

LISTENING 1

You will hear a part of a conversation about the connection between infection caused by *Streptococcus pyogenes*, rheumatic heart disease and heart valve stenosis. For each question choose the best answer.

1. At the beginning of the conversation you learn that
 - A. rheumatic heart disease is now treated with antibiotics.
 - B. there are virtually no new cases of rheumatic fever.
 - C. there are virtually no new cases of rheumatic fever complications.

2. What do the speakers say about the 1951 study?
 - A. The patients were examined with the use of modern techniques, such as MRI.
 - B. The symptoms of heart valve insufficiency developed progressively and it took on average 20 years to develop valve stenosis.
 - C. There might have been more cases of heart valve damage than was detected by the investigators.

3. The speakers explain that
 - A. antibodies against *Streptococcus pyogenes* damage the heart.
 - B. both M protein and myosin have alpha helices which are not found in other cells, and this makes the host organism take its own tissue for invaders.
 - C. heart valve damage results from heart disease, such as pericarditis.

Source: [Episode 65 – Taking Things to Heart – The Curious Clinicians](#)

LISTENING 2

You will hear a part of a conversation between Dr. Larry Bengé and John Stanley about mouthguards. Decide if these sentences are true (T) or false (F).

4. You can buy thermoplastic mouthguards at a pharmacy and fit them to your mouth yourself.
5. Mouthguards made by dental technicians are better because they fit better and are bigger.
6. Mouthguards are especially important in children who are changing their first teeth for permanent teeth, but even mouthguards do not provide total protection against injury.

Source: [Teeth Wisdom with Dr Larry Bengé - 23rd June - Nights with John Stanley - Omny.fm](#)



LISTENING 3

You will hear a part of an interview with Rob Wynn from the Royal Manchester Children's Hospital about gene therapy for metachromatic leucodystrophy. Complete the sentences with a short phrase (at least two words). You may use different words than these in the recording, but the meaning must be the same.

7. Patients with metachromatic leucodystrophy have nonfunctional arylsulfatase A. In these patients certain cell types die because material
8. was inserted into cells from Teddi's bone marrow.
9. Additionally, these cells were changed to produce more enzyme. This was done by changing
10. Cells produced by altered stem cells can
..... and engraft there.
11. The principle of this therapy, known as cross correction, is that the enzyme produced by donor cells is
12. The disease, if untreated, leads to

Source: [Life-saving gene therapy for UK baby | Interviews | Naked Scientists \(thenakedscientists.com\)](#)

READING 1 – TEXT

Periprosthetic Joint Infection

Periprosthetic joint infection (PJI) is a rare disease which involves interactions between microorganisms, the implant and host immune system. A small quantity of microorganisms can cause PJI; bacteria, and in rare cases, fungi, form biofilms on arthroplasty surfaces. Biofilms tend to be refractory to many antimicrobial agents and the host immune system. Causative microorganisms are often skin microbiota inoculated at placement, although implants may be seeded after placement, either hematogenously or through compromised local tissues. The most common symptom is joint pain. With chronic infection, there may be pain alone. It may be challenging to differentiate PJI from noninfectious causes of arthroplasty failure.

The reported incidence varies across studies because of differences in populations, definitions, and the duration of follow-up. Numerous risk factors have been identified, including anemia, injection drug use, malnutrition, obesity, poor glycemic control, and tobacco use. Arthroplasty procedures should be deferred when there is active infection elsewhere. Receipt of injections into affected joints 3 months or less before total knee arthroplasty or total hip arthroplasty is a risk factor for PJI. Patients who have undergone multiple arthroplasties and present with PJI in one joint have up to a 20% risk of infection in another joint, either synchronously or metachronously, possibly years later.

Patients with Medicaid as a primary payer are at increased risk for PJI, even with adjustment for educational level and household income. Prolonged operative time also increases the risk. Since complications are more likely when arthroplasty is performed at low-volume hospitals by low-volume surgeons, management at specialized centers should be considered. Meta-analyses comparing surgical-site infection and PJI in patients undergoing elective total knee arthroplasty or total hip arthroplasty have shown an increased risk of any infection with little difference in risk according to whether universal decolonization or screening-based decolonization was performed.

Arthrocentesis is a highly recommended mainstay of PJI diagnosis. Normal laboratory-reported values and those for septic arthritis of a native joint do not apply to the leukocyte count and neutrophil percentage. Arthroscopy with biopsy may be considered if the PJI diagnosis remains unconfirmed. Plain radiographs have low sensitivity and specificity; periprosthetic radiolucent lines, osteolysis, implant migration, or a combination of these findings may be present with infection or aseptic loosening.

At surgery, tissue should be collected for histopathological evaluation, unless the diagnosis of PJI has already been established, with multiple tissue specimens collected for aerobic and anaerobic culture. Ideally, samples should be cultured in blood culture bottles, and anaerobic cultures should be incubated for 14 days. The culture yield is likely to be higher when antibiotics are withheld for at least 2 weeks before culture. However, prophylactic preoperative antibiotic therapy does not reduce the culture yield. Frozen-section analysis for acute inflammation permits intraoperative assessment. By using diagnostic methods for biofilm detection such as sonication, the sensitivity for diagnosing PJI is increasing, especially in chronic infections caused by low-virulence pathogens. The use of biofilm-active antibiotics enables eradication of micro-organisms in the presence of a foreign body. The total duration of antibiotic treatment following revision surgery should not exceed 12 weeks.

Sources: <https://www-1nejm-1org-1inii60m002a4.hanproxy.cm-uj.krakow.pl/doi/10.1056/NEJMra2203477>

EFORT Open Rev 2019;4:482-494. DOI: 10.1302/2058-5241.4.180092.

READING 1 – TASK

Choose the best answer.

1. The text states that

- A. PJI often develops when the patient's immune system is weakened.
- B. the infectious organism may reach the joint when the prosthesis is being inserted or through the bloodstream.
- C. there are not many types of microorganisms that can cause PJI.

2. The text states that

- A. diabetics are at a greater risk of developing PJI.
- B. patients who have had multiple procedures of arthroplasty have a higher risk of developing PJI.
- C. studies report a different incidence of PJI because they studied too few patients.

3. The text states that

- A. patients without private insurance (Medicaid patients) are more likely to develop PJI because they are poorer.
- B. PJI is less common when it is performed in smaller hospitals.
- C. research shows that there would be no great profit in testing patients for *S. aureus* before surgery.

4. The text states that

- A. a keyhole surgery will help to decide if the damage in the joint is linked to PJI.
- B. if the implant changes its position in a bone, it can result in joint infection.
- C. the values of the leukocyte count and neutrophil percentage present in PJI resemble the values present in infectious arthritis of a non-implant joint.

5. The text states that

- A. antibiotics should not be administered before tissue collection for histopathological evaluation.
- B. histopathological evaluation may also be performed very rapidly.
- C. sonification is especially useful when the pathogen causes much damage to a host.

READING 2 – TEXT

The Next Medical Revolution?

In medicine today, uncertainty is generally suppressed and ignored. Embodied in our teaching, our case-based learning curricula, and our research is the notion that we must unify a constellation of signs, symptoms, and test results into a solution.(1)..... Yet, the reality is that doctors continually have to make decisions on the basis of imperfect data and limited knowledge, coupled with the uncertainty that arises from unpredictable patient responses to treatment and from health care outcomes that are far from binary. The unintended consequence — an obsession with finding the right answer, at the risk of oversimplifying the richly iterative and evolutionary nature of clinical reasoning — is the very antithesis of humanistic, individualized patient-centered care.

Being uncertain instills a sense of vulnerability in us — a sense of fear about what lies ahead.(2)..... We are still strongly influenced by a rationalist tradition that seeks to provide a world of apparent security.

Great tensions are created by the conflict between the quest for certainty and the reality of uncertainty.(3)..... Physicians' difficulty in accepting uncertainty has also been associated with detrimental effects on patients, including excessive ordering of tests that carry risks of false positive results or iatrogenic injury. In addition, we risk premature closure in our decision-making process, with increased potential for diagnostic error.

Our need to tolerate uncertainty has never been more urgent. In our experience, many current medical students, the digital natives, insist on knowing “the right answer” and are frustrated when one cannot be supplied.(4)..... Given the easy access to information online and electronically, students spend less time at the bedside in the gray-scale world of medicine and more time in front of a screen absorbing processed and general information rather than immediate and idiosyncratic realities.

Cultivating a tolerance of uncertainty will require a revolutionary change in medicine's cultural attitude.(5)..... Educators can start by asking questions that focus on “how” and “why,” not “what” encouraging students' curiosity to explore and capacity to sit comfortably with uncertainty. Our curricula should recognize diagnosis as dynamic and evolving — an iterative process that accounts for multiple, changing perspectives. So, shifting away from the black-and-white multiple-choice questions that are all too common, to focus on evaluating clinical reasoning and the demonstration of tolerance for uncertainty. We can speak about “hypotheses” rather than “diagnoses.” This shift may entail discussing uncertainty directly with patients, reflecting on its origins — subjectivity in the illness narrative, diagnostic sensitivity and specificity, unpredictability of treatment outcomes, and our own assumptions and unconscious biases.

As we move further into the 21st century, it seems clear that technology will perform the routine tasks of medicine for which algorithms can be developed. Our value as physicians will lie in the gray-scale space. We must remind ourselves of Osler's maxim that “medicine is a science of uncertainty and an art of probability.” Ironically, only uncertainty is a sure thing.

Source: <http://www.nejm.org/doi/full/10.1056/NEJMp1606402>



READING 2 – TASK

Match the sentences (a-g) to gaps in the text (1-5).

There are two extra sentences you do not need to use.

- a. Doctors' maladaptive responses to uncertainty are known to contribute to work-related stress.
- b. Despite early work, the systematic study of uncertainty did not begin in earnest until the 1990s.
- c. The public could be forgiven for regarding physicians as trafficking in certitude, producing diagnoses or summarizing research with triumphant finality.
- d. It is unsettling and makes us crave black-and-white zones, to escape this gray-scale space.
- e. Our curricula (formal, informal, and hidden), assessments, and evaluations will need to be modified to emphasize reasoning, the possibility of more than one right answer, and consideration of our patients' values.
- f. This attitude no doubt increases the likelihood that they will perceive uncertainty as a threat.
- g. Too often, we focus on transforming a patient's gray-scale narrative into a black-and-white diagnosis that can be neatly categorized and labeled.



USE OF ENGLISH 1

Complete the sentences with words transformed from the words given.

1. _____ rheumatic pain can have an effect on the whole body. **OS**
2. There are many cases of _____ cancer in the UK. **PENIS**
3. _____ are remedies that allay coughing. **TUSSIS**
4. _____ is a reeling sensation, caused by a temporary decrease in blood flow to the brain. **HEAD**

USE OF ENGLISH 2

Give medical terms to the following definitions.

1. high level of proteins in urine: **p**.....
2. surgical removal of the gallbladder: **c**.....
3. pain in muscles: **m**.....
4. a medical term for a woman who has never been pregnant: **n**.....

USE OF ENGLISH 3

Paraphrase the following sentences, using the given clues. Do not change the word given.

1. Please, can you stop smoking in my room? **RATHER**
.....
2. I'll be starting my shift in a second. **ABOUT**
.....
3. Dr Black almost never performs ultrasounds. **EVER**
.....
4. The OR is empty. I'm sure the operation has finished. **MUST**
The OR is empty.

USE OF ENGLISH 4

Fill in the gaps with the most appropriate word to complete the text. Ensure that all gaps are completed to maintain the coherence of the text.

“Healthcare facilities”

Upon your initial arrival at the hospital premises, your first point of contact is typically the **(1) a** _____ unit. This facility serves as the hub for the formal check-in procedure and dissemination of pertinent information regarding your hospital stay. Should you require guidance or have inquiries, the reception desk is readily available to provide directions and address your concerns. The emergency department, commonly referred to as the A&E (Accident and Emergency) department or ER (Emergency Room), serves as the immediate destination for patients in dire need of medical attention. It is here that dedicated medical professionals, including doctors and nurses, tirelessly provide life-saving treatments to those in the most critical condition. For less urgent issues, you may visit the **(2) o** _ **t** _____ department. These clinics enable patients to access medical care without the necessity of overnight stays in the hospital, proving particularly advantageous for individuals requiring routine **(3) c** _____ - _____ **s** or post-surgery **(4) f** _____ - _____ appointments.

In the event of requiring more intensive medical intervention, hospitalization may become a necessary course of action. Hospitalization entails an extended stay within the healthcare facility, typically spanning overnight or longer periods. Subsequently, your departure from the hospital is termed as a **(5) "d** _____ ". In certain scenarios, medical circumstances may dictate the utilization of an ambulance for transportation to the hospital. Furthermore, hospitals prioritize preparedness for any unforeseen medical crises. In this regard, **(6) r** _____ **c** _____ trolleys are strategically stationed at critical locations within the hospital premises, equipped with advanced life-saving equipment and medications. These trolleys serve as a rapid response mechanism, ensuring that healthcare professionals can promptly attend to patients facing sudden cardiac arrests, severe allergic reactions, or other emergent conditions. Additionally, **(7) d** _____ play a pivotal role within the healthcare system by dispensing medications and medical supplies to patients. Their significance lies in ensuring that patients receive the accurate medications and dosages, in addition to offering guidance on proper medication administration.

Apart from these crucial facilities, specialized clinics play a fundamental part within the healthcare system. For example, specialty departments like cardiology and surgery clinics offer targeted care for patients with specific medical requirements. Furthermore, maternity wards and paediatric units are dedicated to catering exclusively to the needs of women and children. Lastly, the **(8) m** _____ constitutes an integral part of the hospital, serving as a temporary repository for deceased patients until they can be identified and released to their grieving families. This comprehensive array of hospital departments ensures a seamless continuum of care and attention to the diverse medical needs of patients.

WRITING

Write an essay discussing causes and effects of burnout in health care providers. Give examples and explain. Include some of the information given below. You may add your own ideas. Additionally, present appropriate recommendation for the future actions. Write at least 230 words.



44%
of physicians
experience symptoms
of burnout



1/3
of nurses have
“high burnout”

<https://www.medscape.com/slideshow/2022-lifestyle-burnout-6014664#5>

The 5 Main Causes of Burnout in Healthcare

- intense physical labor
- long hours and sleep deprivation
- administrative operations involving electronic health records
- financial stress and student debt
- exposure to human suffering and death

<https://etactics.com/blog/burnout-in-healthcare-causes>

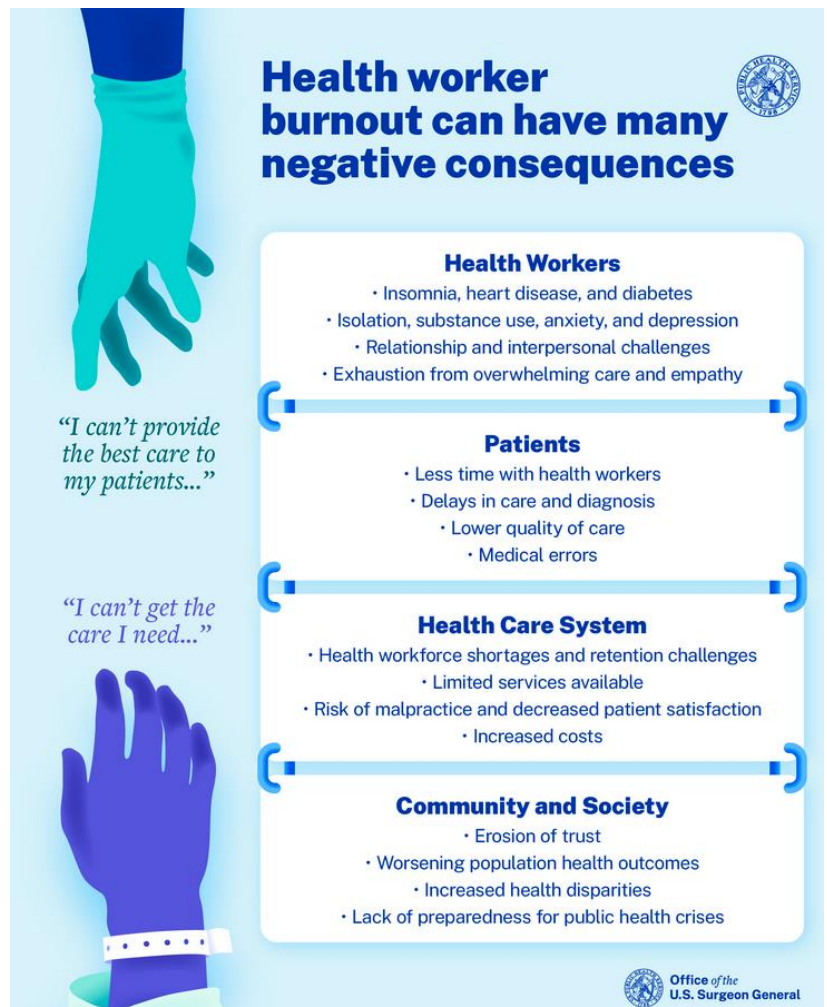
“I barely spend enough time with most patients, just running from one to the next; and then after work, I spend hours documenting, charting, dealing with reports. I feel like an overpaid clerk.”

“Staff calls in sick, we’re all running around trying to find things and get things done. It never ends.”

“Where’s the relationships with patients that used to make this worthwhile? Everyone is in a foul mood.”

“Home is just as busy and chaotic as work; I can never relax.”

<https://images.app.goo.gl/jgcjU8CLTMsrNNp17>



Health worker burnout can have many negative consequences

Health Workers

- Insomnia, heart disease, and diabetes
- Isolation, substance use, anxiety, and depression
- Relationship and interpersonal challenges
- Exhaustion from overwhelming care and empathy

Patients

- Less time with health workers
- Delays in care and diagnosis
 - Lower quality of care
 - Medical errors

Health Care System

- Health workforce shortages and retention challenges
 - Limited services available
- Risk of malpractice and decreased patient satisfaction
 - Increased costs

Community and Society

- Erosion of trust
- Worsening population health outcomes
 - Increased health disparities
- Lack of preparedness for public health crises

“I can’t provide the best care to my patients...”

“I can’t get the care I need...”

Office of the U.S. Surgeon General



ANSWER KEY

LISTENING 1

1 B 2 C 3 A

LISTENING 2

4 F 5 F 6 T

LISTENING 3

7. builds up inside them
8. A healthy copy of the gene
9. the promoter (next to the/of the) gene
10. cross the blood-brain barrier
11. is taken up/ (and) metabolized by neighboring cells
12. premature death/loss of functions/skills

READING 1

1. b 2. a 3. c 4. a 5. b

READING 2

Gap 1—g Gap 2—d Gap 3—a Gap 4—f Gap 5—e

USE OF ENGLISH 1

1. osseous/osteal
2. penile
3. antitussives
4. lightheadedness

USE OF ENGLISH 2

1. proteinuria
2. cholecystectomy
3. myalgia/myodynia
4. nulligravida

USE OF ENGLISH 3

1. I would/'d rather you didn't smoke/stopped smoking in my room.
2. I'm about to start my shift.
3. Dr Black hardly ever performs ultrasounds. / Hardly ever does Dr Black preform ultrasounds.
4. The operation must have finished.

USE OF ENGLISH 4

1. admission
2. outpatient
3. check-ups
4. follow-up
5. discharge
6. resuscitation
7. dispensaries
8. morgue