. Incorrect: this is mentioned as one form of management of eating problems, but not necessarily an improvement to care.

22. The author's approach to the care of patients with advanced dementia could best be described as:
   A. Incorrect: the author’s approach isn’t always practical, such as when not treating infections.
   B. Correct: throughout the article, the author refers to patient-centred care being the best (e.g. “focused on patient-centred goals and adherence to patient preferences”).
   C. Incorrect: the author doesn’t analyse all the aspects of care, but rather, presents an argument that it should be patient-centered.
   D. Incorrect: this means that the needs of society should be more important than the needs of the individual. The author argues the opposite.

Test 2

Part A
TIME: 15 minutes

- Look at the four texts, A – D, in the separate Text Booklet.
- 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.

---

**Vision Impairment: Questions**

**Questions 1-7**

For each of the questions, 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

<table>
<thead>
<tr>
<th></th>
<th>The definition of vision impairment?</th>
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<tbody>
<tr>
<td>1</td>
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<table>
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<tr>
<th></th>
<th>How to address someone with visual impairment?</th>
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<tr>
<th></th>
<th>The prevalence of visual conditions?</th>
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<th>Statistics regarding visual impairment globally?</th>
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<th>The rates of eye conditions in males and females?</th>
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<td>5</td>
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<th></th>
<th>The language you should use when talking to a blind person?</th>
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<table>
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<th>The main causes of vision impairment globally?</th>
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</table>
**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. Your answers should be correctly spelled.

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<tbody>
<tr>
<td><strong>8</strong></td>
<td>How many people in the world have low vision?</td>
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<td>____________________________________________</td>
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<tr>
<td><strong>9</strong></td>
<td>In which gender is vision impairment most common?</td>
</tr>
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<td></td>
<td>____________________________________________</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>How should you act around a person who is visually impaired?</td>
</tr>
<tr>
<td></td>
<td>____________________________________________</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>What should you do for a visually impaired person in a group situation?</td>
</tr>
<tr>
<td></td>
<td>____________________________________________</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>What does 6/60 vision mean legally in Australia?</td>
</tr>
<tr>
<td></td>
<td>____________________________________________</td>
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<tr>
<td><strong>13</strong></td>
<td>What is the definition of normal vision?</td>
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<td>____________________________________________</td>
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<tr>
<td><strong>14</strong></td>
<td>What is the main cause of moderate and severe vision impairment globally?</td>
</tr>
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<td></td>
<td>____________________________________________</td>
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</tbody>
</table>
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. Your answers should be correctly spelled.

In most cases, vision impairment results in reduced visual acuity, reduced _________ (15), and/or reduced colour perception.

When speaking to a visually impaired person, there is no need to ________ (16) words such as “see” or “look”.

However, you should not assume the person will be able to ________ (17) by your voice.

It is estimated that 80% of cases of visual impairment can be ________ (18).

Most of the visually impaired people in the world live in ________ (19).

In the 0-14 ________ (20), only around 10% of people are diagnosed with visual impairment.
**Vision Impairment: Texts**

**Visual Impairment and Blindness Worldwide**
- 285 million people are estimated to be visually impaired worldwide: 39 million are blind and 246 million have low vision.
- About 90% of the world’s visually impaired live in low-income settings.
- 82% of people living with blindness are aged 50 and above.
- Globally, uncorrected refractive errors are the main cause of moderate and severe visual impairment; cataracts remain the leading cause of blindness in middle- and low-income countries.
- The number of people visually impaired from infectious diseases has

Source: World Health Organisation

**Text B**

**Figure: Prevalence of long-term eye conditions, 2011–12**

Source: Australian Institute of Health and Welfare
**How Vision Impairment is Defined**

Vision impairment is defined as a limitation of one or more functions of the eye (or visual system).

The most common vision impairments affect:

- The sharpness or clarity of vision (visual acuity)
- The normal range of what you can see (visual fields)
- Colour

Legal blindness in Australia means that someone with vision impairment, even with glasses or contact lenses, can see an object at 6 metres that someone without vision impairment could see from 60 metres. This is called 6/60 vision. Normal vision is 6/6 vision (or 20/20 in imperial measures).

Source: Royal Institute for Deaf and Blind Children

**Speaking to a Visually Impaired Person**

When speaking with a person who is blind or has low vision, be yourself and act naturally.

You should also consider the following tips:

- Identify yourself - don’t assume the person will recognise you by your voice.
- Speak naturally and clearly. Loss of eyesight does not mean loss of hearing.
- Continue to use body language. This will affect the tone of your voice and give a lot of extra information to the person who is vision impaired.
- Use everyday language. Don’t avoid words like “see” or “look” or talking about everyday activities such as watching TV or videos.
- Name the person when introducing yourself or when directing conversation to them in a group situation.
- In a group situation, introduce the other people present.
- Never leave a conversation with a person without saying so.
- Use accurate and specific language when giving directions. For example, “the door is on your left”, rather than “the door is over there”.
- Relax and be yourself.

Source: Vision Australia

END OF PART A

THIS ANSWER BOOKLET WILL BE COLLECTED
Part B

In this part of the test, there are six short extracts relating to the work of health professionals.

For questions 1 to 6, choose the answer (A, B or C) which you think fits best according to the text.

1. The most likely outcome of imposing a national scheduling system is
   A  Greater caution being used when patients take medication
   B  A reduction in deaths related to deliberate medication overdosing
   C  Increased access to medically necessary drugs

Scheduling is a classification system that controls how medicines and poisons are made available to the public. Substances are grouped into Schedules according to the level of regulatory control over their availability required to protect public health and safety. Some of the Schedules are:

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Pharmacy Medicine</td>
</tr>
<tr>
<td>3</td>
<td>Pharmacist Only Medicine</td>
</tr>
<tr>
<td>4</td>
<td>Prescription Only Medicine OR Prescription Animal Remedy</td>
</tr>
<tr>
<td>5</td>
<td>Caution</td>
</tr>
<tr>
<td>6</td>
<td>Poison</td>
</tr>
<tr>
<td>8</td>
<td>Controlled Drug</td>
</tr>
<tr>
<td>9</td>
<td>Prohibited Substance</td>
</tr>
<tr>
<td></td>
<td>Substances of such danger to health as to warrant prohibition of</td>
</tr>
</tbody>
</table>
2. The point being made below regarding spirometry technique is

A  It can only be performed by health professionals
B  The patient should be comfortable for the procedure
C  Patient effort is an important factor determining accuracy

Conventionally, a spirometer is a device used to measure timed expired and inspired volumes, and from these we can calculate how effectively and how quickly the lungs can be emptied and filled.

To measure forced vital capacity (maximum volume of air which can be forcibly exhaled by a patient), carefully explain the procedure to the patient, ensuring that he/she is sitting erect with feet firmly on the floor (the most comfortable position, though standing gives a similar result in adults, but in children the vital capacity is often greater in the standing position). Apply a nose clip to the patient's nose (this is recommended but not essential) and urge the patient to:

- breathe in fully (must be absolutely full)
- seal his/her lips around the mouthpiece
- immediately blast air out as fast and as far as possible until the lungs are completely empty
- breathe in again as forcibly and fully as possible (if inspiratory curve is required and the spirometer is able to measure inspiration).

3. The best description of the CHA$_2$DS$_2$-VASc score would be
   A  A patient’s history of cardiovascular pathology
   B  A score of 9 points in total
   C  The likelihood of suffering a stroke

In patients with non-valvular atrial fibrillation, the decision to start warfarin should be based on the CHADS$_2$ score. This assigns 1 point each for congestive heart failure, hypertension, age 75 years and older, and diabetes mellitus, and 2 points for previous ischaemic stroke or transient ischaemic attack.

The CHA$_2$DS$_2$-VASc score, introduced by the European Society of Cardiology, provides a more comprehensive assessment of the risk factors for stroke. It is better at identifying ‘truly low-risk’ patients with atrial fibrillation, and is now preferred over CHADS$_2$.

<table>
<thead>
<tr>
<th>Score</th>
<th>CHA$_2$DS$_2$-VASc Risk Criteria</th>
</tr>
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<tbody>
<tr>
<td>1 point</td>
<td>Congestive heart failure</td>
</tr>
<tr>
<td>1 point</td>
<td>Hypertension</td>
</tr>
<tr>
<td>1 point</td>
<td>Age $\geq$ 75 years</td>
</tr>
<tr>
<td>1 point</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>2 points</td>
<td>Stroke/transient ischemic attack/thromboembolism</td>
</tr>
<tr>
<td>1 point</td>
<td>Vascular disease (prior myocardial infarction, peripheral artery disease or aortic plaque)</td>
</tr>
<tr>
<td>1 point</td>
<td>Age 65-74 years</td>
</tr>
<tr>
<td>1 point</td>
<td>Sex category (i.e. female)</td>
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<td>---------------------------</td>
</tr>
<tr>
<td>Maximum score</td>
<td>9 points</td>
</tr>
</tbody>
</table>

4. In patients taking the medication described below
   A The risk of developing secondary leukemia is 1.6%
   B The risk of secondary leukemia outweighs the benefits
   C The risk of developing secondary leukemia increases with time

Secondary acute myelogenous leukemia (AML) has been reported in multiple sclerosis and cancer patients treated with mitoxantrone. In a cohort of mitoxantrone treated MS patients followed for varying periods of time, an elevated leukemia risk of 0.25% (2/802) has been observed. Postmarketing cases of secondary AML have also been reported. In 1774 patients with breast cancer who received NOVANTRONE concomitantly with other cytotoxic agents and radiotherapy, the cumulative risk of developing treatment-related AML, was estimated as 1.1% and 1.6% at 5 and 10 years, respectively (see WARNINGS section). Secondary acute myelogenous leukemia (AML) has been reported in cancer patients treated with anthracyclines. NOVANTRONE is an anthracenedione, a related drug.

5. According to the directive, health professionals should have access to
   A. Exposure management packs for addressing sharps injuries
   B. New staff orientation and induction programs
   C. Immediate and extended management of sharps injuries

**Sharps Injury Post-Exposure Management Directive**

Health care workers who incur a sharps injury require expedient, timely, considerate and knowledgeable post exposure management. The basis of such management must be in accordance with PD2005_311 (HIV, Hepatitis B and Hepatitis C - Management of Health Care Workers Potentially Exposed), the key elements of which are:

- rapid assessment of an exposed HCW to ensure the timely administration of post exposure prophylaxis (PEP) when appropriate;
- availability of assessment and management over a 24 hour period; and
- the process for reporting and post exposure management being made known to new staff during orientation and induction programs.

Exposure management packs should be developed and made ready for distribution to healthcare workers and source patients in the event of a sharps injury. Staff nominated to manage exposed HCWs should receive specific training in BBV disease processes and counselling.

6. The management of hyperglycemia should be
   A  More aggressive in patients diagnosed at a younger age
   B  More aggressive in patients with vascular symptoms
   C  More aggressive in patients with potentially modifiable features

Part C

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

Text 1: Progressive Muscular Atrophy

Progressive muscular atrophy (PMA), also known as Duchenne-Aran muscular atrophy and by various other names, is a rare subtype of motor neuron disease (MND) that affects only the lower motor neurons. PMA is thought to account for around 4% of all MND cases. This contrasts with amyotrophic lateral sclerosis (ALS), the most common form of MND, which affects both the upper and lower motor neurons, or primary lateral sclerosis, another rare MND variant, which affects only the upper motor neurons. The distinction is important because PMA is associated with a better prognosis than classic ALS.

Due to lower motor neuron degeneration, symptoms of PMA include atrophy, fasciculations and muscle weakness. Atrophy is the partial or complete wasting away of part of the body. A fasciculation, or muscle twitch, is a small, involuntary muscle contraction and relaxation which may be visible under the skin. Some patients have symptoms only in the arms or legs (or in some cases, just one of either). These cases are referred to as "Flail Arm" or "Flail Leg" and are associated with a better prognosis.

PMA is a diagnosis of exclusion, there is no specific test which can conclusively establish whether a patient has the condition. Instead, several other possibilities must be ruled out, such as multifocal motor neuropathy or spinal muscular atrophy. Tests used in the diagnostic process include MRI, clinical examination, and EMG. EMG tests in patients who do have PMA usually show denervation (neuron death) in most affected body parts, and in some unaffected parts, too.

The importance of correctly recognizing progressive muscular atrophy as opposed to ALS is important for several reasons. Firstly, the prognosis is a little better. A recent study found the 5-year survival rate in PMA to be 33% (vs. 20% in ALS) and the 10-year survival rate to be 12% (vs. 6% in ALS). Secondly,
patients with PMA do not suffer from the cognitive change identified in certain groups of patients with MND. Thirdly, because PMA patients do not have UMN signs, they usually do not meet the "World Federation of Neurology El Escorial Research Criteria" for “Definite” or “Probable” ALS and so are ineligible to participate in most clinical research trials such as drugs trials or brain scans. Lastly, because of its rarity (even compared to ALS) and confusion about the condition, some insurance policies or local healthcare policies may not recognize PMA as being the life-changing illness that it is.

An initial diagnosis of PMA could turn out to be slowly progressive ALS many years later, sometimes even decades after the initial diagnosis. The occurrence of upper motor neuron symptoms such as brisk reflexes, spasticity, or a Babinski sign would indicate a progression to ALS. The correct diagnosis is sometimes made on autopsy.

Since its initial description in 1850, there has been debate in the scientific literature over whether PMA is a distinct disease with its own characteristics, or if lies somewhere on a spectrum with ALS, PLS, and PBP. Jean-Martin Charcot, who first described ALS in 1870, felt that PMA was a separate condition, with degeneration of the lower motor neurons the most important lesion. He pointed out that in ALS it was the upper motor neuron degeneration that was primary, with lower motor neuron degeneration being secondary. Throughout the course of the late 19th century, other conditions were discovered which had previously been thought to be PMA, such as pseudo-hypertrophic paralysis, hereditary muscular atrophy and progressive myopathy.

The neurologists Joseph Jules Dejerine and William Richard Gowers were among those who felt that PMA was part of a spectrum of "motor neurone disease" which included ALS, PMA, and PBP, in part because it was almost impossible to distinguish the conditions at autopsy. Other researchers have suggested that PMA is just ALS in an earlier stage of progression, because although the upper motor neurons appear unaffected on clinical examination there are in fact detectable pathological signs of upper motor neuron damage on autopsy. In favour of considering PMA a separate disease, some patients with PMA live for decades after diagnosis, which would be unusual in typical ALS.
Text 1: Questions 7-14

7. According to the first paragraph, one of the unique features of progressive muscular atrophy is:
   A  It affects only 4% of the population.
   B  It has a better prognosis than amyotrophic lateral sclerosis.
   C  It is a rare subtype of motor neuron disease.
   D  It affects only the lower motor neurons.

8. Lower motor neuron degeneration can lead to:
   A  Wasting away of the patient’s arms and legs.
   B  Voluntary muscle contraction and relaxation which may be visible under the skin.
   C  Flail arm or leg, which indicates an inferior prognosis.
   D  Reduced muscle tone.

9. According to the third paragraph, which of the following is necessary to diagnose PMA?
   A  Proof of denervation in affected body parts.
   B  Clinical examination, MRI and EMG tests.
   C  Exclusion of multifocal motor neuropathy and spinal muscular atrophy.
   D  None of the above.

10. According to the fourth paragraph, why might some insurance companies not recognise PMA as a life-changing illness?
    A  It is very rare and poorly understood, even compared to ALS.
    B  The 5-year and 10-year survival rates are better than for ALS.
    C  PMA patients do not experience UMN signs or cognitive change.
    D  PMA patients are ineligible to participate in many research studies.

11. All of the following can indicate progression to ALS except:
    A  Babinski sign
    B  Reduced reflexes
    C  Spasticity
D Upper motor neuron symptoms

12. According to Jean-Martin Charcot:
   A PMA is a result of progressive, secondary ALS.
   B Upper motor neuron lesions are the primary feature of ALS.
   C Several conditions previously thought to be PMA are, in fact, separate disorders.
   D ALS was first described in 1870.

13. The tone of the author in the last paragraph can best be described as:
   A Critical.
   B Analytical.
   C Speculative.
   D Supportive.

14. The best alternative heading for this article would be:
   A Manifestations of different motor neuron diseases.
   B The history of progressive muscular atrophy.
   C Challenges to diagnosing progressive muscular atrophy.
   D The differences between PMA and ALS.
Text 2: Cross-cultural Competence

Cross-cultural competence refers to the knowledge, skills, and affect/motivation that enable individuals to adapt effectively in cross-cultural environments. Cross-cultural competence is defined here as an individual capability that contributes to intercultural effectiveness regardless of the intersection of cultures. Although some aspects of cognition, behavior, or affect may be particularly relevant in a specific country or region, evidence suggests that a core set of competencies enables adaptation to any culture (Hammer, 1987).

Cross-cultural competence is not an end in itself, but is a set of variables that contribute to intercultural effectiveness. Whereas previous models have tended to emphasize subjective outcomes, by focusing primarily on adjustment, outcomes of interest here include both subjective and objective outcomes. Objective outcomes, such as job performance, have been addressed in previous research, but to a lesser degree than the subjective outcomes.

Research indicates that the outcomes are linked, with personal and interpersonal adjustment linked to work adjustment, which has in turn been linked with job performance (Shay & Baack, 2006). However, these relationships are small, and some research has demonstrated that subjective outcomes can diverge from objective outcomes (Kealey, 1989), with expatriates sometimes showing relatively poor adjustment but high effectiveness in their organizational role.

The basic requirements for cross-cultural competence are empathy, an understanding of other people's behaviors and ways of thinking, and the ability to express one's own way of thinking. It is a balance, situatively adapted, among four parts: knowledge (about other cultures and other people's behaviors), empathy (understanding the feelings and needs of other people), self-confidence (knowledge of one's own desires, strengths, weaknesses, and emotional stability) and cultural identity (knowledge of one's own culture).

In an attempt to offer solutions for developing cross-cultural competence, Diversity Training University International (DTUI) isolated four cognitive components: (a) Awareness, (b) Attitude, (c) Knowledge, and (d) Skills. Awareness is consciousness of one's personal reactions to people who are different. DTUI added the attitude component in order to emphasize the difference between training that increases awareness of cultural bias and beliefs in general and training that has participants carefully examine their own beliefs and values about cultural differences.
Social science research indicates that our values and beliefs about equality may be inconsistent with our behaviors, and we ironically may be unaware of it. Social psychologist Patricia Devine and her colleagues, for example, showed in their research that many people who score low on a prejudice test tend to do things in cross cultural encounters that **exemplify** prejudice (e.g. using outdated labels such as "illegal aliens" or "colored".). This makes the Knowledge component an important part of cultural competence development. The Skills component focuses on practicing cross-cultural competence to perfection. One of these skills is communication - the fundamental tool by which people interact in organizations. This includes gestures and other non-verbal communication that tend to vary from culture to culture.

Notice that the set of four components of our cross-cultural competence definition—awareness, attitude, knowledge, and skills—represents the key features of each of the popular definitions. The utility of the definition goes beyond the simple integration of previous definitions, however. It is the diagnostic and intervention development benefits that make the approach most appealing.

Regardless of whether our attitude towards cultural differences matches our behaviors, we can all benefit by improving our cross-cultural effectiveness. One common goal of diversity professionals, such as Dr. Hicks from URI, is to create inclusive systems that allow members to work at maximum productivity levels. This is important, because cross-cultural competence is becoming increasingly necessary for work, home, community social lives.
15. According to the second paragraph, the goal of the individual capability described in the first paragraph is:
   A  Cross-cultural competence.
   B  Subjective and objective outcomes.
   C  Intercultural effectiveness.
   D  Improved job performance.

16. An example of the linked outcomes of cross-cultural competence is:
   A  Interpersonal adjustment and job performance.
   B  Personal adjustment and high organisational effectiveness.
   C  Personal adjustment and interpersonal adjustment.
   D  None of the above.

17. In the fourth paragraph, the author argues that cross-cultural competence is a balance between…
   A  Situative adaptation, knowledge, empathy, self-confidence and cultural identity.
   B  Empathy, an understanding of other people's behaviors and ways of thinking, and the ability to express one's own way of thinking.
   C  Having a cultural identity, understanding others, self-confidence and adequate knowledge.
   D  Empathy, an understanding of others, self-expression and good balance.

18. According to the sixth paragraph:
   A  People who score low on prejudice tests usually display prejudice in cross-cultural situations.
   B  We are often unaware when our behaviour is at odds with our values and beliefs about equality.
   C  The Skills component is a fundamental tool by which people interact in organisations.
   D  Non-verbal communication stays relatively consistent from culture to culture.

19. In the sixth paragraph, the word “exemplify” could best be replaced with:
A  Demonstrate.
B  Make an example of.
C  Amplify.
D  Exempt.

20. In the seventh paragraph, the author presents the opinion that:
A  The four components of cross-cultural competence are all represented across its different definitions.
B  The current definition was developed by integrating previous definitions.
C  The current definition is more useful than previous definitions.
D  Diagnostic and interventional benefits make cross-cultural competence most appealing.

21. According to the last paragraph:
A  Diversity professionals are aiming at creating more inclusive systems at work.
B  Diversity professionals are investigating ways to improve our cross-cultural competence in our work, home and community life.
C  If attitude towards cultural differences matches our behaviours, we are able to more successfully improve our cross-cultural effectiveness.
D  Cross-cultural competence isn’t as important now as it was in the past.

22. Overall, the author argues that:
A  Approaching cross-cultural competence as a balance between four parts is the best way to define it.
B  Cross-cultural competence, defined as an individual capability, is becoming more important in our daily interactions.
C  Cross-cultural competence is a multi-factorial approach to improving work performance.
D  Communication is a key part of cross-cultural effectiveness.
## Test 2: Answer Key

### Part A

**Questions 1 to 20**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>C</td>
</tr>
<tr>
<td>2</td>
<td>D</td>
</tr>
<tr>
<td>3</td>
<td>B</td>
</tr>
<tr>
<td>4</td>
<td>A</td>
</tr>
<tr>
<td>5</td>
<td>B</td>
</tr>
<tr>
<td>6</td>
<td>D</td>
</tr>
<tr>
<td>7</td>
<td>A</td>
</tr>
<tr>
<td>8</td>
<td>246 million</td>
</tr>
<tr>
<td>9</td>
<td>Females</td>
</tr>
<tr>
<td>10</td>
<td>Naturally</td>
</tr>
<tr>
<td>11</td>
<td>Introduce others</td>
</tr>
<tr>
<td>12</td>
<td>Blindness</td>
</tr>
<tr>
<td>13</td>
<td>6/6</td>
</tr>
<tr>
<td>14</td>
<td>Uncorrected refractive errors</td>
</tr>
<tr>
<td>15</td>
<td>Visual fields</td>
</tr>
<tr>
<td>16</td>
<td>Avoid</td>
</tr>
<tr>
<td>17</td>
<td>Recognise you</td>
</tr>
<tr>
<td>18</td>
<td>Prevented or cured</td>
</tr>
<tr>
<td>19</td>
<td>Low-income settings</td>
</tr>
<tr>
<td>20</td>
<td>Age group</td>
</tr>
</tbody>
</table>

### Part B

**Questions 1 to 6**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B</td>
<td>A reduction in deaths related to deliberate medication overdosing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient effort is an important factor determining</td>
</tr>
</tbody>
</table>
2  C  accuracy.

3  A  A patient’s history of cardiovascular pathology.

4  C  The risk of developing secondary leukemia increases with time.

5  C  Immediate and extended management of sharps injuries.

6  A  More aggressive in patients diagnosed at a younger age.

**Part C**

**Questions 7 to 14**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>D</td>
<td>It affects only the lower motor neurons.</td>
</tr>
<tr>
<td>8</td>
<td>A</td>
<td>Wasting away of the patient’s arms and legs.</td>
</tr>
<tr>
<td>9</td>
<td>B</td>
<td>Clinical examination, MRI and EMG tests.</td>
</tr>
<tr>
<td>10</td>
<td>A</td>
<td>It is very rare and poorly understood, even compared to ALS.</td>
</tr>
<tr>
<td>11</td>
<td>B</td>
<td>Reduced reflexes.</td>
</tr>
<tr>
<td>12</td>
<td>B</td>
<td>Upper motor neuron lesions are the primary feature of ALS.</td>
</tr>
<tr>
<td>13</td>
<td>B</td>
<td>Analytical.</td>
</tr>
<tr>
<td>14</td>
<td>C</td>
<td>Challenges to diagnosing progressive muscular atrophy.</td>
</tr>
</tbody>
</table>

**Questions 15 to 22**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>C</td>
<td>Intercultural effectiveness.</td>
</tr>
<tr>
<td>16</td>
<td>A</td>
<td>Interpersonal adjustment and job performance.</td>
</tr>
<tr>
<td>17</td>
<td>C</td>
<td>Having a cultural identity, understanding others, self-confidence and adequate knowledge.</td>
</tr>
<tr>
<td>18</td>
<td>B</td>
<td>We are often unaware when our behaviour is at odds with our values and beliefs about equality.</td>
</tr>
<tr>
<td>19</td>
<td>A</td>
<td>Demonstrate.</td>
</tr>
<tr>
<td>20</td>
<td>C</td>
<td>The current definition is more useful than previous</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>21</strong></td>
<td><strong>A</strong></td>
<td>Diversity professionals are aiming at creating more inclusive systems at work.</td>
</tr>
<tr>
<td><strong>22</strong></td>
<td><strong>B</strong></td>
<td>Cross-cultural competence, defined as an individual capability, is becoming more important in our daily interactions.</td>
</tr>
</tbody>
</table>
Test 2: Answer Guide

Part A

Text A

Visual Impairment and Blindness **Worldwide 4,7**
- 285 million people are estimated to be visually impaired worldwide: 39 million are blind a **8 246 million** have low vision.
- About 90% of the world’s visually impaired live in **low-income settings 19**
- 82% of people living with blindness are aged 50 and above.
- Globally, **uncorrected refractive errors 14** are the main cause of moderate and severe visual impairment; cataracts remain the leading cause of blindness in middle- and low-income countries.
- The number of people visually impaired from infectious diseases has reduced in the last 20 years according to global estimates work.
- 80% of all visual impairment can be **prevented or cured 18**

Text B

Figure: **Prevalence 3 ong-term eye conditions, 2011–12**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–14</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>15–34</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>35–54</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>55–74</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>75+</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>All ages</td>
<td>20</td>
<td>12</td>
</tr>
</tbody>
</table>
Text C

How Vision Impairment is Defined

Vision impairment is defined as a limitation of one or more functions of the eye (or visual system).

The most common vision impairments affect:

- The sharpness or clarity of vision (visual acuity)
- The normal range of what you can see (visual fields)
- Colour

Legal blindness in Australia means that someone with vision impairment, even with glasses or contact lenses, can see an object at 6 metres that someone without vision impairment could see from 60 metres. This is called 6/60 vision.

Normal vision is 6/6 vision (or 20/20 in imperial measures).

Text D

Speaking Usually Impaired Person

When speaking with a person who is blind or has low vision, be yourself and act naturally.

You should also consider the following tips:

- Identify yourself - don't assume the person can recognise you by your voice.
- Speak naturally and clearly. Loss of eyesight does not mean loss of hearing.
- Continue to use body language. This will affect the tone of your voice and give a lot of extra information to the person who is vision impaired.
- Use everyday language. Don't avoid words like "see" or "look" or talking about everyday activities such as watching TV or videos.
- Name the person when introducing yourself or when directing conversation to them in a group situation.
- In a group situation, introduce the other people.
- Never leave a conversation with a person without saying so.
- Use accurate and specific language when giving directions. For example, "the door is on your left", rather than "the door is over there".
- Relax and be yourself.
Part B

1. The most likely outcome of imposing a national scheduling system is
   A Incorrect: the caution used by patients is less likely to be affected.
   B Correct: this is because scheduling increases the regulation of access to medications, thus making it harder to obtain enough for an overdose.
   C Incorrect: access to medically necessary drugs is more likely to be decreased, as most of them will only be available on prescription.

2. The point being made below regarding spirometry technique is
   A Incorrect: the text doesn’t stipulate who can perform the spirometry.
   B Incorrect: the text mentions the most comfortable position for spirometry, but this is a minor point.
   C Correct: this is the best answer, since the importance of patient effort is mentioned several times throughout the text.

3. The best description of the CHA\textsubscript{2}DS\textsubscript{2}-VASc score would be
   A Correct: this option covers the most criteria within the CHA\textsubscript{2}DS\textsubscript{2}-VASc score.
   B Incorrect: this is a result, not a description of the score itself.
   C Incorrect: this is a more indirect option, and describes the potential consequence of a score rather than the score itself.

4. In patients taking the medication described below
   A Incorrect: the risk is 1.6% at 10 years of Novantrone therapy, but not at 5 years.
   B Incorrect: risks and benefits are not adequately compared in the text.
   C Correct: the risk is 1.1% at 5 years and 1.6% at 10 years, which is increasing.

5. According to the directive, health professionals should have access to
   A Incorrect: this answer is not as comprehensive as option C.
   B Incorrect: the text mentions these programs but doesn’t explicitly state that health care workers should have access to them.
   C Correct: this is mentioned in the dot points (extended could refer to the 24 hour period in the second dot point).

6. The management of hyperglycemia should be
A Correct: this answer involves the assumption that patients diagnosed at a younger age have a longer life expectancy. In the text, this necessitates more stringent management.

B Incorrect: the text recommends less stringent management in patients with more severe established vascular complications.

C Incorrect: it is the nature of these features, rather than their modifiable or non-modifiable classification, that determines management in the text.

Part C

7. According to the first paragraph, one of the unique features of progressive muscular atrophy is:
   A Incorrect: the passage states that it accounts “for around 4% of all MND cases”.
   B Incorrect: this is not a unique feature, as other subtypes also have a better prognosis than ALS.
   C Incorrect: the passage refers to “primary lateral sclerosis, another rare MND variant”.
   D Correct: the passage states it “affects only the lower motor neurons”.

8. Lower motor neuron degeneration can lead to:
   A Correct: the passage states that “symptoms of PMA include atrophy...the partial or complete wasting away of a part of the body”
   B Incorrect: these are “involuntary”.
   C Incorrect: this indicates a “better prognosis”.
   D Incorrect: muscles weakness is mentioned, but tone is not.

9. According to the third paragraph, which of the following is necessary to diagnose PMA?
   A Incorrect: the passage states that they “usually show denervation” not “always”.
   B Correct: the passage states “tests used in the diagnostic process include MRI, clinical examination, and EMG.”
   C Incorrect: these are only two examples of conditions that must be ruled out (“such as”) - therefore, there are more.
   D Incorrect: the passage doesn’t state that this occurs “equally”.

10. According to the fourth paragraph, why might some insurance companies not recognise PMA as a life-changing illness?
A. Correct: the passage states “because of its rarity (even compared to ALS) and confusion about the condition”.
B. Incorrect: not stated as a reason why insurance companies might not recognised PMA.
C. Incorrect: not stated as a reason why insurance companies might not recognised PMA.
D. Incorrect: not stated as a reason why insurance companies might not recognised PMA.

11. All of the following can indicate progression to ALS except:
A. Incorrect: this IS mentioned as a factor that could indicate progression to ALS.
B. Correct: the passage mentions “brisk”, not “reduced” reflexes.
C. Incorrect: this IS mentioned as a factor that could indicate progression to ALS.
D. Incorrect: this IS mentioned as a factor that could indicate progression to ALS.

12. According to Jean-Martin Charcot:
A. Incorrect: the passage states that he “felt that PMA was a separate condition”.
B. Correct: the passage states that he felt that “it was the upper motor neuron degeneration that was primary”
C. Incorrect: true, but not a fact attributed to Jean-Martin Charcot.
D. Incorrect: true, but not a fact attributed to Jean-Martin Charcot.

13. The tone of the author in the last paragraph can best be described as:
A. Incorrect: “critical” means disapproving or negative.
B. Correct: the author gives a balanced, analytical view by providing arguments for and against PMA being a separate condition.
C. Incorrect: “speculative” means not based on facts or knowledge.
D. Incorrect: the author doesn’t support any particular opinion or theory about PMA.

14. The best alternative heading for this article would be:
A. Incorrect: “manifestations” means signs and symptoms, and these are only mentioned in paragraphs 3, 4, 6 and 8.
B. Incorrect: this is only in paragraphs 2, 7 and 8, and therefore not an appropriate heading for the whole article.
C  Correct: issues around diagnosis are mentioned many times throughout the article.
D  Incorrect: this is a minor point.

15. According to the second paragraph, the goal of the individual capability described in the first paragraph is:
A  Incorrect: this IS the individual capability, not a goal of individual capability.
B  Incorrect: an “outcome” is not necessarily a goal.
C  Correct: this is found by combining information in paragraph 1 (“Cross-cultural competence is defined here as an individual capability”) with information from paragraph 2 (“Cross-cultural competence...is a set of variables that contribute to intercultural effectiveness”).
D  Incorrect: an “outcome” such as job performance is not necessarily a goal.

16. An example of the linked outcomes of cross-cultural competence is:
A  Correct: the passage states that “outcomes are linked, with personal and interpersonal adjustment linked to work adjustment, which has in turn been linked with job performance”
B  Incorrect: according to the passage, personal adjustment and organisational effectiveness are independent of each other (“subjective outcomes can diverge from objective outcomes”).
C  Incorrect: the passage states that these are both “linked to work adjustment”, not to each other.
D  Incorrect: Option A is supported by the passage.

17. In the fourth paragraph, the author argues that cross-cultural competence is a balance between...
A  Incorrect: it is “situatively adapted”.
B  Incorrect: these are the “basic requirements”, not balanced components of cross-cultural competence.
C  Correct: the passage states “It is a balance...among...knowledge ...understanding the feelings and needs of other people, self-confidence...and cultural identity”.
D  Incorrect: the four parts must be balanced, and “good balance” could refer to an individual’s physical ability.
18. According to the sixth paragraph:

A Incorrect: the passage only states that “many” people do this, not people in general (i.e. all people), so this answer is too broad.

B Correct: the passage states that “our values and beliefs about equality may be inconsistent with our behaviors, and we ironically may be unaware of it”.

C Incorrect: according to the passage, this is communication (“One of these skills is communication - the fundamental tool by which people interact in organizations”).

D Incorrect: the passage states that non-verbal communication differs (“tend to vary from culture to culture:).

19. In paragraph 6, the word “exemplify” could best be replaced with:

A Correct: other synonyms are "illustrate" and "represent".

B Incorrect: this means “to punish as a warning/deterrent to others”.

C Incorrect: other synonyms include intensify, escalate, raise.

D Incorrect: this means “free from obligation/liability”.

20. In the seventh paragraph, the author presents the opinion that:

A Incorrect: it is actually the key features of previous definitions that are represented across the four components.

B Incorrect: it does represent features of the previous definitions, but this isn’t the same as being developed out of those definitions.

C Correct: this is most clear in the statement “The utility of the definition goes beyond the simple integration of previous definitions”.

D Incorrect: this is stated in the article, but it is not the main opinion (rather, it is a supporting point for option C).

21. According to the last paragraph:

A Correct: the passage states that “One common goal of diversity professionals...is to create inclusive systems that allow members to work at maximum productivity levels”.

B Incorrect: the passage only states that diversity professionals are working to improve cross-cultural competence at work.

C Incorrect: the passage states that: “Regardless of whether our attitude … matches our behaviors, we can all benefit…”, meaning that our attitude doesn’t have to match our behaviours for us to improve our cross-cultural effectiveness.

D Incorrect: the passage states “cross-cultural competence is becoming increasingly necessary”, which means the opposite to this answer.
22. Overall, the author argues that:
   A Incorrect: this is a true point, but not an “overall” argument, as it is too narrow.
   B Correct: this answer combines the main points in the first and final paragraph (the most important parts of an essay for stating an argument).
   C Incorrect: this is a true point, but not an “overall” argument, as it is too narrow.
   D Incorrect: this is a true point, but not an “overall” argument, as it is too narrow.
Test 3

Part A

TIME: 15 minutes

- Look at the four texts, A – D, in the separate Text Booklet.
- 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.

Vaccines and Immunisation: Questions

Questions 1-7

For each of the questions, 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

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Past rates of diphtheria?</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td>2</td>
<td>What vaccines are given to children in New South Wales?</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td>3</td>
<td>The mechanism of action of vaccines?</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td>4</td>
<td>How vaccines affect the immune system?</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td>5</td>
<td>The introduction of the diphtheria vaccine?</td>
</tr>
<tr>
<td></td>
<td>__________</td>
</tr>
<tr>
<td></td>
<td>How children are vaccinated against the</td>
</tr>
</tbody>
</table>
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. Your answers should be correctly spelled.

<table>
<thead>
<tr>
<th></th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is the first vaccine given to a child born in New South Wales?</td>
<td>What effect do vaccines have on a child’s natural immunity?</td>
<td>When was the diphtheria vaccination first used in Australia?</td>
<td>Who is FluQuadri Junior given to?</td>
<td>How many doses of the flu vaccine are given to children under eight?</td>
<td>At what age are children first vaccinated against Meningococcal C?</td>
<td>What do vaccines train a baby’s immune system to do to bacteria and viruses?</td>
</tr>
</tbody>
</table>
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. Your answers should be correctly spelled.

In NSW, children are immunised against diseases according to the _______ (15) released by NSW Health.

For some children, the last recommended vaccine protects them against measles, _______ (16) and rubella.

Vaccines take advantage of the way that a baby’s immune system is designed to experience _______ (17) to new pathogens.

Children who are over or under _______ (18) receive different brands of the influenza vaccine.

Vaccines train the immune system a bit like _______ (19) muscles.

If a baby receives all the vaccines in the schedule simultaneously, a _______ (20) of its immune cells would be occupied.
Vaccines and Immunisation: Texts

Text A

Vaccine FAQs

*How do vaccines affect immunity?*
Vaccines strengthen natural immunity.

*How do vaccines work?*
Vaccines train a baby’s immune system to recognise and clear out bacteria and viruses that can cause illness. This is a bit like exercise strengthens muscles.

*Can vaccines overwhelm my baby’s immune system?*
No. From birth, babies are exposed to countless bacteria and viruses. Babies’ immune systems are designed to deal with this constant exposure to new things, learning to recognise and respond to things that are harmful. Even if all the vaccines on the schedule were given at once, only a small fraction of their immune cells would be occupied.

Source: Immunise Australia Program

Text B

Diphtheria notification rate and vaccine use, Australia, 1917–2010
Influenza vaccination in children

Children can begin to be immunised against the flu from six months of age. Children aged eight years and under require two doses, at least four weeks apart in the first year they receive the vaccine. One dose of influenza vaccine is required for subsequent years and for children aged nine years and over.

All vaccines currently available in Australia must pass stringent safety testing before being approved for use by the Therapeutic Goods Administration (TGA).

Specific brands of flu vaccine are registered for use in children. In 2016, two age-specific flu vaccines will be available – one for children under three years of age, and another for people aged three years and over:

- FluQuadri Junior for children under three years of age.
- Fluarix Tetra for people aged three years and older.

Source: Immunise Australia Program
In this part of the test, there are six short extracts relating to the work of health professionals.

For questions 1 to 6, choose the answer (A, B or C) which you think fits best according to the text.

1. The main message to workers in the notice below is
   A Workers should be proactive and responsible
   B Workers should notify people whose actions are disagreeable
   C Workers should prepare detailed reports for managers

   Workplace Bullying: Roles and Responsibilities of Workers
   - Recognise their individual role in developing and maintaining harmonious workplace relations and
promoting a positive and cooperative workplace culture.

- Take responsibility for their own actions in the workplace and, where the actions of others are disagreeable to them, attempt to settle matters directly with the other person(s) where appropriate in a respectful and collaborative manner that reflects the CORE values.
- Raise matters of concern at an early stage and actively participate in the bullying complaint management process.
- Provide managers with specific information regarding perceived bullying and be prepared to have their complaint made known to the person they are making the complaint about, to allow for fair management of the complaint.

2. The flow chart below would most likely be followed if

A  The patient has symptoms of autonomic dysreflexia
B  The patient is symptomatic with a BP 25mmHg above normal
C  The patient experiences symptoms outside of the hospital setting

[Available from: http://eprimarycare.onf.org/AutonomicDysreflexia.html]
3. According to the text, what should clinicians do when prescribing antibiotics?
   A  Discuss the side effects of antibiotics with patients and carers
   B  Discuss the antibiotic regime in detail with patients and carers
   C  Discuss the purpose of antibiotics with patients and carers

### Antimicrobial Stewardship Quality Statement – Taking antibiotics as prescribed

When a patient is prescribed antibiotics, information about when, how and for how long to take them, as well as potential side effects and a review plan, is discussed with the patient and/or their carer. What the quality statement means:

- For patients. If you are prescribed antibiotics, your doctor or nurse discusses with you and/or your carer about when and how to take your antibiotics, how long to take them and any potential side effects. You may need to be seen again to review your progress.

- For clinicians. Discuss with the patient and/or their carer the importance of taking antibiotics as prescribed, how long to take them, any potential side effects and whether the treatment will need to be reviewed.

- For health services. Ensure systems are in place so that clinicians discuss with patients and/or their carers the need to take antibiotics as prescribed, how long to take them, any potential side effects and whether their treatment requires review.

4. The purpose of effective record keeping is
   A  To protect the privacy of patient medical records
   B  To enhance staff satisfaction within medical practices
   C  To maximise the legal accountability of medical practices

Effective record keeping benefits all medical practices. It improves the efficient day-to-day operation of your practice, helps record and maintain your patient information and enables transparent reporting. There are other benefits related to effective record keeping. These include maintaining the security of confidential clinical files, supporting staff to do their work more effectively, improving staff retention, and enhanced business continuity. Having adequate administrative records will significantly assist if you are ever asked to participate in an Australian Taxation audit, health provider compliance audit or for accreditation purposes. It is important to understand that record keeping obligations differ depending on the purpose of the records, but their objective is ultimately to maintain the transparency and integrity that is required of medical practices by national legislation.

5. For the treatment of warfarin overdose

A  PCC can be used together with fresh frozen plasma
B  PCC can be used with or without vitamin K1
C  FFP does not require Prothrombinex to be added

**Warfarin Reversal: Practice Points**

For patients with elevated INR (4.5–10.0), no bleeding and no high risk of bleeding, withholding warfarin with careful subsequent monitoring seems safe.

Vitamin K1 can be given to reverse the anticoagulant effect of warfarin. When oral vitamin K1 is used for this purpose, the injectable formulation, which can be given orally or intravenously, is preferred.

For immediate reversal, prothrombin complex concentrates (PCC) are preferred over fresh frozen plasma (FFP). Prothrombinex-VF is the only PCC routinely used for warfarin reversal in Australia and New Zealand. It contains factors II, IX, X and low levels of factor VII. FFP is not routinely needed in combination with Prothrombinex-VF. FFP can be used when Prothrombinex-VF is unavailable. Vitamin K1 is essential for sustaining the reversal achieved by PCC or FFP.

6. Reducing health care workers’ exposure to radiation should mainly involve
   A  Designing work spaces and updating equipment as needed
   B  Reducing the exposure time required for a dental x-ray
   C  Wearing lead gloves and aprons whenever x-rays are taken

Exposure to ionizing radiation when taking dental X-rays:
Control Strategies

Engineering:
Workplace design to provide distance between worker and source. Appropriate shielding materials (permanent where possible). Interlock systems. Equipment designed to minimize scatter. Positioning devices for patients. Audible signals on machines when exposure is ended. Replacement of older dental X-ray equipment with newer equipment with additional safety features.

Administrative:
Worker education. Safe work procedures reduce exposure time (procedures requiring fewer workers in area, etc.). Scheduling. Radiation safety program. Exposure monitoring.

PPE:
Lead gloves, aprons, etc. as required.

Part C

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

Text 1: Falls in the Elderly

Falls in older adults are a significant cause of morbidity, mortality and preventable injury. Nearly one-third of older persons fall each year, and half of them fall more than once. Due to underlying osteoporosis and reduced mobility and reflexes, falls often result in hip and other fractures, head injuries, or even death. In around 75% of hip fractures, recovery is incomplete and overall health deteriorates. In older women, falls can be particularly troublesome because osteoporosis (weakening of the bones) is a widespread issue, increasing the chance of a fracture following a fall. In Australia, injuries caused by falls are the most common cause of death in people over 75.

The cause of falling in old age is often multifactorial, and therefore, it requires a multidisciplinary approach to treat any injuries sustained and to prevent future falls. Falls include dropping from a standing position, or from exposed positions such as those on ladders or stepladders. The severity of injury is generally related to the height of the fall. The state of the ground surface onto which the victim falls is also important, with harder ones causing more severe injury.

A fall occurs when a person's centre of mass goes outside of the base of support. Most research on postural instability has focused on the anterior/posterior directions, due to the structure of the legs and the frequency of falls in those directions. However, Maki, Holliday, & Topper (1994) have stated that sway in the medial/lateral directions can be just as important: "Results show strong evidence linking deficits in...the control of m–l stability with an increased risk of falling". Hence, the consequences of postural instability have not yet been fully explored.
Vision is integral to the maintenance of a stable posture. Visual acuity, adaptation to the dark, peripheral vision, contrast sensitivity, and accommodation, all of which are related to stability, may be affected by age-related changes. For example, age-related deterioration in peripheral vision may affect an older person’s ability to use information in the peripheral visual field for reference. Such narrowing of the visual field also means that the part of the visual field that is most sensitive to movement is lost. As a result, postural control may be compromised.

A faller may live comfortably with many risk factors for falling and only have problems when another factor appears. As such, management is often tailored to treating the factor that caused the fall, rather than all of the risk factors a patient has for falling. Falls can be prevented by ensuring that carpets are tacked down, that objects like electric cords are not in one's path, that hearing and vision are optimized, dizziness is minimized, alcohol intake is moderated and that shoes have low heels or rubber soles.

Multifactorial prevention involves addressing both intrinsic and extrinsic factors. Although further research is needed, preventative measures with the greatest likelihood of a positive effect include strength and balance training, home risk assessment, withdrawing psychotropic medication, cardiac pacing for those with carotid sinus hypersensitivity, and T'ai chi. T'ai chi exercises have been shown to provide 47% reduction in falls in some studies but it does not improve measures of postural stability. Assistive technology can also be applied, although it is mostly reactive in case of a fall.

General practitioners are well placed to identify those at risk of falls and implement prevention strategies utilising other healthcare professionals as required. An Enhanced Primary Care plan may facilitate implementing falls prevention strategies. High risk patients with recurrent, unexplained or injurious falls should especially be considered for specialist referral and multidisciplinary intervention. The general practitioner’s role in educating and supporting patient behaviour change is critical to the uptake of falls prevention recommendations.
Text 1: Questions 7-14

7. In the first paragraph, the author is arguing that
   A  Falls are an important public health issue.
   B  Fractures are a significant cause of death and disability.
   C  Women are particularly vulnerable to fractures.
   D  Osteoporosis is a widespread problem.

8. In the second paragraph, “ones” refers to
   A  Falls.
   B  People.
   C  Surfaces.
   D  Ladders.

9. According to the third paragraph, the authors opinion on the research is that:
   A  It has mostly focused on anterior/posterior stability.
   B  Studies so far have had inadequate scope.
   C  There is increasing evidence on stability deficits.
   D  Most of it has been poorly conducted.

10. An appropriate heading for the fourth paragraph would be:
    A  Vision contributes in various ways to postural stability.
    B  The central visual field is an important reference.
    C  The mechanisms of visual function.
    D  Vision is affected by age-related changes.

11. The word “moderated” in the fifth paragraph could best be replaced with:
    A  Monitored.
    B  Observed.
    C  Controlled.
    D  Minimised.

12. What is the author’s view on assistive technology in the sixth paragraph?
    A  It is a viable option.
    B  It improves reactions.
C  It mainly helps after the fall.
D  None of the above.

13. According to the last paragraph, the main role of general practitioners in falls prevention is:
   A  Involving other healthcare workers in the patient’s care.
   B  Providing referrals to specialists and multidisciplinary teams.
   C  Supporting patients through education and behaviour change.
   D  Providing at-risk patients with an Enhanced Primary Care Plan.

14. Which of the following would be an appropriate heading for the last paragraph?
   A  The role of the general practitioner in falls prevention.
   B  A multidisciplinary approach to falls prevention.
   C  The implementation of falls prevention strategies.
   D  A holistic approach to high-risk patients.
Coronary heart disease (CHD) is the most common form of heart disease in Australia, affecting around 3% of the population. Its two key manifestations are myocardial infarction and angina. In 2012, CHD was the leading cause of death in Australia, responsible for 14% of all deaths. Whilst death rates from CHD are declining, mainly due to reduction in risk factors such as smoking, high cholesterol and high blood pressure, and improvements in treatment, CHD still places a significant burden on the Australian healthcare system. It is estimated that in 2008-09, CHD cost the nation $2.03 billion, including $1.52 billion in hospital-related costs.

A lack of physical activity has been identified as the fourth leading risk factor for global mortality, and the principal cause of approximately 30% of the coronary heart disease burden. Physical inactivity is defined as not meeting the minimum guidelines of at least 150 minutes of moderate intensity exercise per week. This characterizes between 60-70% of the Australian population. However, levels of activity appear to be growing. Regular, moderate to vigorous physical activity is being widely promoted as a measure for preventing and managing CHD. It is important to note that a lack of physical activity is not the same as being sedentary. Many Australians may meet the minimum guidelines for being physically active, but still spend excessive amounts of time being sedentary (i.e. sitting). Sedentary behaviour has been found to contribute to all-cause premature mortality and cardiovascular disease mortality independently of physical activity levels.

Several studies have found that increased sedentary behavior, measured through TV viewing time, is associated with an increased risk of type 2 diabetes, acute coronary syndrome, metabolic syndrome and abnormal glucose tolerance. One proposed mechanism for this is metabolic dysfunction, characterised by increased plasma triglycerides, decreased HDL-cholesterol and reduced insulin sensitivity. This has been attributed to reduced activity of lipoprotein lipase (LPL), an enzyme that facilitates the uptake of free fatty acids into skeletal muscle and adipose tissue. Reduced LPL activity has been noted in response to sedentary behaviour. In addition, sedentary behaviour may affect carbohydrate metabolism through decreased muscle glucose transporter protein concentration and subsequent glucose intolerance.
Although the beneficial effect of exercise in the prevention of CHD is well established, only about 35% of this effect can be attributed to improved lipid profiles and cholesterol levels, increased insulin sensitivity and blood pressure control. This means that for about 65% of the effect, the mechanism by which exercise produces cardiac benefits is unknown.

Several mechanisms for the benefit of exercise have been proposed. Thijssen et al found that exercise has a direct “vascular conditioning effect” by stimulating enlargement of arterioles and improvements in endothelial function. Regular exercise also produces hemodynamic stimuli in vasculature, such as increased pulse pressure and shear stress. This may enhance vasodilatory responses to increased cardiac output and reduce ischemia-reperfusion injury associated with brief periods of ischemia. Also, exercise stimulates development of collateral vasculature in the heart, increasing perfusion of the myocardium. Some studies have also shown that exercise may reduce the levels of circulating pro-inflammatory cytokines and increase expression of antioxidant and anti-inflammatory mediators in endothelial cells. This may directly inhibit the development of atherosclerosis and associated CHD.

A point commonly agreed upon is that the intensity and duration of exercise are key determinants of whether or not it has a cardio-protective effect. The dose-response relationship between physical activity and risk of CHD was quantified in a recent meta-analysis, which found that individuals who met the minimum US physical activity guidelines for health (150 minutes of moderate intensity exercise per week) had a 14% lower risk of CHD compared to those with no leisure-time physical activity. Those who met the advanced guidelines (300 minutes per week) had a 20% lower risk of CHD. The effects of physical activity were found to be more beneficial in women than men.

The beneficial effects of moderate exercise for the prevention of CHD are strongly supported by the literature. In addition, the minimisation of sedentary behaviour is an important, independent factor associated with a reduction in CHD risk. The evidence supporting physical activity is of great clinical significance to doctors, who should strongly encourage their patients to follow the Australian government guidelines with regards to minimum levels of weekly
physical activity, and reduce time spent in sedentary behaviour, as important health maintenance measures.
Text 2: Questions 15-22

15. According to the first paragraph, what is the main impact of CHD?
   A  CHD leads to high death rates in the community.
   B  CHD leads to high cholesterol and high blood pressure.
   C  CHD leads to adverse health in only a minority of people.
   D  CHD leads to billions of dollars of associated costs.

16. In the second paragraph, “this” refers to:
   A  Physical inactivity.
   B  60-70% of the Australian population.
   C  150 minutes of moderate intensity exercise per week.
   D  Levels of activity.

17. Regarding physical activity and sedentary behaviour:
   A  The benefits of the former can be offset by the latter.
   B  Both are detrimental to health in similar ways.
   C  We do not enough of the former and too much of the latter.
   D  Increased physical activity can compensate for being sedentary.

18. The main mechanisms for the benefits of exercise for coronary health:
   A  Are due to improved lipid profile and cholesterol levels.
   B  Are due to increased insulin sensitivity.
   C  Are due to better control of blood pressure.
   D  Are mostly unknown.

19. The word “collateral” in the fifth paragraph could best be replaced with:
   A  Alternate.
   B  Corollary.
   C  Secondary.
   D  Large.

20. The best heading for the sixth paragraph is:
   A  Exercise may not always be beneficial to health.
   B  The relationship between physical activity and heart health.
   C  How to maximise the cardio-protective effect of exercise.
D  Exercise reduces the risk of CHD.

21. The beneficial effects of moderate physical activity:
   A  Will reduce the risk of CHD if they meet the minimum guidelines.
   B  Are of great clinical significance.
   C  Are strongly encouraged by doctors.
   D  All of the above.

22. The best alternative title for this article is:
   A  Government recommendations for physical activity.
   B  Risk factors for coronary heart disease.
   C  Physical activity for the prevention of CHD.
   D  Differences between physical inactivity and sedentary behaviour.
## Test 3: Answer Key

### Part A
**Questions 1 to 20**

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<tr>
<td>8</td>
<td>Hepatitis B OR H-B-VAX II</td>
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<td>9</td>
<td>Strengthen</td>
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<td>10</td>
<td>1932</td>
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<td>11</td>
<td>Children under 3 years of age</td>
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<td>12</td>
<td>Two</td>
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<td>13</td>
<td>12 months</td>
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<td>14</td>
<td>Recognise and clear out</td>
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<td>15</td>
<td>Schedule</td>
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<td>16</td>
<td>Mumps</td>
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<td>17</td>
<td>Exposure</td>
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<td>18</td>
<td>Three years (of age)</td>
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<td>19</td>
<td>Exercise strengthens</td>
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<td>20</td>
<td>Small fraction</td>
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### Part B
**Questions 1 to 6**

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### Part C

#### Questions 7 to 14

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<tr>
<td>7</td>
<td>A</td>
<td>Falls are an important public health issue.</td>
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<tr>
<td>8</td>
<td>C</td>
<td>Surfaces.</td>
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<td>9</td>
<td>B</td>
<td>Studies so far have had inadequate scope.</td>
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<tr>
<td>10</td>
<td>A</td>
<td>Vision contributes in various ways to postural stability.</td>
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<tr>
<td>11</td>
<td>C</td>
<td>Controlled.</td>
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<tr>
<td>12</td>
<td>C</td>
<td>It only helps after the fall.</td>
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<td>13</td>
<td>C</td>
<td>Supporting patients through education and behaviour change.</td>
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<tr>
<td>14</td>
<td>A</td>
<td>The role of the general practitioner in falls prevention.</td>
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#### Questions 15 to 22

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<tr>
<td>15</td>
<td>D</td>
<td>CHD leads to billions of dollars of associated costs.</td>
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<tr>
<td>16</td>
<td>A</td>
<td>Physical inactivity.</td>
</tr>
<tr>
<td>17</td>
<td>A</td>
<td>The benefits of the former can be offset by the latter.</td>
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<td>18</td>
<td>D</td>
<td>Are mostly unknown.</td>
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<tr>
<td>19</td>
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<td>Secondary.</td>
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End of Key

Test 3: Answer Guide

Part A

Text A

Vaccine FAQs

*How do vaccines affect immunity? 4*

Vaccines strengthen 9 natural immunity.

*How do vaccines work? 3*

Vaccines train a baby’s immune system 14 recognize and clear out bacteria and viruses that can cause illness. This is a bit 19 exercise strengthens muscles.

*Can vaccines overwhelm my baby’s immune system?*

No. From birth, babies are exposed to countless bacteria and viruses. Babies’ immune systems are designed to deal with this constant 17 exposure to new things, learning to recognize and respond to things that are harmful. Even if all the vaccines on the schedule were given at once, only 20 small fraction of their immune cells would be occupied.
### Text B

**Diphtheria notification rate and vaccine use, Australia, 1917-2010**

- 1932 – Diphtheria vaccination commenced
- 1953 – DTP vaccination introduced

### Text C

**Influenza vaccination in children**

Children can begin to be immunised against the flu from six months of age. Children aged eight years and under require two doses least four weeks apart in the first year they receive the vaccine. One dose of influenza vaccine is required for subsequent years and for children aged nine years and over.

All vaccines currently available in Australia must pass stringent safety testing before being approved for use by the Therapeutic Goods Administration (TGA).

Specific brands of flu vaccine are registered with the TGA for use in children. In 2016, two age-specific flu vaccines will be available under the National Immunisation Program – one for children under three years of age, and another for people aged three years and over:

- **FluQuadri Junior** children under three years of age.
- **Fluarix Tetra** for people aged three years and older.
Part B

1. The main message to workers in the notice below is
   A Correct: this answer summarises the “main” message.
   B Incorrect: this only refers to a minor point, “attempt to settle matters directly”.
   C Incorrect: this only refers to a minor point, “provide managers with specific information”.

2. The flow chart below would most likely be followed if
   A Incorrect: according to the first step, the patient should also have a BP >20mmHg above normal.
   B Correct: this summarises the first step of the flowchart.
   C Incorrect: this is not referred to in the flowchart.

3. According to the text, what should clinicians do when prescribing antibiotics?
   A Incorrect: this is a minor point in the text.
   B Correct: this is the main point of the text, since it is referred to in the dot points for patients, clinicians and health services.
4. The purpose of effective record keeping is
   A Incorrect: this is a minor point in the text.
   B Incorrect: this is only referred to indirectly (“supporting staff” and “improving staff retention”), so it is a minor point.
   C Correct: this is put forward in the last sentence of the text: “to maintain the transparency and integrity…required…by national legislation.”

5. For the treatment of warfarin overdose
   A Correct: this is implied in the sentence “FFP is not routinely needed in combination with Prothrombinex-VF”. The phrase “not routinely” implies that sometimes it is.
   B Incorrect: the text states that vitamin K1 is essential to sustain the benefit of PCC.
   C Incorrect: similar to the explanation for answer A, sometimes FFP is used with PCC, so it must sometimes be required.

6. Reducing health care workers’ exposure to radiation should mainly involve
   A Correct: the text refers to workplace design and equipment updates (changes) several times, so this is a main point.
   B Incorrect: this is a minor point in the text.
   C Incorrect: this is a minor point in the text.

Part C

7. In the first paragraph, the author is arguing that
   A Correct: the author refers to the consequences of falls several times, and uses language such as “significant”, “often result in…even death”, and “particularly troublesome”.
   B Incorrect: this is a minor point in the text.
   C Incorrect: this is a minor point in the text.
   D Incorrect: this is a minor point in the text, and a different topic to “falls”.

8. In the second paragraph, “ones” refers to
A Incorrect: although we can refer to a fall as being “hard”, this is slang.
B Incorrect: harder people do not cause more injury in this context.
C **Correct: harder surfaces cause more injury.**
D Incorrect: harder ladders do not cause more injury in this context.

9. According to the third paragraph, the authors opinion on the research is that:
A Incorrect: this is a fact, not an opinion.
B **Correct: this is implied in the statement “not yet been fully explored” and the author’s reference to the limited focus of most research.**
C Incorrect: this is a fact, not an opinion.
D Incorrect: the author doesn’t adequately refer to how the studies have been done.

10. An appropriate heading for the fourth paragraph would be:
A **Correct: the significance of vision is referred to in the topic sentence, and mechanisms are described in the supporting sentences.**
B Incorrect: the text states that older people “use information in the peripheral visual field for reference”.
C Incorrect: this answer is too general (it includes all function, even that not relating to posture or falls).
D Incorrect: this answer is too general, as the paragraph is specifically referring to the impact of these changes on postural control.

11. The word “moderated” in the fifth paragraph could best be replaced with:
A Incorrect: this is too passive (monitoring won’t necessarily change the level of intake if it is too high).
B Incorrect: this is too passive (monitoring won’t necessarily change the level of intake if it is too high).
C Incorrect: this is close, but not as accurate as option D.
D **Correct: “to moderate” means “to make less extreme/excessive”**.

12. What is the author’s view on assistive technology in the sixth paragraph?
A Incorrect: this is too general, and more positive than the author’s specific view.
B Incorrect: its effect on reactions is not stated.
C Correct: this is referred to by the phrase “mostly reactive”.
D Incorrect: answer C is correct.

13. According to the last paragraph, the main role of general practitioners in falls prevention is:
A Incorrect: this is only a small part of the GP’s role (not the “main” role as per the question).
B Incorrect: this is only a small part of the GP’s role (not the “main” role as per the question).
C Correct: this is paraphrasing the passage, which mentions the GP’s “role in educating and supporting patient behaviour change”.
D Incorrect: this is only a small part of the GP’s role (not the “main” role as per the question).

14. Which of the following would be an appropriate heading for the last paragraph?
A Correct: this is the main point referred to multiple times in the paragraph.
B Incorrect: this is mentioned, but it is only one part of the message in the paragraph.
C Incorrect: this is mentioned, but it is only one part of the message in the paragraph.
D Incorrect: the paragraph refers to all patients, not just “high-risk”.

15. According to the first paragraph, what is the main impact of CHD?
A Incorrect: this answer is too narrow.
B Incorrect: the relationship is the other way around (high cholesterol and high blood pressure lead to CHD).
C Incorrect: this is true according to the text, but it is not the “main” impact.
D Correct: this is referred to twice in the concluding sentence of the essay, so it is a main impact.

16. In the second paragraph, “this” refers to:
A Correct: physical inactivity is the subject of the previous sentence.
B Incorrect: although physical inactivity characterises 60-70% of the Australian population, this answer is not as direct as answer
A. Incorrect: the reference to a “lack of physical activity” in the topic sentence means that most Australians do not do this level of activity, so “this” cannot refer to “moderate intensity exercise”.

D Incorrect: since the noun “levels” is plural, “these” would be required to refer to it.

17. Regarding physical activity and sedentary behaviour:
   A Correct: in the 2nd paragraph, the author states that “Sedentary behaviour has been found to contribute to all-cause premature mortality...independently of physical activity levels”
   B Incorrect: physical activity is not argued as being detrimental to health.
   C Incorrect: the phrase “we do not enough of the former” is inaccurate according to the text, as the text states that “many Australians may meet the minimum guidelines for being physically active”.
   D Incorrect: see explanation for option A.

18. The main mechanisms for the benefits of exercise for coronary health:
   A Incorrect: lipid profiles and cholesterol levels, increased insulin sensitivity and blood pressure control account for only about 35% of the effect, so this is not a main mechanism.
   B Incorrect: lipid profiles and cholesterol levels, increased insulin sensitivity and blood pressure control account for only about 35% of the effect, so this is not a main mechanism.
   C Incorrect: lipid profiles and cholesterol levels, increased insulin sensitivity and blood pressure control account for only about 35% of the effect, so this is not a main mechanism.
   D Correct: in paragraph 5, the passage states that “for about 65% of the effect, the mechanism by which exercise produces cardiac benefits is unknown.”

19. The word “collateral” in the fifth paragraph could best be replaced with:
   A Incorrect: the definition of “alternate” is “every other; every second”.
   B Incorrect: the definition of “corollary” is “associated or supplementary”.

C Correct: the definition of “collateral” is “additional but subordinate; secondary”.

D Incorrect: the definition of “large” is “of considerable or relatively great size, extent, or capacity”

20. The best heading for the sixth paragraph is:

A Incorrect: this is not stated in the text.

B Incorrect: this point is too general.

C Correct: this is referred to in the topic sentence and the supporting sentences describe how doing different levels of exercise reduces the risk of CHD by different amounts.

D Incorrect: this point is too general.

21. The beneficial effects of moderate physical activity:

A Incorrect: the passage states that patients must also “reduce time spent in sedentary behaviour”.

B Correct: this is found by combining the information in the first sentence (“beneficial effects of moderate exercise for the prevention of CHD are strongly supported”) with information in the 3rd sentence (“evidence supporting physical activity is of great clinical significance”).

C Incorrect: the passage only states that doctors “should strongly encourage their patients”, not that they actually do.

D Incorrect: only B is correct according to the passage.

22. The best alternative title for this article is:

A Incorrect: government recommendations are only mentioned in paragraphs 7 and 8, so this is not the best overall title for the article.

B Incorrect: this answer is too broad, as the article is mostly concerned with physical inactivity and sedentary behaviour, not all risk factors.

C Correct: this is the best summary of the article.
D Incorrect: these differences are only described in paragraph 2, so this is not the best overall title for the article.