

OET READING

Soruyu anla.

Kanıtı bul. Cevabı savun.

The findings are promising,
but their long-term effects remain unclear.

Olumlu bulgu + kanıtın sınırı

PART A · PART B · PART C

3 tam deneme / 126 soru / açıklamalı çözümler

Tıp · Hemşirelik · Diş hekimliği temaları

Özgün simülasyonlar ve resmî örneklerle okuma rehberi.
Bağımsız eğitim yayını; resmî OET yayını değildir.

ÖNCE SINAVIN MANTIĞI

Aynı sınav, üç farklı okuma işi

Bir sağlık metnini anlamak ile süre içinde doğru seçeneği bulmak aynı beceri değil. Burada birlikte çalışacağımız şey şu: Sorunun istediğini tanıyacağız, ilgili kanıt bulacağız ve cevabın kapsamını metnin dışına taşırmayacağız. Bir kelimeyi tanımaman seni durdurmak zorunda değil; kimin, ne zaman, hangi koşulda ne yaptığını kaçırmak ise kolay bir soruyu bile yanlış yaptırabilir.

Bölüm	Yapı	Süre
Part A	4 metin, 20 soru	15 dakika
Part B	6 kısa metin, 6 soru; 3 seçenek	B + C birlikte
Part C	2 uzun metin, 16 soru; 4 seçenek	45 dakika

Meslek bilgisiyle cevap verme.

Reading bütün meslekler için ortaktır. Bu kitaptaki tıp, hemşirelik ve diş hekimliği başlıkları özgün denemelerin temalarıdır; ayrı resmî sınav türleri değildir.

Bu kitapta ne var?

Önce yöntemi ve üzerinde not aldığımız örnekleri çalış. Sonra üç denemeyi ayrı günlerde, cevaplara bakmadan çöz. Her denemede 42 soru ve iki uzun Part C metni var. Deneme metinleri, kurumlar ve değerlendirmeler bu dil çalışması için kurgulanmıştır. Gerçek resmî örnekler ayrıca OET bağlantılarıyla gösterilir.

Kaynaklarda verilen süre ve soru yapısı esas alındı. Özgün denemeler resmî OET sorusu değildir; güçlük düzeyleri resmî sınavla istatistiksel olarak eşitlenmemiştir. Sonuçlarını 42 üzerinden takip et; ham puanı resmî OET notuna çevirmiyoruz.

15 DAKİKADA BİLGİYE ULAŞMA

Part A: önce adresi bul

Dört metni baştan sona çevirmeye başlama. Önce her metnin ne işe yaradığını anla: biri kabul koşullarını, biri hazırlığı, biri işlem akışını, biri tabloyu anlatabilir. Başlık, alt başlık, tarih, liste ve sayılar sana adres verir. Kendine “Bunu nerede ararım?” diye sor.

1. Sorunun türünü ayır

Eşleştirme sorusu bir bilgi türünün hangi metinde bulunduğunu sorar. Cevabı A, B, C veya D olur. Kısa cevapta metinden bir kelime veya kısa ifade alırsın. Boşluk doldurmada ise bulduğun ifade sorudaki cümleye dil bilgisi bakımından da oturmalı. Üç türü aynı biçimde cevaplama.

2. Sabit ipucu ile anlam ipucunu birlikte kullan

Bir sayı, özel ad veya işlem adı sabit ipucudur. “unable to attend” ile “missed appointment” gibi farklı ifadeler aynı fikri taşıyabilir. Yalnız aynı kelimeyi ararsan doğru cümleyi geçebilirsin. Başlığı bulduktan sonra yakın çevresini dikkatle oku.

3. Cevabı bulduğunda küçült

Soru hangi belgeyi soruyorsa belge adını yaz; tüm cümleyi taşıma. Birim boşluğun dışında verilmişse aynı birimi ikinci kez ekleme. Metindeki yazımı kontrol et. Cevabın tekil/çoğul biçimi ve önündeki artikel boşlukla uyumlu mu?

Hız, gelişigüzel okuma değildir.

Yanlış metinde üç dakika aramak yerine doğru metni seçmek için birkaç saniye harca. İki satırdaki sayı aynı olsa bile başlangıç noktası farklı olabilir: sevkten sonra mı, değerlendirmeden sonra mı?

Alıştırma için ilk 45-60 saniyeyi metin haritasına ayırmayı dene. Bu bir öğretmen önerisi; ayrı resmî okuma süresi değil. Toplam 15 dakikanın içinde kalmalısın.

CEVABI DARALTMA TURU

Part A: küçük ayrıntı, büyük fark

The summary is sent within five working days of clinical review.

Sayıyı tek başına görme.

five = miktar; working days = birim; of clinical review = sürenin başlangıç noktası. Sorunun istediği bu üç parçadan hangisi?

“How soon after clinical review?” sorusuna five working days uygundur. “The summary is sent within ____ working days” boşluğuna ise five yazarsın. Aynı kaynak cümle, sorunun yapısına göre farklı uzunlukta cevap verir.

An image may support the assessment; it does not replace the written record.

may ile must aynı şey değil.

Bir görüntü değerlendirmeyi destekleyebilir. Yazılı kaydı ortadan kaldırdığı sonucu çıkmaz. replace sözcüğünden önceki olumsuzluk cevabın yönünü belirliyor.

Son kontrol için üç soru

- Sorunun istediği kişi, belge, süre veya eylemi mi yazdım?
- Metnin kelimesini doğru yazdım mı; gereksiz bir cümle ekledim mi?
- only, before, unless, not gibi sınırlandırıcı sözcükleri kaçırdım mı?

Bu sayfadaki cümleler özgün öğretim örnekleridir. Part A’da cevap yazımını ayrıca denetlemek için kısa cevaplarını metnin yanına koyup harf harf karşılaştır. Doğru yeri bulduğun hâlde puan kaybediyorsan sorun okuma hızında değil, cevap aktarımında olabilir.

KISA İŞYERİ METİNLERİ

Part B: doğru bilgi mi, doğru cevap mı?

Part B’de üç seçeneğin içinde sana tanıdık geleni seçme. Önce soru kökünü oku: ana amaç mı soruluyor, bir kural mı, kimlerin kapsandığı mı, belirli koşulda yapılacak işlem mi? Metni bu görevle oku. Sonra seçeneklere dön.

Metnin yaptığı işi tek cümleye indir

Bir duyuru kuralı değiştirebilir, yanlış anlaşılmayı önleyebilir, sorumluluğu belirtebilir veya istisnayı açıklayabilir. Okuduktan sonra “Bu metin personele neyi fark ettirmek istiyor?” diye sor. Yanıtını Türkçe bir cümleyle söyleyebiliyorsan ana amaca yaklaşmışsın demektir.

Seçeneğin tamamını denetle

Bir şıkkın ilk yarısı doğru olabilir. Sonundaki always, all veya without approval onu yanlış yapabilir. Aynı kelimeyi görmek yeterli değil: özne, eylem, koşul ve kapsam eşleşmeli. Özellikle istisna cümlesini atlama; kısa metindeki son cümle bazen bütün sınırı belirler.

Metinde	Cevapta kontrol et
may / can	Olanak mı, zorunluluk mu?
must / required	Kim için zorunlu?
unless / except	Hangi koşulda kural değişiyor?
only after / before	İşlem sırası korunuyor mu?

Kendi kliniğindeki uygulamayı kenara bırak.

“Bizde böyle yapılır” bir dil sorusunun kanıtı değildir. Bu soruda doğru cevap, verilen metindeki talimatı doğru aktaran seçenektir.

UZUN METİN, AYRINTILI OKUMA

Part C: yazarın ne yaptığını izle

İlk paragraftan başlayıp her cümleyi Türkçeye çevirmek süreyi tüketir. Başlığı ve paragraf başlangıçlarını incele; sonra soruya göre ilgili bölgeyi dikkatle oku. Çoğu soru belirli paragrafı işaret eder. Genel tutum sorularında ise tek cümleyle yetinmeyip metnin savını izle.

Yazar, örneği neden verdi?

Bir hasta öyküsü, çalışmanın sınırlaması veya bir uzmanın itirazı yalnız bilgi sunmak için bulunmaz. Bir iddiayı gösterebilir, önceki varsayımı sorgulayabilir veya çözümün hangi koşulda işe yaradığını açıklayabilir. “Ne oldu?” ile “Bu örnek burada ne işe yarıyor?” sorularını ayır.

Görüş sahibini karıştırma

Yazar bir yöneticinin beklentisini aktarabilir, ardından bu beklentiyi sınırlayabilir. Aktarılan görüşü otomatik olarak yazarın görüşü sayma. Ancak, nevertheless, yet, although gibi dönüş noktaları aynı paragraftaki ikinci bakışı görünür kılar.

Çıkarım, tahmin yürütmek değildir

Doğru çıkarım metnin desteklediği en yakın sonuçtur. “Bazı katılımcılarda iyileşme oldu” bilgisinden “yöntem herkes için etkilidir” sonucuna atlayamazsın. Bir çalışmada ölçülmeyen sonucu kendi mesleki bilginle tamamlamamalısn.

İki şık arasında kaldığında kesinliği karşılaştır.

Metin “may”, “some” veya “not yet established” diyorsa “always”, “all” veya “proved” içeren seçeneği ayrıca sorgula. Bu kelimeler tek başına yanlışlık işareti değil; metindeki kanıtlarla aynı güçte olmalılar.

OKURKEN KENARA DÜŞECEĞİN NOTLAR

Yanıltıcı seçenekleri yakala

Tuzak	Kendine sor
Aynı kelime, farklı ilişki	Bu sözcük kime ve hangi eyleme bağlı?
Doğru ayrıntı, yanlış soru	Bu bilgi sorunun istediği amacı cevaplıyor mu?
Kapsam genişletme	Bazı hastaları bütün hastalara mı dönüştürmüştü?
Neden-sonuç uydurma	Metin ilişki mi gösteriyor, neden mi kanıtlıyor?
Ters zaman sırası	Önce kontrol mü, önce işlem mi?
Yazar / konuşmacı karışması	Bu kimin görüşü?
Kesinlik artışı	may ifadesi must / will olmuş mu?

The pilot was encouraging, although its long-term effects have not been established.

iki yarıyı da tut.

Yazar olumlu buluyor, ama uzun dönem kanıt yok. “Tamamen başarısız” da “etkisi kanıtlandı” da yanlış yönde kesinlik ekliyor.

Bu tür cümlelerde yalnız encouraging sözcüğünü boyamak yetmez. although sonrasını da işaretle. İyi kenar notu bir tercüme listesi değil, düşünce ilişkisidir: “olumlu bulgu + sınır”.

ÖZGÜN ÖRNEK / NOTLU METİN HARİTASI

Birlikte gözelim: Part A

TEXT A · Acceptance

The referral must name a contact clinician and state the reason for review. The coordinator checks that both details are present.

TEXT B · Booking

Patients receive a letter after acceptance. An interpreter must be requested before the appointment is confirmed.

TEXT C · Communication

The reviewed summary is sent within four working days. If the responsible clinician is absent, the duty clinician checks it.

TEXT D · Evaluation

The pilot examined 50 referrals. It measured processing time but did not investigate patient outcomes.

Önce dört adres.

A kabul belgesi; B randevu; C yazışma ve sorumluluk; D hizmet değerlendirmesi. Her sözcüğü çevirmeden bu haritayı kurabilirsin.

1. Where can you find a limitation of the pilot? → **D**. “did not investigate” ölçülmeyen şeyi gösterir.
2. Who checks the summary during absence? → **duty clinician**. A’daki contact clinician başka görevde.
3. The summary is sent within ____ working days. → **four**. working days soruda zaten var.

Hata neden olur?

Öğrenci clinician sözcüğünü ilk gördüğü yerde durur veya four working days ifadesini boşluğa bütünüyle taşır. Birinde görev, diğerinde cümle yapısı kontrolü eksik kalır.

ÖZGÜN ÖRNEK / ŞIKLARI ELEME

Birlikte gözelim: Part B

Before using the new monitor independently, all staff must attend the orientation. Previous experience with the older model does not replace this requirement. Staff who have not attended may assist a trained colleague, but the trained colleague must operate the monitor. Written instructions remain available for reference after orientation.

What does the notice tell staff?

- A. Experience with the older model allows independent use.
- B. Orientation is required before independent use, even for experienced staff.
- C. Staff awaiting orientation must not assist with the procedure.

Doğru cevap: B.

before + independently işlem sınırını koyuyor. all staff ve previous experience istisna bırakmıyor. B bu iki koşulu birlikte koruyor.

A neden çekici?

experience ve older model metinde var. Ama bunların zorunluluğu kaldırdığı söylenmiyor; tam tersi belirtiliyor. Kelime eşleşmesi doğru ilişki demek değil.

C neden yanlış?

Henüz eğitim almayan kişi yardımcı olabilir; cihazı çalıştıramaz. assist ile operate görevlerini aynı şey sayınca şık yanlış yorumlanıyor.

Soru kısa görüldüğü için metnin sonuna kadar okumadan karar verme. Özellikle izin verilen eylem ile yetki gerektiren eylemi ayrı işaretle.

ÖZGÜN ÖRNEK / İDDİA VE SINIR

Birlikte gözelim: Part C

A clinic introduced a clearer appointment letter after patients said the original was difficult to follow. In a small trial, readers identified the date and location more accurately. The team welcomed this improvement, but did not claim that attendance would rise. The trial had tested understanding immediately after reading, not what patients did later.

Some managers wanted to adopt the letter at once. Others suggested a short pilot in routine use. The review group favoured the latter approach, arguing that a useful change could still create unexpected work. For example, clearer information might encourage more questions, increasing calls initially while preventing confusion later. Counting calls alone would therefore provide an incomplete picture.

The writer sees the revised letter as a promising tool whose effects should be examined in context. A clear page can support a better process, but it cannot compensate for inaccurate appointment details or a telephone service that patients cannot reach.

Paragraf 1: ne ölçüldü?

Tarih ve yeri doğru anlama. Ne ölçülmedi? Sonraki katılım. Bu ayrımı korumayan şık, çalışmanın sonucunu büyütür.

Paragraf 2: karşılaştırılan görüşler.

Hemen yaygınlaştırma isteği ile olağan işleyişte pilot yapma önerisi karşılaşıyor. Yazarın aktardığı grup ikinci yaklaşımı seçiyor.

Paragraf 3: tutum.

Olumlu ama koşullu. “promising” ile “cannot compensate” birlikte okunmalı. Tek sözcükten yazarın bütün tutumunu çıkarma.

KANIT → ELEME → KARAR

Part C örneğinin soru çözümü

1. What did the trial establish?

- A. Attendance increased.
- B. Readers identified key appointment details more accurately.
- C. The telephone service became more accessible.
- D. Patients needed no further information.

B: ölçülen sonucu seç.

Tarih ve yeri doğru saptama ölçüldü. A katılımı, C telefon erişimini, D bütün bilgi ihtiyacını ekliyor. Bu sonuçların hiçbirisi gösterilmedi.

2. Why might call numbers alone be misleading?

- A. More calls could accompany clearer information and later benefits.
- B. Calls are never relevant to service evaluation.
- C. The clinic had stopped recording calls.
- D. Every call indicates an error in the letter.

A: aynı sayı farklı anlam taşıyabilir.

Artan arama ilk aşamada soru sorma isteği olabilir. B hiçbir zaman diyerek genelliyor; C veri yok; D her aramayı hata sayıyor.

3. How does the writer view the revised letter?

- A. As a complete solution.
- B. As an unnecessary change.
- C. As useful but dependent on the surrounding process.
- D. As harmful to patient understanding.

C: son paragrafın iki yarısı.

Yararlı araç, ama yanlış randevu bilgisi ve erişilemeyen telefon hattını tek başına düzeltemez. Bu koşulu kaybetme.

RESMÎ SAMPLE TEST 2 / KISA ALINTILAR

Gerçek OET örneğine birlikte bak

Tam metinleri ve soruları bir sonraki kaynak sayfasındaki resmî bağlantılardan aç. Aşağıdakiler gerçek Sample Test 2'ye ait kısa alıntılar ve Türkçe okuma yönlendirmeleridir; kendi denemelerimizle karıştırma.

Part A · Soru 1

“the various symptoms of patients who have taken too much paracetamol?”

Bilgi türünü ara.

Soru belirtilerin hangi metinde olduğunu soruyor. Metin kitapçığındaki klinik değerlendirme bölümü D'de. Cevap D; bütün belirtileri yazman istenmiyor. Kaynak: Part A soru kitapçığı s. 2; metin kitapçığı s. 3; resmî anahtar.

Part B · Soru 1

“separately” / “If necessary”

Kural ve istisnayı beraber oku.

Anahtarların ayrı tutulması B seçeneğini eler. Gerekli durumda komşu birimde sorumluluğun devri mümkün; cevap C. Genel kuralı okuyup istisnayı atlama. Kaynak: B+C kitapçığı s. 2.

Part C · Metin 1, Soru 8

“effort substitution”

Kalıbın çevresindeki açıklamayı kullan.

İkinci paragraf, dikkatin ödüllendirilen sınırlı konulara yönelmesini açıklıyor; cevap C. İfadeyi sözlükten tahmin etmek yerine izleyen açıklamayla çöz. Kaynak: B+C kitapçığı s. 8 ve 10; resmî anahtar.

Bu sayfa dil sorularının çözümünü gösterir; örneklerdeki klinik içerik güncel tedavi protokolü olarak kullanılmaz. Resmî örneklerin telifi Cambridge Boxhill Language Assessment'a aittir.

ÖNERİLEN ÇALIŞMA PLANI

Süreyi yönet: bir denemeyi nasıl çözeceksin?

Part A: toplam 15 dakika

Metin haritasını çıkar; ardından soruları çöz. Takıldığın soruda aynı bölgeyi tekrar tekrar okumak yerine işaret koyup ilerle. Son kısa kontrolünde cevap aktarımı, yazım, sayı ve birimi denetle. Süre bittiğinde A'yı kapat. B ve C süresini A'yı tamamlamak için kullanma.

Part B + C: toplam 45 dakika

Başlangıç denemesi olarak Part B'ye yaklaşık 8 dakika, her Part C metnine 17 dakika ve son kontrole 3 dakika ayırabilirsin. Bu dağılım resmî alt bölüm süresi değildir; kendi sonuçlarına göre ayarlayacağın çalışma önerisidir. Asıl sınır toplam 45 dakikadır.

Denemeden sonra zamanını da incele

Yanlışların çoğu son metinde mi? Bu her zaman metnin daha zor olduğunu göstermez; ilk bölümlerde fazla zaman harcamış olabilirsin. Doğru cevap verdiğin ama üç kez okuduğun soruları da kaydet. Süre baskısı görünmeyen bir öğrenme ihtiyacını gösterebilir.

Bilmiyorsan boş bırakmak zorunda değilsin.

Resmî örnek yönergelerinde yanlış cevap için puan düşülmediği belirtilir. Yine de rastgele cevaplamak yerine önce açıkça elenen şıkları çıkar. Kısa cevapta metne dayanmayan yeni ifade üretme.

Paketteki çevrimdışı simülatör A için 15, B+C için 45 dakikalık ayrı sayaç kullanır. Çalışma modunda süre baskısı olmadan çözebilirsin. Kısa cevaplarda otomatik eşleştirmeye ek olarak kabul edilen ifadeyi görüp kendi yanıtını denetle.

KENDİ HATA DEFTERİN

Yanlış cevabı çalışma planına çevir

Hata türü	Bir sonraki çalışma
Yanlış metni seçtim	4 başlığı bilgi işleviyle eşleştir.
Kanıtı buldum, cevabı aktaramadım	Yazım ve boşluk yapısı çalış.
İstisnayı kaçırdım	unless / only / except işaretle.
Metinde olanı sorunun cevabı sandım	Soru kökünü kendi sözünle yeniden söyle.
Yazara başka görüş attim	Kim söylüyor? Neye itiraz ediyor?
Çıkarımı fazla büyüttüm	Metindeki kesinlik ve kapsamı karşılaştır.
Süre yetmedi	Bölüm sürelerini kaydedip tekrar dene.

Notun “kelime bilmiyorum” ile bitmesin.

Hangi kelime veya ilişki seni yanılttı? Doğru şık hangi kanıtı dayanıyordu? Senin seçeneğin metne ne ekliyordu? Bu üç soruya cevap yaz.

Bir soruyu bugün açıklamayla anladıktan sonra birkaç gün sonra yeniden çöz. Cevap harfini hatırlamak öğrenme kanıtı değil. Bu kez doğru kanıtı gösterebiliyor ve diğer şıkları neden elelediğini anlatabiliyor musun?

Üç denemenin tümünü çöz. Sana yakın alanla başlamak motivasyon sağlar; diğer temaları çözmek ise alan aşinalığına güvenmeden Reading becerini sınar. Resmî Reading meslekler arasında ortak olduğu için yalnız kendi branşının kelimeleriyle çalışmak yeterli değildir.

KAYNAK DİZİNİ / ERİŞİM: 16 EKİM 2026

Gerçek örnekleri resmî kaynaktan aç

Başlıklar tıklanabilir. Resmî kitapçığı aç, ilgili soruyu çöz, sonra kendi anahtarıyla karşılaştır. Bu kitaptaki üç tam deneme ise özgün eğitim materyalidir. Resmî soru kitapçıklarının tamamı bu yayına kopyalanmamıştır.

[Resmî sınav yapısı](#)[Sample Test 2 - Part A metinleri](#)[Sample Test 2 - Part A soruları](#)[Sample Test 2 - Part A cevapları](#)[Sample Test 2 - Part B ve C](#)[Sample Test 2 - Part B ve C cevapları](#)

PART A SORULARI



PART B + C

Format doğrulaması: Cambridge English sınav özeti ve OET Sample Test 2 yönergeleri. Kısa resmî alıntılar ve bunlara ilişkin çözüm notları kaynaklarıyla belirtilmiştir. Öğretim açıklamaları, denemeler ve cevap gerekçeleri Sağlık İngilizcesi × MedTalks çalışmasıdır.

ÖZGÜN TAM UZUNLUKTA SİMÜLASYON

Deneme 1 | Tıp teması

Poliklinik izlemi, sonuç takibi ve klinik belirsizlik

This is an original practice test, not an official OET paper. All service descriptions, pilot projects and data in these passages are fictional and have been created for language practice. Answer using the information in the texts, not outside clinical knowledge.

Part	Questions	Time
A	20	15 minutes
B	6	45 minutes shared with C
C	16	45 minutes shared with B

Part A: use the four texts A-D. For matching items, write the text letter. For short answers and sentence completion, use a word or short phrase from the texts. Read each question carefully and spell your answer correctly.

Parts B and C: select one answer for each question. Part B has three options; Part C has four. In this booklet, Part B is numbered 1-6 and Part C continues from 7 to 22. Part A has its own 1-20 numbering.

Begin with Part A. At 15 minutes, stop and put Part A aside. Then allow 45 minutes for Parts B and C together. Complete the answer sheet without consulting the teaching notes or answer key.

Sınavı gerçekten dene.

Telefon bildirimlerini kapat. Cevap anahtarını sona bırak. Kitaptaki notlu örnekler öğretmek için; bu bölümde doğru cevabı gösteren işaret yok.

Ad / tarih: _____

Part A başlangıç: _____ B+C başlangıç: _____

DENEME 1 | TIP TEMASI / 15 MINUTES

Part A · Text booklet

TEXT A · Entry to the outpatient review service

The fictional Westbridge service reviews adults whose referring clinician has requested further assessment of unexplained tiredness. It is a planned outpatient service, not a replacement for urgent assessment. Referrals must include the main concern, the duration of symptoms, a current medicine list and a contact telephone number. A referral without a blood count report is returned to the referring team for completion. An old report should not be described as current merely because it is the only one available.

The intake coordinator checks whether the required documents are present; a reviewing clinician decides whether the service is appropriate. A referral may be redirected after this clinical review. Patients already being investigated elsewhere for the same concern should have that service identified on the form, so that parallel appointments can be avoided. Where an interpreter is required, record the preferred language rather than simply writing that the patient needs help with communication.

TEXT B · Before the first appointment

A booking assistant contacts the patient after the referral has been accepted. A paper appointment letter is available on request; the default is a text message containing the date and location. Patients are asked to bring their medicine containers, including non-prescription products, because the list held by another service may be out of date.

If a patient cannot attend, the booking team needs at least two working days' notice to offer the slot to someone else. A first missed appointment leads to a telephone call to identify any access difficulties. It does not automatically close the referral. Patients who need transport assistance are directed to the transport desk; booking staff cannot confirm eligibility themselves. The appointment letter asks patients not to arrange additional tests independently. Any investigation required before the visit will be specified by the reviewing clinician and communicated separately.

DENEME 1 | TIP TEMASI / 15 MINUTES

Part A · Text booklet

TEXT C · Results communication and task ownership

Every investigation requested by the service must have a named clinician responsible for reviewing the result. The result inbox is checked each working day. Absence of an inbox message must never be taken as evidence that a test was normal: staff should check whether the sample was received and whether a result is still pending.

A routine result should be communicated to the patient within three working days of clinical review. The communication record must state the result, the agreed action and the person who will carry that action out. A result requiring immediate attention follows the service's urgent escalation procedure rather than this routine timetable. If the named clinician is absent, responsibility passes to the duty clinician. The administrative team may confirm that a result has arrived, but may not interpret its clinical significance for the patient.

TEXT D · Pilot review: access and follow-up

The service reviewed 120 consecutive referrals during its pilot. Eighteen were returned because required documents were missing. Of the 102 accepted referrals, 12 resulted in a missed first appointment. Telephone follow-up identified work commitments as the most frequently reported barrier; difficulty understanding the message was also mentioned. These reports describe patients who could be contacted and should not be assumed to represent everyone who missed an appointment.

The team added an evening callback period and a plain-language version of the booking message. It plans to compare attendance over the next six weeks. The pilot did not collect data on symptom improvement, so it cannot show whether the service improved patients' health. The evaluation lead will also measure staff time spent on callbacks. A rise in attendance will be considered alongside this workload measure rather than treated as the only indicator of success.

DENEME 1 | TIP TEMASI / PART A

Part A · Questions 1-7

For each item, write A, B, C or D. You may use a letter more than once.

In which text can you find information about:

1. the documents required before a referral can be considered

Answer: _____

2. who takes over a result when its usual reviewer is away

Answer: _____

3. what the service found about barriers to attendance

Answer: _____

4. the procedure following a first failure to attend

Answer: _____

5. why an existing service should be identified on the referral

Answer: _____

6. a limitation of the pilot evaluation

Answer: _____

7. what must be recorded when a result is communicated

Answer: _____

DENEME 1 | TIP TEMASI / PART A

Part A · Questions 8-13

Answer with a word or short phrase from one of the texts. Do not write full sentences.

8. Which report must accompany the referral?

Answer: _____

9. Who decides whether the service is suitable for a patient?

Answer: _____

10. What should patients bring to help verify their medicines?

Answer: _____

11. Which team advises patients about transport assistance?

Answer: _____

12. Who reviews results if the named clinician is absent?

Answer: _____

13. Which barrier was most often reported by contacted patients?

Answer: _____

DENEME 1 | TIP TEMASI / PART A

Part A · Questions 14-20

Complete each sentence with a word or short phrase from the texts. Answers may include words, numbers or both.

14. The preferred _____ should be recorded when an interpreter is needed.

Answer: _____

15. The booking team requires at least _____ notice of cancellation.

Answer: _____

16. A routine result should be communicated within _____ of clinical review.

Answer: _____

17. Staff should not assume that an absent inbox message means a test was _____.

Answer: _____

18. The pilot examined _____ consecutive referrals.

Answer: _____

19. Attendance will be compared over the next _____.

Answer: _____

20. The evaluation will consider attendance alongside the _____ spent on callbacks.

Answer: _____

DENEME 1 | TIP TEMASI / B + C: 45 MINUTES

Part B · Questions 1-2

Shared inbox notice

From Monday, the diagnostic inbox will display both new results and unresolved tasks carried over from the previous day. Staff must not mark an item complete simply because it has been opened. Completion means that the responsible clinician has reviewed it and that the agreed next step has been recorded. Administrative staff may move an item to the correct clinician's queue when it has been misdirected, but should leave its status unchanged. The coordinator will check outstanding tasks at the end of each afternoon. This check is intended to identify work requiring attention, not to transfer clinical responsibility to the coordinator.

1. What is the main purpose of this notice?

- A. To ensure that opening a result is not mistaken for completing the required work.
- B. To make the coordinator responsible for interpreting all outstanding results.
- C. To prevent administrative staff from moving incorrectly allocated items.

Your answer: _____

Procedure-room equipment

The service has introduced a different recording device in two procedure rooms. Staff who have already used the older device must still complete the short orientation before operating the new one independently. The orientation covers the changed controls and the procedure for reporting a fault; it does not replace the clinical training required for the procedure itself. Until orientation is complete, a trained colleague must operate the device. Printed instructions are available beside each unit, but reading them alone does not count as completing orientation. Department managers will arrange sessions during normal working hours so that attendance does not depend on staff volunteering their own time.

2. Before operating the new device independently, experienced staff must

- A. repeat all of their clinical procedure training.
- B. complete the device-specific orientation.
- C. read the instructions instead of attending a session.

Your answer: _____

DENEME 1 | TIP TEMASI / B + C: 45 MINUTES

Part B · Questions 3-4

Telephone consultation record

When recording a telephone consultation, include whether the conversation was with the patient or with another person speaking on the patient's behalf. If another person supplies information, identify their relationship to the patient and distinguish what they observed from what the patient reportedly said. Do not copy their account into the record as though it were your own direct observation. Where accounts differ, record the difference and any action taken to clarify it. The purpose of this guidance is to preserve the origin and certainty of information, not to discourage useful contributions from relatives or carers.

3. The guidance aims to help staff

- A. avoid accepting information from relatives.
- B. choose one account whenever descriptions differ.
- C. make clear where the recorded information came from.

Your answer: _____

Outpatient reminder pilot

A new reminder message will be tested in the respiratory clinic for four weeks. During the pilot, patients who do not reply to the message should retain their appointments. A lack of response may reflect a changed telephone number or difficulty using the reply function, rather than an intention not to attend. Booking staff should check contact details when they next speak to these patients and note any problems with the message. The pilot team will compare attendance and the number of follow-up calls with the previous system. No decision about wider use has yet been made.

4. What should staff do if a patient does not reply?

- A. Cancel the appointment to release the slot.
- B. Keep the appointment and check contact details at the next conversation.
- C. Assume that the new reminder system has failed.

Your answer: _____

DENEME 1 | TIP TEMASI / B + C: 45 MINUTES

Part B · Questions 5-6

Clinical photography policy

Images taken for the clinical record must be stored through the approved record system. They must not remain in a personal device's photo library. Staff should explain the clinical purpose before taking an image and record the patient's agreement according to local policy. Agreement to a clinical image does not also authorise its use in a teaching presentation. A separate permission process applies to educational use, even if the intended audience consists entirely of healthcare staff. If the approved system is unavailable, contact the service lead for the agreed alternative rather than creating an informal storage arrangement.

5. The policy distinguishes between

- A. permission for clinical recording and permission for teaching use.
- B. images taken by doctors and those taken by other staff.
- C. educational presentations for staff and those for the public only.

Your answer: _____

Revised referral form

The revised referral form contains a field headed “Question for the reviewing team”. This field should state the issue that the referrer wants the service to address, rather than repeat the entire medical history. Relevant history and investigation findings should still be entered in their designated sections. The new field was added after reviewing staff reported difficulty distinguishing requests for diagnostic advice from requests for ongoing management. A brief but specific question will help the receiving team direct the referral appropriately. It will not, by itself, determine whether a patient is accepted or how urgently the patient is seen.

6. Why was the new field introduced?

- A. To replace the history and investigation sections.
- B. To allow referrers to set the urgency of appointments.
- C. To clarify what kind of help the referring clinician is requesting.

Your answer: _____

DENEME 1 | TIP TEMASI / PART C · TEXT 1

When a result has arrived but the work is unfinished

[1] A laboratory result can be visible on a screen without having become part of a patient's care. In a fictional outpatient network, managers initially treated the arrival of electronic results as the end of a communication problem. Paper could no longer be misplaced, and each item had a time stamp. Yet patients still returned asking what their tests meant. The difficulty was not that the information had failed to travel. It was that the organisation had mistaken successful delivery for successful action. The distinction proved awkward because delivery was easy to count, while completed clinical work was not.

[2] The network's first response was to add more notifications. Unopened items generated reminders, and reminders generated escalation messages. For a short period, the number of unread items fell. That apparent success concealed a change in behaviour: some clinicians opened results during gaps between appointments, intending to return to them later. Once opened, an item no longer appeared on the unread list. The reminder system had encouraged a measurable action without establishing whether the result had been interpreted, discussed or acted upon. It had improved one visible indicator while leaving the original uncertainty largely intact.

[3] A multidisciplinary group then followed a small number of results from the request through to the next clinical decision. This exercise produced a map of handovers rather than a ranking of individual performance. It showed that responsibility was especially unclear when a clinician was absent or when an investigation had been requested by someone covering another clinic. Staff had often made reasonable assumptions about what a colleague would do. Those assumptions simply did not match. The group concluded that a safer process required an explicit owner for each task, including a named substitute when the usual owner was unavailable.

[4] Some clinicians worried that formal ownership would turn a cooperative service into a collection of isolated responsibilities. Their concern was not dismissed as resistance to change. A rigid rule could indeed make people reluctant to help with a task that was technically assigned elsewhere. The revised process therefore separated accountability from assistance. Colleagues could still contribute, but the record had to show who would ensure that the next step happened. Ownership was intended to prevent a task from belonging to nobody, not to prohibit several people from helping to complete it.

DENEME 1 | TIP TEMASI / PART C · TEXT 1 / CONTINUED

When a result has arrived but the work is unfinished

[5] The group also challenged the idea that every result needed the same kind of response. A familiar finding already discussed with a patient might require a short confirmation, whereas an unexpected result could demand a longer conversation and a revised plan. A standard completion field could support both situations if it recorded the decision and its communication, rather than prescribing an identical script. Standardisation, in this account, meant making essential responsibilities visible. It did not mean making every consultation sound the same or treating differences in patients' needs as inconvenient exceptions.

[6] Patient representatives added another complication. A message saying that a result had been reviewed did not necessarily tell a patient whether anything would happen next. They wanted a clear account of the agreed action and of whom to contact if it did not occur. The team initially regarded this request as an additional communication burden. On closer examination, however, the same uncertainty was already generating repeated telephone calls. A clearer first message might reduce those calls, although the team was careful not to promise a saving before measuring the time required to produce it.

[7] Evaluation therefore used several measures. The network tracked whether an owner was recorded, whether patients understood the next step and how much staff time the process required. It also examined cases that remained unresolved despite apparently complete records. These exceptions were particularly useful: they revealed when a field had become another box to tick. Improvements in documentation were encouraging, but they were not treated as proof that every patient had received the intended follow-up. The group retained a small case-review sample precisely because the dashboard could not explain everything it displayed.

[8] The project offers a modest lesson about digital improvement. Technology can make missing work more visible, but only if the organisation has first decided what completion means. Adding alerts to an undefined task may produce more activity without producing more dependable care. Conversely, a clear division of responsibility does not remove the need for professional judgement or communication with patients. The most useful system is likely to be one that supports those activities and exposes unfinished work. Its success should be judged by what happens after information arrives, rather than by the elegance with which it is delivered.

DENEME 1 | TIP TEMASI / TEXT 1

Part C · Questions 7-10

7. In paragraph 1, what assumption did the managers make?

- A. Patients preferred electronic messages to personal conversations.
- B. An electronic delivery record showed that the necessary clinical work was complete.
- C. Paper records contained more accurate information than electronic records.
- D. Patients would contact the laboratory directly if they needed advice.

Your answer: _____

8. What is the writer suggesting about the initial fall in unread items?

- A. It demonstrated that patients had received clearer explanations.
- B. It resulted mainly from fewer tests being requested.
- C. It was an improvement in a measure that did not necessarily reflect the intended outcome.
- D. It showed that clinicians no longer needed reminders.

Your answer: _____

9. The case-mapping exercise revealed that staff

- A. had different expectations about who would carry out a task.
- B. were deliberately ignoring the investigations of absent colleagues.
- C. needed a ranking system to identify the least effective clinician.
- D. usually lacked access to laboratory information.

Your answer: _____

10. Why does the writer discuss clinicians' concerns in paragraph 4?

- A. To argue that individual accountability should be abandoned.
- B. To show that cooperation is impossible when roles are clearly defined.
- C. To suggest that most staff objections are excuses for avoiding work.
- D. To explain how a reasonable concern helped refine the proposed process.

Your answer: _____

DENEME 1 | TIP TEMASI / TEXT 1

Part C · Questions 11-14

11. What does standardisation mean in paragraph 5?

- A. Making all result discussions follow one fixed script.
- B. Ensuring essential responsibilities are clear while allowing responses to vary.
- C. Removing clinicians' discretion about unexpected findings.
- D. Reducing the number of situations in which patients are contacted.

Your answer: _____

12. How did the team's view of patient representatives' request change?

- A. It came to see that clearer initial messages might prevent existing repetitive work.
- B. It concluded that patients should be responsible for arranging all follow-up.
- C. It proved that personalised messages required no additional staff time.
- D. It decided that patients needed access to every internal task record.

Your answer: _____

13. Why were apparently completed but unresolved cases examined?

- A. To exclude unusual patients from the final evaluation.
- B. To establish that all electronic records were unreliable.
- C. To discover whether documentation was concealing unfinished work.
- D. To replace patient feedback with a numerical score.

Your answer: _____

14. Which statement best reflects the writer's overall position?

- A. More alerts are the most dependable solution to missed follow-up.
- B. Digital systems should replace professional judgement wherever possible.
- C. The main value of a system lies in how quickly it delivers information.
- D. Technology should support clearly defined work and be judged by the action it enables.

Your answer: _____

DENEME 1 | TIP TEMASI / PART C · TEXT 2

Explaining uncertainty without sounding uncertain about care

[1] During an outpatient consultation, a clinician may know what needs to happen next without yet knowing the final diagnosis. Patients, however, can hear the absence of a diagnostic label as the absence of a plan. In a fictional communication workshop, clinicians were asked to explain an unresolved symptom to a patient who had already attended twice. Most gave a careful list of possible causes. Fewer said clearly what would distinguish those possibilities or when the patient would hear again. The exercise exposed a gap between expressing uncertainty accurately and helping someone live with it.

[2] The trainers did not recommend replacing every technical term with a simple word. That approach can produce a reassuringly short explanation which leaves out the reason for an investigation. Nor did they encourage clinicians to present every remote possibility. A long list may make unlikely outcomes seem equally probable and can obscure the question that the next test is intended to answer. Instead, participants practised explaining the working interpretation, the evidence still missing and the action planned to obtain it. The task was to organise uncertainty, not to pretend that it could be removed by better phrasing.

[3] One participant initially objected that such explanations would undermine confidence. She had learnt to speak decisively, particularly when a consultation was brief. Yet the simulated patients did not object to hearing that a diagnosis remained open. They objected when the clinician moved from a confident statement to a different conclusion at the next visit without acknowledging what had changed. Confidence appeared to depend partly on whether the explanation remained coherent over time. An honest account of why a view might change could therefore be more reassuring than certainty that later required an unexplained reversal.

[4] A second difficulty concerned numbers. Participants sometimes used a percentage because it sounded precise, even when it came from a population quite unlike the person in front of them. The workshop did not prohibit numerical information. It asked clinicians to explain what a figure described and how relevant it was to the current decision. Some patients wanted numbers; others found a comparison or a plain-language account more useful. The lesson was not that one format always worked best, but that a precise-looking figure could conceal uncertainty just as easily as a vague phrase could exaggerate it.

DENEME 1 | TIP TEMASI / PART C · TEXT 2 / CONTINUED

Explaining uncertainty without sounding uncertain about care

[5] The group also examined safety-netting statements. “Come back if things get worse” was familiar, but the simulated patients interpreted “worse” in different ways. Some thought it referred only to pain, while others assumed that they should wait until all their symptoms had intensified. The improved explanations identified the changes relevant to the scenario, the route for seeking help and the expected review point. These were communication exercises, not a universal clinical checklist: the appropriate advice depended on the case. What remained constant was the need to make the next decision understandable to the patient.

[6] Asking patients to repeat the plan was initially unpopular with several participants, who feared that it would sound like a test of intelligence. The trainers changed the framing. Rather than asking whether the patient had understood, the clinician explained that they wanted to check whether they themselves had made the plan clear. In the role plays, this often uncovered a misunderstanding that a polite “yes” had hidden. The method also revealed when the clinician had offered too much information at once. It served as feedback on the explanation, not merely as an assessment of the listener.

[7] There were limits to what the workshop could establish. Participants improved within repeated simulations, but the organisers had not yet followed their real consultations or measured patients' subsequent decisions. Familiarity with the exercise might account for some of the change. A follow-up project was therefore designed to examine recorded consultations, with consent, and to ask patients what they believed would happen next. The organisers resisted describing the workshop as a proven solution. It had identified useful behaviours and made them practicable; whether those behaviours would persist under ordinary workload remained an open question.

[8] For the writer, the value of this approach lies in refusing a false choice between authority and honesty. A clinician can be explicit about the limits of current knowledge while remaining clear about responsibility, review and the next step. Patients do not necessarily need a promise that nothing unexpected will happen. They need an explanation they can use when something changes. Communication about uncertainty is therefore part of the clinical work rather than a polished sentence added at the end. Its quality becomes visible in what the patient can do with the information after leaving the room.

DENEME 1 | TIP TEMASI / TEXT 2

Part C · Questions 15-18

15. What problem did the first workshop exercise reveal?

- A. Clinicians were unable to identify any possible causes of symptoms.
- B. Simulated patients expected a diagnosis after every consultation.
- C. Clinicians described possible causes more clearly than the process for resolving them.
- D. Patients were unwilling to attend further appointments.

Your answer: _____

16. Why might listing every possible cause be unhelpful?

- A. It can give an exaggerated impression of the likelihood of remote possibilities.
- B. It prevents the use of any technical vocabulary.
- C. It proves that further investigation has no clear purpose.
- D. It is always less accurate than naming a single cause.

Your answer: _____

17. What did the simulated patients find particularly troubling?

- A. A clinician admitting that a final diagnosis was not yet available.
- B. An unexplained change from an earlier confident conclusion.
- C. A consultation in which more than one possibility was discussed.
- D. An explanation that included the reason for a future test.

Your answer: _____

18. What is the writer's point about numerical risk information?

- A. It should be avoided whenever a patient prefers verbal explanations.
- B. It is more trustworthy than comparisons in all clinical settings.
- C. It can eliminate uncertainty if enough detail is provided.
- D. Its usefulness depends on context and on explaining what the number represents.

Your answer: _____

DENEME 1 | TIP TEMASI / TEXT 2

Part C · Questions 19-22

19. The discussion of “worse” illustrates the need to

- A. give all patients the same comprehensive warning list.
- B. allow patients to decide the review interval themselves.
- C. make the meaning of follow-up advice specific to the situation.
- D. avoid mentioning possible changes in symptoms.

Your answer: _____

20. Why was the request to repeat the plan reframed?

- A. To make the check a test of the clinician's explanation rather than the patient's ability.
- B. To reduce the amount of time spent listening to the patient.
- C. To ensure that patients memorised every technical term.
- D. To remove the need to explain the plan again if necessary.

Your answer: _____

21. What reservation do the organisers express about the workshop?

- A. Its activities were too complex for experienced clinicians.
- B. Better performance in simulations may not persist in everyday practice.
- C. Patients had refused to provide feedback on the exercises.
- D. It had already been shown to increase clinical workload substantially.

Your answer: _____

22. Which phrase best describes the writer's attitude towards uncertainty?

- A. It is mainly a language problem that disappears with practice.
- B. It should be concealed when maintaining trust is important.
- C. It prevents clinicians from taking responsibility for a plan.
- D. It can be acknowledged while still providing clear and usable guidance.

Your answer: _____

DENEME 1 | TIP TEMASI / ANAHTARA BAKMADAN DOLDUR

Cevap kâğıdı

Part A	Yanıt	Part B / C	Yanıt
1	_____	B 1	_____
2	_____	B 2	_____
3	_____	B 3	_____
4	_____	B 4	_____
5	_____	B 5	_____
6	_____	B 6	_____
7	_____	C 7	_____
8	_____	C 8	_____
9	_____	C 9	_____
10	_____	C 10	_____
11	_____	C 11	_____
12	_____	C 12	_____
13	_____	C 13	_____
14	_____	C 14	_____
15	_____	C 15	_____
16	_____	C 16	_____
17	_____	C 17	_____
18	_____	C 18	_____
19	_____	C 19	_____
20	_____	C 20	_____
		C 21	_____
		C 22	_____

Süre notu: A _____ / 15 dk · B+C _____ / 45 dk

Takıldığım sorular: _____

ÖZGÜN TAM UZUNLUKTA SİMÜLASYON

Deneme 2 | Hemşirelik teması

Evde bakım, hasta katılımı ve ekip iletişimi

This is an original practice test, not an official OET paper. All service descriptions, pilot projects and data in these passages are fictional and have been created for language practice. Answer using the information in the texts, not outside clinical knowledge.

Part	Questions	Time
A	20	15 minutes
B	6	45 minutes shared with C
C	16	45 minutes shared with B

Part A: use the four texts A-D. For matching items, write the text letter. For short answers and sentence completion, use a word or short phrase from the texts. Read each question carefully and spell your answer correctly.

Parts B and C: select one answer for each question. Part B has three options; Part C has four. In this booklet, Part B is numbered 1-6 and Part C continues from 7 to 22. Part A has its own 1-20 numbering.

Begin with Part A. At 15 minutes, stop and put Part A aside. Then allow 45 minutes for Parts B and C together. Complete the answer sheet without consulting the teaching notes or answer key.

Sınavı gerçekten dene.

Telefon bildirimlerini kapat. Cevap anahtarını sona bırak. Kitaptaki notlu örnekler öğretmek için; bu bölümde doğru cevabı gösteren işaret yok.

Ad / tarih: _____

Part A başlangıç: _____ B+C başlangıç: _____

DENEME 2 | HEMŞİRELİK TEMASI / 15 MINUTES

Part A · Text booklet

TEXT A · Joining the home-support programme

The fictional Northbank programme provides planned nursing visits after discharge for adults who need support with a documented care plan. It does not provide an emergency response. The referring team must identify a lead contact and send the discharge summary, the current care plan and details of any access arrangements. A referral is not accepted solely on the basis of a request from a relative; a clinician must confirm the care needs.

Before allocating a visit, the coordinator checks the patient's address and whether the team may speak to a nominated carer. The patient's agreement to sharing information must be recorded, including any limits on that agreement. A carer's telephone number does not, by itself, demonstrate consent to share clinical information. If the patient requires an interpreter, this must be arranged before the first visit rather than left for the visiting nurse to organise on arrival.

TEXT B · Preparing for a home visit

The scheduling team gives the patient a two-hour arrival window on the working day before the visit. The window is an estimate, not an exact appointment time. Patients should keep their care folder available and tell the team about changes to door codes or other access arrangements. Staff must use the approved contact number if they are delayed.

If nobody answers the door, the nurse first calls the patient using the recorded number. If there is still no response, the nurse follows the no-access procedure and contacts the duty coordinator. A visit must not be recorded as completed when the patient has not been seen. The nurse records the attempted visit and the action taken. Any future scheduling decision is made after the coordinator has reviewed the situation; it is not an automatic consequence of a single missed visit.

DENEME 2 | HEMŞİRELİK TEMASI / 15 MINUTES

Part A · Text booklet

TEXT C · Recording care and reviewing the plan

The visiting nurse records the care provided and the patient's response on the same day as the visit. Where a dressing is used, the record should identify the product rather than simply state that the dressing was changed. A photograph can support a description only when the local consent and secure-storage procedures have been followed. It does not replace the written assessment.

If the nurse identifies a change that the existing plan does not address, the nurse contacts the reviewing clinician before making a non-urgent change to the plan. Urgent concerns follow a separate escalation pathway. Non-urgent changes outside the plan must be authorised by the reviewing clinician. The revised plan must state who authorised the change and when it will be reviewed. The next scheduled review is normally seven days after the first visit, unless an earlier review has been specified. Staff should also record the patient's stated goal, such as being able to manage an agreed part of their own care.

TEXT D · The service evaluation

During a four-week review, the team examined 80 completed visits. In 14 records, the nurse had documented the intervention but not the patient's response. Ten patients said that the arrival window had not been explained clearly. The review did not include people who had declined the service, so their views were not represented.

In response, the team introduced a short explanation of the arrival window during the booking call and added a patient-response prompt to the record. Staff were told that the prompt was a reminder to document an assessment, not an instruction to record that every patient was satisfied. The team will repeat the record review after eight weeks and will invite patients to describe whether the visit supported their own care goals. Visit duration will be measured as well, to identify any extra time required by the revised process.

DENEME 2 | HEMŞİRELİK TEMASI / PART A

Part A · Questions 1-7

For each item, write A, B, C or D. You may use a letter more than once.

In which text can you find information about:

1. what information must accompany a referral

Answer: _____

2. what a nurse should do if the patient does not answer the door

Answer: _____

3. when a routine review is usually scheduled

Answer: _____

4. whose opinions were missing from an evaluation

Answer: _____

5. how permission to involve a carer is established

Answer: _____

6. how to document a dressing change

Answer: _____

7. changes made after reviewing the service

Answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / PART A

Part A · Questions 8-13

Answer with a word or short phrase from one of the texts. Do not write full sentences.

8. Who must confirm care needs before acceptance?

Answer: _____

9. What should the patient keep available for the visit?

Answer: _____

10. Who is contacted if there is still no response after the nurse calls the patient?

Answer: _____

11. What must a photograph not replace?

Answer: _____

12. Who authorises a non-urgent change that is not covered by the existing plan?

Answer: _____

13. Which group was not included in the evaluation?

Answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / PART A

Part A · Questions 14-20

Complete each sentence with a word or short phrase from the texts. Answers may include words, numbers or both.

14. An interpreter must be arranged before the _____.

Answer: _____

15. Patients are given a _____ arrival window.

Answer: _____

16. A visit without seeing the patient must not be recorded as _____.

Answer: _____

17. The patient's response should be recorded on the _____ as the visit.

Answer: _____

18. The usual next review is _____ after the first visit.

Answer: _____

19. The initial evaluation examined _____ completed visits.

Answer: _____

20. The record review will be repeated after _____.

Answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / B + C: 45 MINUTES

Part B · Questions 1-2

Shift handover update

From this week, each handover should identify outstanding actions as well as changes in the patient's condition. For every outstanding action, state who will follow it up and when it is expected to happen. Information already available in the record need not be read aloud in full unless it is essential to understanding the immediate situation. The receiving nurse should have an opportunity to ask questions before the handover ends. The new format is intended to make the next shift's priorities clear; it is not a substitute for maintaining an accurate written record or for communicating urgent changes as they occur.

1. The main aim of the new format is to

- A. replace written notes with a more detailed verbal account.
- B. make unresolved tasks and responsibility for them explicit.
- C. reduce the opportunity for questions during handover.

Your answer: _____

Patient-information leaflet review

Staff are invited to suggest changes to the home-care leaflet. A recent review found that patients could often read the words but were unsure which action applied to them. Please identify instructions that lack a clear subject, time or contact route. Replacing a long medical word may be helpful, but shortening the leaflet should not remove information needed to act on the advice. Proposed wording will be discussed with patient volunteers before a final version is approved. Staff should continue using the current approved leaflet until that review is complete; draft versions are not to be distributed independently.

2. What should staff focus on when suggesting changes?

- A. Making the required action easier for patients to identify.
- B. Removing every medical term regardless of its purpose.
- C. Distributing several draft versions to individual patients.

Your answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / B + C: 45 MINUTES

Part B · Questions 3-4

Equipment-return arrangements

The community team will collect loan equipment by prior arrangement. Patients should not be asked to carry bulky items to the clinic. When a collection is requested, record the equipment reference number and confirm whether anyone will be available at the address. A collection request does not mean that the equipment can be left outside; the collection team must confirm the arrangements first. If an item is still needed, the nurse should ask the equipment service to review the loan rather than promise an automatic extension. These arrangements apply to planned returns; damaged items follow the separate equipment-safety process.

3. Staff should tell patients that

- A. equipment may be left outside as soon as collection is requested.
- B. all loan periods can be extended without a review.
- C. collection details must be agreed before equipment is made available for return.

Your answer: _____

Break-cover arrangement

Before leaving the clinical area for a scheduled break, staff should confirm who is covering their allocated patients and communicate any immediate priorities. The covering colleague does not need a complete repetition of the morning handover, but must know about changes or tasks that may arise during the break. If suitable cover cannot be arranged, inform the shift coordinator so that the allocation can be reviewed. Staff should not assume that a colleague is covering merely because they are standing nearby. The aim is to make responsibility explicit while supporting staff to take their planned breaks.

4. The notice emphasises the need to

- A. give a full morning handover again before every break.
- B. agree responsibility rather than infer it from a colleague's presence.
- C. cancel a break whenever the first colleague asked is unavailable.

Your answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / B + C: 45 MINUTES

Part B · Questions 5-6

Carer communication

A family member who regularly helps a patient may have valuable information about daily care. However, staff should check the patient's recorded preferences before sharing clinical information with that person. If the patient has agreed to discussion of appointment arrangements only, that agreement should not be extended automatically to test results or other clinical matters. Where preferences are unclear, seek clarification through the appropriate local process and record the outcome. This guidance concerns the scope of information sharing; it does not prevent staff from listening to concerns offered by a relative or from responding to an urgent situation through the usual escalation route.

5. According to the guidance, staff should

- A. match what they share to the scope of the patient's agreement.
- B. refuse to listen to relatives unless full access has been authorised.
- C. treat permission about appointments as permission about all care.

Your answer: _____

Audit feedback message

The latest audit found that most records identified the care delivered, but fewer recorded the patient's response. The revised template therefore includes a prompt for that response. It should reflect what was actually assessed, including uncertainty or a request for further review. It must not be completed with the same reassuring phrase for every patient. Supervisors will discuss examples at team meetings to help staff use the field meaningfully. The purpose is to improve the usefulness of the record for subsequent care, rather than simply to increase the percentage of forms with every box filled.

6. The new field should be used to

- A. make every record appear complete even when no assessment was made.
- B. confirm that patients are satisfied after each intervention.
- C. document the assessed response in a way that helps subsequent care.

Your answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / PART C · TEXT 1

The patients a satisfaction score does not hear

[1] A community nursing team was pleased to see high satisfaction scores after introducing a shorter home-visit schedule. Most returned forms described the nurses as kind and helpful. The figures appeared to support the new arrangement, which allowed more visits within existing staffing. Yet a patient representative asked an uncomfortable question: did the forms show that patients had received the support they needed, or simply that they liked the people providing it? In this fictional service review, that question changed the way the team interpreted an apparently straightforward measure of success.

[2] The original questionnaire had asked whether patients were satisfied with the visit. It offered no clear way to distinguish the nurse's manner from the amount of time available or the usefulness of the explanation. Some patients who gave the highest rating later said that they had avoided asking a question because the nurse seemed busy. They did not regard this as the nurse's fault and did not want a low score to be interpreted as a personal complaint. Their positive answers were sincere, but they answered a narrower question than the managers thought they had asked.

[3] The team then examined who returned the forms. Patients needed to read the questions, complete the sheet and arrange for it to reach the office. People with limited vision, difficulty writing or little help at home were less likely to appear in the responses. It would have been easy to interpret the low number of complaints as an absence of problems. Instead, the review group treated the missing voices as an unanswered question. They could not infer what those patients thought, but neither could they assume that respondents represented them without further work.

[4] To broaden participation, the service offered a telephone conversation, a large-print form and the option of an independent visitor helping to record a response. This created a new concern: different methods might influence what people said. A patient might be less critical when speaking to someone associated with the service, while a written question could be misunderstood without an opportunity for clarification. The team therefore recorded how each response had been collected. Offering alternatives improved access, but it did not make the methods interchangeable or remove the need to consider their effects.

DENEME 2 | HEMŞİRELİK TEMASI / PART C · TEXT 1 / CONTINUED

The patients a satisfaction score does not hear

[5] The questions changed as well. Instead of relying on a single satisfaction rating, the revised review asked whether patients knew what would happen next and whether they had been able to raise their main concern. It also invited an example of something that had helped or made care difficult. These questions did not turn the patient's account into an objective measurement of clinical quality. They made the account more specific and more useful for improving the service. A comment about an unexplained change in visit time suggested a different response from a comment about an unclear care plan.

[6] Nurses were initially anxious that collecting more detail would become another way to judge individual performance. The review lead addressed this by looking for patterns across visits and by discussing the constraints under which staff were working. If several patients described rushed explanations at the end of a route, the team examined scheduling rather than immediately blaming the last nurse to visit. This did not mean that individual conduct could never be questioned. It meant that the first explanation considered was not automatically an individual failure, particularly where a repeated pattern pointed towards the organisation of work.

[7] After the changes, the overall satisfaction score fell slightly while the number of useful comments increased. The managers resisted announcing either that the service had deteriorated or that the new questionnaire had failed. A broader group was now responding, and the questions were more specific. Direct comparison with the old score was therefore problematic. The team instead followed whether identified problems led to an agreed action and whether patients noticed a difference afterwards. They continued collecting ratings, but the rating had become the beginning of an investigation rather than its conclusion.

[8] The review illustrates why patient feedback is most valuable when it is treated as communication rather than as a trophy. A high score can offer reassurance, but it cannot describe every aspect of an encounter or speak for people who were unable to respond. Nor does a detailed comment automatically tell a service what change will work. Feedback needs interpretation, discussion and a visible response. The challenge is not to choose between numbers and stories. It is to understand what each can reveal, whose experience remains missing and how the service will act on what it learns.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 1

Part C · Questions 7-10

7. What prompted the team to reconsider its high scores?

- A. Evidence that the nurses had recorded the ratings incorrectly.
- B. A claim that no patient had benefited from shorter visits.
- C. A request to abandon all attempts to measure patient experience.
- D. A question about whether the scores measured the intended aspect of care.

Your answer: _____

8. Why did some patients give high ratings despite having unanswered questions?

- A. They had forgotten the questions by the time they completed the form.
- B. They did not want to blame nurses whom they regarded positively.
- C. They believed that a high score would lead to longer future visits.
- D. They were told that low scores would affect their access to care.

Your answer: _____

9. How did the team interpret the absence of certain patients from the responses?

- A. As proof that they had experienced poorer care.
- B. As evidence that they were satisfied and had nothing to add.
- C. As a limitation that required further investigation.
- D. As a reason to exclude their views from future reviews.

Your answer: _____

10. What reservation is expressed about offering different response methods?

- A. The method used may affect the account a patient gives.
- B. Telephone responses are always less accurate than written ones.
- C. Independent visitors cannot help patients complete a response.
- D. The additional methods will necessarily produce more complaints.

Your answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 1

Part C · Questions 11-14

11. What was the benefit of the more specific questions?

- A. They produced an objective measure of clinical quality.
- B. They made accounts more useful for identifying appropriate service changes.
- C. They removed the need to interpret patient comments.
- D. They ensured that every problem required the same response.

Your answer: _____

12. The approach described in paragraph 6 was intended to

- A. prevent any examination of individual staff conduct.
- B. prove that scheduling was responsible for every negative experience.
- C. give managers a quicker way to rank individual nurses.
- D. consider organisational patterns before assuming individual fault.

Your answer: _____

13. Why was the slightly lower score difficult to interpret?

- A. The people responding and the questions asked had changed.
- B. The team had stopped collecting any numerical information.
- C. The original responses had been lost.
- D. Patients had been asked to be more negative than before.

Your answer: _____

14. Which statement best summarises the writer's view of feedback?

- A. Narrative comments should replace all numerical measures.
- B. A high rating is sufficient evidence of a successful service.
- C. Different forms of feedback need to be interpreted and connected to action.
- D. Collecting more responses automatically resolves access problems.

Your answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / PART C · TEXT 2

Protecting handover without turning it into a performance

[1] At the end of a busy shift, a handover can look orderly while leaving the next team uncertain about what to do. In a fictional ward project, managers introduced a standard sheet after staff reported that verbal accounts varied widely. The sheet produced more consistent headings, but the first review found that unfinished tasks were still being missed. The team had standardised the appearance of the conversation before clarifying its purpose. What mattered was not whether each heading had been read aloud, but whether the receiving team could identify the priorities and take responsibility for the next steps.

[2] The project began by observing handovers rather than immediately adding more boxes. Observers noticed that interruptions were often blamed on the ward's unpredictable workload. Some were unavoidable, but others arose because routine requests were directed to whichever nurse happened to be visible. Staff did not share a clear understanding of when a handover was taking place or who could deal with non-urgent questions during it. A protected period was therefore trialled, with one colleague identified to receive routine queries. The arrangement reduced avoidable interruption without pretending that urgent clinical needs could be postponed.

[3] A quieter environment did not solve everything. Some speakers read long sections of the record, while listeners struggled to identify what had changed. The team introduced an opening question: what does the next shift need to know or do that is not already obvious? This was not an invitation to omit relevant background. It was a way to organise it around the current situation. A previous event remained important when it explained a present risk or an outstanding action. Detail that did neither could remain available in the written record without being repeated in full.

[4] Another problem concerned the status of requests. "Someone needs to check this" sounded like an action but did not allocate it. The revised format required a named person or clearly defined role and an expected time. Staff worried that this would be inflexible when workloads changed. The team responded by allowing responsibility to be reassigned, provided the change was acknowledged. The requirement was for an explicit agreement, not for an unchangeable allocation. In this way, flexibility depended on communication rather than on each person privately assuming that someone else would notice the task.

DENEME 2 | HEMŞİRELİK TEMASI / PART C · TEXT 2 / CONTINUED

Protecting handover without turning it into a performance

[5] The receiving nurse's questions became an important part of the process. Initially, a question was sometimes treated as a sign that the speaker had explained poorly or that the listener had not paid attention. The project lead instead presented clarification as a joint check on the plan. A brief question could expose a different interpretation of an instruction before it affected care. Staff were encouraged to distinguish a request for missing information from a discussion that could safely happen later. Protecting the handover meant protecting useful dialogue, not enforcing silence until the speaker had finished a performance.

[6] Patients' involvement required a more careful decision than simply moving every conversation to the bedside. Some patients valued hearing the plan and correcting a detail, but others did not want sensitive information discussed where neighbouring patients could hear. The team agreed that the location and content should reflect privacy, the patient's preference and the purpose of that part of the handover. Information that could be checked with the patient was not necessarily the same as everything that needed discussion between clinicians. Inclusion was treated as a considered process rather than a single location chosen for all situations.

[7] When the trial was evaluated, average handover time had not fallen. This disappointed managers who had hoped for a rapid efficiency gain. However, the receiving team reported fewer occasions on which it had to reconstruct a plan later, and a review of selected tasks found clearer ownership. These findings were promising, but the trial was small and staff knew they were being observed. The team therefore planned to examine whether the changes persisted after observation ended. It also needed to check whether the protected period simply transferred interruptions and workload to the colleague covering routine queries.

[8] The lesson is that a handover tool cannot guarantee a handover's function. A standard structure may reduce unnecessary variation, yet it can also become a ritual if staff are rewarded for completing it rather than for exchanging usable information. Effective handover requires attention to the surroundings, the allocation of work and the opportunity to challenge an unclear plan. No form can supply all of these. The form is useful when it supports a conversation in which responsibility becomes explicit; it is less useful when the completed page is mistaken for evidence that understanding has actually been shared.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 2

Part C · Questions 15-18

15. What did the first review of the standard sheet show?

- A. Consistent headings had not ensured that unfinished work was communicated.
- B. Staff no longer needed to discuss patients verbally.
- C. The written record had become less detailed.
- D. All variation in handover was clinically necessary.

Your answer: _____

16. Why was a colleague assigned to receive routine queries?

- A. To prevent any urgent request from interrupting handover.
- B. To replace the receiving nurse during the entire shift.
- C. To ensure that handovers could take place without a written record.
- D. To reduce avoidable interruptions while retaining a route for urgent needs.

Your answer: _____

17. The opening question in paragraph 3 was intended to help staff

- A. remove all previous history from verbal accounts.
- B. relate background information to current priorities.
- C. read the entire record in a more consistent order.
- D. limit handover to information that had never been recorded.

Your answer: _____

18. What does paragraph 4 suggest about flexibility?

- A. It is incompatible with named responsibility.
- B. It requires staff to avoid setting expected times.
- C. It is possible if changes in responsibility are explicitly agreed.
- D. It is best achieved by leaving ownership unspecified.

Your answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 2

Part C · Questions 19-22

19. How should clarification questions be viewed?

- A. As a shared way of checking that the plan is understood.
- B. As evidence that the person speaking has performed badly.
- C. As interruptions that should always wait until after handover.
- D. As an opportunity to discuss every clinical issue in detail.

Your answer: _____

20. What is the writer's point about bedside handover?

- A. It should be avoided because privacy can never be protected.
- B. It guarantees that patients understand every clinical decision.
- C. It is preferable for all information and all patients.
- D. Its use should depend on the information, circumstances and patient preferences.

Your answer: _____

21. What remained uncertain after the trial?

- A. Whether any staff had used the revised format.
- B. Whether benefits would last and whether workload had shifted elsewhere.
- C. Whether the average handover time had decreased substantially.
- D. Whether the ward still needed to record outstanding tasks.

Your answer: _____

22. The writer concludes that a standard form is useful when it

- A. makes further discussion unnecessary.
- B. produces the shortest possible handover.
- C. supports a conversation that establishes shared understanding and responsibility.
- D. provides a numerical score for each speaker.

Your answer: _____

DENEME 2 | HEMŞİRELİK TEMASI / ANAHTARA BAKMADAN DOLDUR

Cevap kâğıdı

Part A	Yanıt	Part B / C	Yanıt
1	_____	B 1	_____
2	_____	B 2	_____
3	_____	B 3	_____
4	_____	B 4	_____
5	_____	B 5	_____
6	_____	B 6	_____
7	_____	C 7	_____
8	_____	C 8	_____
9	_____	C 9	_____
10	_____	C 10	_____
11	_____	C 11	_____
12	_____	C 12	_____
13	_____	C 13	_____
14	_____	C 14	_____
15	_____	C 15	_____
16	_____	C 16	_____
17	_____	C 17	_____
18	_____	C 18	_____
19	_____	C 19	_____
20	_____	C 20	_____
		C 21	_____
		C 22	_____

Süre notu: A _____ / 15 dk · B+C _____ / 45 dk

Takıldığım sorular: _____

ÖZGÜN TAM UZUNLUKTA SİMÜLASYON

Deneme 3 | Diş hekimliği teması

Hasta hazırlığı, erişim ve risk iletişimi

This is an original practice test, not an official OET paper. All service descriptions, pilot projects and data in these passages are fictional and have been created for language practice. Answer using the information in the texts, not outside clinical knowledge.

Part	Questions	Time
A	20	15 minutes
B	6	45 minutes shared with C
C	16	45 minutes shared with B

Part A: use the four texts A-D. For matching items, write the text letter. For short answers and sentence completion, use a word or short phrase from the texts. Read each question carefully and spell your answer correctly.

Parts B and C: select one answer for each question. Part B has three options; Part C has four. In this booklet, Part B is numbered 1-6 and Part C continues from 7 to 22. Part A has its own 1-20 numbering.

Begin with Part A. At 15 minutes, stop and put Part A aside. Then allow 45 minutes for Parts B and C together. Complete the answer sheet without consulting the teaching notes or answer key.

Sınavı gerçekten dene.

Telefon bildirimlerini kapat. Cevap anahtarını sona bırak. Kitaptaki notlu örnekler öğretmek için; bu bölümde doğru cevabı gösteren işaret yok.

Ad / tarih: _____

Part A başlangıç: _____ B+C başlangıç: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / 15 MINUTES

Part A · Text booklet

TEXT A · Referral to the dental assessment clinic

The fictional East Quay clinic offers planned assessment for adults referred by a dental professional. The referring practice must state the question to be addressed and include relevant images when these are available. Missing images do not automatically prevent assessment, but the referral must explain why they are unavailable. The reviewing dentist decides whether further information is needed before booking.

Patients with a concern requiring urgent attention are directed through the separate urgent-care route; a routine referral must not be used to delay that assessment. The form should record communication needs and any adjustments that have previously helped the patient. It should also identify the referring practice's contact person. A patient may ask for the appointment details to be sent to a nominated supporter, but the patient's permission and the agreed scope of that communication must be recorded.

TEXT B · Patient preparation

After acceptance, patients receive a preparation sheet explaining that the first appointment is an assessment visit. Treatment is not guaranteed at that visit. Patients are asked to bring a current medicine list and the contact details of their usual dental practice. They should tell the booking team if their health information has changed since the referral was sent.

The clinic offers an accessible version of the preparation sheet and can arrange an interpreter if requested in advance. Patients who feel anxious may identify a helpful adjustment, such as having information explained in shorter stages. The team will discuss what can reasonably be provided; an adjustment should not be promised without checking availability. Patients who need to change the appointment should telephone the booking office rather than reply to the automated reminder, which does not accept incoming messages.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / 15 MINUTES

Part A · Text booklet

TEXT C · Appointment and correspondence workflow

At the assessment visit, the dentist confirms the patient's main concern and checks the referral information with them. Any proposed investigation or treatment is discussed before a decision is recorded. If the patient wants more time to consider the options, this is recorded along with the agreed next contact. Lack of an immediate decision must not be described as refusal unless the patient has actually declined the proposal.

The clinic sends an assessment summary to the referring practice within five working days. The summary identifies the findings, the agreed plan and responsibility for the next step. If further information is awaited, the summary states what is pending rather than implying that the episode is complete. The clinician checks the summary before it is released. Patients may request a copy through the clinic office. Urgent communication follows a separate procedure and is not delayed until the routine summary is ready.

TEXT D · Evaluation of the preparation sheet

The clinic compared two versions of its preparation sheet with 60 patient volunteers. Thirty read the original version and thirty read a revised version. The revised sheet used shorter sections and a clear statement that the first visit was for assessment. Twenty-six readers of the revised sheet correctly identified the purpose of the visit, compared with eighteen readers of the original sheet.

The volunteers were recruited from patients who had already attended the clinic. Consequently, the findings may not represent people unfamiliar with the service or those unable to attend. The exercise tested understanding of the sheet immediately after reading; it did not measure later attendance or treatment outcomes. Before adopting the revised version, the team will ask new patients to use it during the booking process and will record the number of clarification calls received by the office.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / PART A

Part A · Questions 1-7

For each item, write A, B, C or D. You may use a letter more than once.

In which text can you find information about:

1. how missing referral images should be handled

Answer: _____

2. what patients should bring to the first visit

Answer: _____

3. how a patient's wish for more decision time is recorded

Answer: _____

4. how understanding of an information sheet was compared

Answer: _____

5. the information required in an assessment summary

Answer: _____

6. how a patient can request a change to an appointment

Answer: _____

7. why the evaluation may not represent all prospective patients

Answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / PART A

Part A · Questions 8-13

Answer with a word or short phrase from one of the texts. Do not write full sentences.

8. Who decides whether additional information is needed before booking?

Answer: _____

9. What type of visit is the first appointment?

Answer: _____

10. What should patients report if it has changed since referral?

Answer: _____

11. Who checks the assessment summary before release?

Answer: _____

12. Where can patients request a copy of the summary?

Answer: _____

13. What will be counted when new patients use the revised sheet?

Answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / PART A

Part A · Questions 14-20

Complete each sentence with a word or short phrase from the texts. Answers may include words, numbers or both.

14. The referral should identify a contact person at the _____.

Answer: _____

15. An interpreter can be arranged if requested _____.

Answer: _____

16. The automated reminder does not accept _____.

Answer: _____

17. More time to decide should not be recorded as _____ unless the proposal is declined.

Answer: _____

18. The routine summary is sent within _____.

Answer: _____

19. The information-sheet comparison involved _____ volunteers.

Answer: _____

20. Of those reading the revised sheet, _____ correctly identified the visit's purpose.

Answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / B + C: 45 MINUTES

Part B · Questions 1-2

Radiograph identification

Before an image is attached to a referral, the sending practice must check the patient identifiers and the date on which the image was taken. A recognisable filename is not sufficient evidence that the correct image has been selected. If an image has been exported from another system, confirm that the identifying details remain visible and match the referral. Where the date is uncertain, state that uncertainty rather than entering an estimated date as a confirmed one. The receiving clinician may request clarification before deciding whether the image is suitable for the intended assessment.

1. The instruction primarily aims to ensure that

- A. the image is correctly attributed and its date is accurately represented.
- B. all images use the same filename format.
- C. an estimated date is entered whenever the original is unavailable.

Your answer: _____

Reminder-message update

The appointment reminder now includes a link to the preparation sheet. Patients who cannot open the link should be offered the same information by another agreed route, such as post or a telephone explanation. Staff should not assume that successful delivery of a text means the preparation information has been read. When patients contact the clinic with questions, check which version of the sheet they have received and clarify the relevant section. The link is intended to improve access to information, not to make smartphone ownership a condition of attending the service.

2. What should staff do when a patient cannot open the link?

- A. Ask the patient to obtain a smartphone before booking.
- B. Assume the preparation information is not necessary for that patient.
- C. provide the information through another agreed method.

Your answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / B + C: 45 MINUTES

Part B · Questions 3-4

Equipment maintenance notice

A maintenance label shows the date of the most recent scheduled inspection. It does not confirm that a device is free from faults arising since that inspection. Staff who notice a fault should follow the equipment-reporting procedure even when the label shows a recent date. Do not remove or replace the label to indicate that you have reported a concern. The maintenance team will update the record after its assessment. This notice applies to reporting responsibilities and does not authorise staff to continue using equipment that has been withdrawn from service.

3. What point is made about a recent inspection label?

- A. It permits use of a device until the next scheduled inspection.
- B. It does not remove the obligation to report a newly noticed fault.
- C. It should be replaced by the person reporting a problem.

Your answer: _____

Discussion of treatment options

When documenting a discussion of treatment options, record the options considered, the patient's questions and the decision reached, if any. A standard consent form may support this record but does not replace the discussion. If the patient wants time to consider the information, agree how further questions can be raised and when contact will resume. Do not record a decision simply because an appointment has been reserved provisionally. The record should distinguish a practical booking arrangement from the patient's agreement to a particular treatment, so that colleagues do not infer consent from the diary alone.

4. The guidance warns against treating

- A. a provisional booking as evidence of agreement to treatment.
- B. a written record as useful evidence of a discussion.
- C. a patient's questions as part of the decision-making process.

Your answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / B + C: 45 MINUTES

Part B · Questions 5-6

Referral feedback pilot

For the next month, the assessment clinic will send brief feedback when a referral lacks information needed for a decision. The feedback will identify the missing item and explain why it is relevant. It is intended to help practices improve future referrals, not to rank them publicly. An incomplete referral may still require clinical review, particularly if the description suggests that delay could matter. Staff must therefore follow the clinical screening process rather than returning every incomplete form automatically. At the end of the pilot, the team will examine whether repeated requests for the same information have become less common.

5. How should incomplete referrals be handled during the pilot?

- A. They should all be returned without further consideration.
- B. They should be used to produce a public ranking of practices.
- C. They should receive specific feedback while still following clinical screening.

Your answer: _____

Revised patient questionnaire

The patient questionnaire now asks respondents to explain any low rating in their own words. A low score may reflect difficulty getting an appointment, an unclear explanation or an experience during care; the number alone does not identify which problem occurred. Staff should invite comments without suggesting the answer or defending the service while the form is being completed. Comments will be reviewed alongside the scores and the number of responses received. The team will not assume that the views of those returning the questionnaire represent every patient who used the clinic.

6. Why has a written-comment question been added?

- A. To discourage patients from giving low ratings.
- B. To help identify the experience underlying a numerical rating.
- C. To make response numbers irrelevant to the review.

Your answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / PART C · TEXT 1

A quieter dental appointment is not always a more comfortable one

[1] A patient who sits still and answers briefly can easily be described as coping well. In a fictional dental-service workshop, however, patient volunteers challenged that interpretation. Several said that when they were anxious they became less likely to interrupt, not more likely to object. Their silence allowed an appointment to proceed smoothly while concealing considerable distress. The discussion did not imply that every quiet patient was anxious. It showed that behaviour convenient for the clinical team was an unreliable substitute for asking what the patient was experiencing and what might make participation easier.

[2] The service had previously recorded anxiety using a short questionnaire completed before the visit. Staff found it useful, but some treated the score as a stable description of the person. A patient with a low score might become worried when an unexpected investigation was discussed, while someone with a high score might feel more comfortable once the sequence of the visit was explained. The workshop therefore used the questionnaire as an opening to a conversation rather than a label that settled the matter. The relevant question was how the patient was managing this appointment, at this stage.

[3] Participants explored the difference between giving information and making information usable. A detailed explanation delivered all at once might satisfy the clinician that everything had been covered, yet leave the patient unable to identify the immediate next step. Breaking an explanation into stages did not necessarily mean withholding information. It allowed the clinician to check understanding and willingness to continue before adding more. Patients varied in how much detail they wanted, so staff were encouraged to ask rather than assume that either a minimal or a highly technical explanation would reassure everyone.

[4] Agreeing a way to pause became another focus. A clinician might tell a patient to raise a hand if they needed a break, but the reassurance depended on what happened when that signal was used. If the team continued for an unexplained period, the patient could reasonably doubt whether the agreement had any practical meaning. The workshop emphasised discussing how the signal would be acknowledged and how any immediate practical limitation would be explained. A sense of control came from a dependable response to the agreement, not from the mere existence of a signal.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / PART C · TEXT 1 / CONTINUED

A quieter dental appointment is not always a more comfortable one

[5] Some staff worried that additional discussion would make appointments impossible to schedule. The patient volunteers did not claim that every adaptation was quick or that time constraints could be ignored. They argued that unrecognised distress also consumed time, sometimes through repeated cancellations or a later decision not to proceed. The service therefore tested a brief preparation conversation for selected appointments and recorded both the time it required and whether unexpected interruptions occurred later. The aim was to examine the trade-off rather than assume that better communication would automatically save time in every case.

[6] The preparation conversation also asked about previous experiences. This was not intended to require patients to give a detailed account of distressing events. A patient could simply identify something that had made care difficult and an adjustment they thought might help. Staff were reminded that a preferred adjustment might not always be feasible, but an honest explanation was more useful than a promise the team could not keep. Where an alternative was agreed, it was recorded so that the patient did not have to negotiate the same arrangement again with every member of staff.

[7] Evaluation produced a mixed picture. Patients described feeling more involved, but attendance did not change noticeably during the short pilot. Staff differed in how consistently they used the preparation conversation, and the patients who agreed to take part may already have been more willing to discuss their concerns. These limitations made it inappropriate to claim that the approach solved dental anxiety. They did not make the reported experiences meaningless. The next stage would examine how the process worked for patients who found communication itself difficult, and whether agreed adjustments remained visible across several visits.

[8] The broader argument is that comfort should not be inferred solely from compliance. A smooth appointment can be a genuine success, but the absence of protest is not enough to establish it. Listening, explaining and honouring an agreed way to pause are practical features of care, not simply additions to a friendly manner. Their value lies in making participation possible for the individual patient. The appropriate approach may vary from one person or visit to another, which is precisely why a fixed label or a single reassurance cannot carry the whole burden of communication.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 1

Part C · Questions 7-10

7. What did the patient volunteers challenge in paragraph 1?

- A. The usefulness of asking patients about their experience.
- B. The assumption that quiet cooperation necessarily indicates comfort.
- C. The idea that some patients find dental visits difficult.
- D. The need for appointments to proceed in an organised way.

Your answer: _____

8. How should the pre-visit anxiety score be used?

- A. As a permanent classification of the patient.
- B. As a reason to avoid discussing unexpected investigations.
- C. As a replacement for checking how the patient feels during the visit.
- D. As a starting point for a conversation that considers the current situation.

Your answer: _____

9. What benefit of staged explanations is described?

- A. They allow understanding and readiness to be checked as information is given.
- B. They remove the need to give patients the full relevant information.
- C. They ensure that every patient receives exactly the same amount of detail.
- D. They prevent patients from requesting technical explanations.

Your answer: _____

10. What makes an agreed pause signal reassuring?

- A. The clinician choosing the signal without discussing it.
- B. The patient using it as infrequently as possible.
- C. The team responding in a way that makes the agreement dependable.
- D. The signal eliminating all practical limitations during treatment.

Your answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 1

Part C · Questions 11-14

11. Why were both preparation time and later interruptions recorded?

- A. To demonstrate that every extra conversation saves time.
- B. To examine the costs and potential benefits of the change.
- C. To identify patients who should receive shorter appointments.
- D. To prove that cancellations are always caused by poor communication.

Your answer: _____

12. What guidance was given about previous difficult experiences?

- A. Patients should describe every distressing event before care proceeds.
- B. Staff should agree to any adjustment requested by the patient.
- C. A previous account makes further discussion unnecessary.
- D. Patients can identify relevant difficulties without being required to recount everything.

Your answer: _____

13. How does the writer interpret the pilot's mixed results?

- A. The experiences are useful, but the evidence does not establish a complete solution.
- B. The lack of improved attendance makes all patient comments invalid.
- C. The approach has been shown to work equally well for every patient.
- D. Staff used the intervention so consistently that further evaluation is unnecessary.

Your answer: _____

14. Which statement best captures the writer's concluding argument?

- A. Patient cooperation is the only reliable measure of successful communication.
- B. A friendly manner is sufficient to address anxiety.
- C. Participation depends on responsive communication rather than on assuming comfort from compliance.
- D. A fixed anxiety label enables the team to avoid repeated discussion.

Your answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / PART C · TEXT 2

When a clearer number still leaves a decision unclear

[1] A dental patient may understand a percentage and still be unsure what it means for a treatment decision. In a fictional review of patient-information materials, one leaflet described an option as having a high success rate but did not state what counted as success or over what period it had been measured. The wording sounded encouraging without giving readers enough information to compare it with an alternative. The problem was not simply that the number was difficult. It was that the number had been detached from the outcome, timeframe and choice to which it was supposed to contribute.

[2] The review group began by asking what readers thought each statement meant. Some assumed that success meant never needing further treatment; others understood it as an improvement over a limited period. Both interpretations seemed reasonable to the readers because the leaflet had not supplied a definition. The group concluded that adding a more precise percentage would not fix this ambiguity. Before deciding how to display a figure, the writer needed to identify the event being counted, the group to whom the figure applied and the point at which the outcome was assessed.

[3] Different numerical formats created a second challenge. One option was described using percentages and another using a number out of a hundred. Even when the underlying information was compatible, readers found the comparison harder because they had to translate between formats. The revised material used a common format and timeframe wherever a comparison was intended. This did not make the options identical, nor did it establish which one a patient should choose. It reduced an avoidable obstacle between the information and the decision, leaving attention available for differences that were genuinely relevant.

[4] Visual displays helped some readers but introduced their own possibilities for distortion. A bar that started well above zero could make a small difference appear dramatic, while an icon array with inconsistent denominators could obscure the size of the groups being compared. The team did not conclude that graphics should be abandoned. It required the display to make its scale and denominator clear and to present comparable information consistently. A polished graphic was no more inherently trustworthy than a sentence. Its usefulness depended on whether it supported an accurate interpretation rather than merely attracting attention.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / PART C · TEXT 2 / CONTINUED

When a clearer number still leaves a decision unclear

[5] The patient volunteers also challenged the idea that a successful explanation should lead everyone to the same choice. Two people could understand the same information and value the possible outcomes differently. One might place greater importance on reducing the number of future visits; another might prioritise a different feature of the treatment experience. Those differences were not necessarily evidence that one person had misunderstood the leaflet. The revised discussion guide therefore asked what mattered to the patient before treating agreement with the clinician's initial preference as the measure of understanding.

[6] Clinicians raised a concern about information that was incomplete or drawn from a population unlike the individual patient. Presenting a figure without qualification could suggest a level of personal prediction that the evidence did not support. Yet adding lengthy methodological detail risked burying the practical message. The group developed a short explanation of the relevant limitation and encouraged the clinician to connect it to the current decision. This preserved uncertainty without making the information unusable. It also avoided implying that the absence of a perfectly individualised estimate meant that nothing useful could be said.

[7] The redesigned leaflet was tested with a new group of volunteers who had not helped write it. They were asked to explain the outcomes and compare the options, rather than simply say whether the page looked clear. Most found the comparison easier, but several still misread a statement about the possibility of additional treatment. The team revised that section again. It regarded the remaining errors as information about the material, not as evidence that the readers had failed the test. The exercise measured immediate understanding; it did not establish how people would use the information weeks later.

[8] The resulting lesson is that clarity is not a property a document can award itself. Short sentences, consistent numbers and attractive diagrams may all help, but none guarantees that the reader has formed the intended understanding. Testing requires more than asking whether a patient likes the page. It requires finding out what they believe the information permits them to conclude. In treatment discussions, the aim is a comparison the patient can use alongside their own priorities. A well-informed choice may still differ from the clinician's preference, and that difference need not represent a communication failure.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 2

Part C · Questions 15-18

15. What weakness in the original leaflet is identified in paragraph 1?

- A. It provided no numerical information at all.
- B. It described every possible alternative in excessive detail.
- C. It failed to define the outcome and period behind its success claim.
- D. It used a percentage that had been calculated incorrectly.

Your answer: _____

16. Why would a more precise percentage not solve the problem?

- A. Readers still would not know exactly what the figure described.
- B. All patients interpret percentages in the same way.
- C. The group wanted to remove outcomes from the leaflet.
- D. Precision is always harmful in patient communication.

Your answer: _____

17. What was the purpose of using a common numerical format?

- A. To make the two treatment options appear equally effective.
- B. To remove an unnecessary difficulty in comparing the options.
- C. To ensure that patients selected the clinician's preferred option.
- D. To avoid mentioning differences between treatment outcomes.

Your answer: _____

18. What attitude towards graphics is expressed in paragraph 4?

- A. They should replace all written explanations.
- B. Their professional appearance is evidence of accuracy.
- C. Their limitations make them unsuitable for patient information.
- D. They can help if their design supports an accurate comparison.

Your answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 2

Part C · Questions 19-22

19. Why might well-informed patients choose different options?

- A. Some patients are unable to understand the same set of figures.
- B. The leaflet should contain different evidence for each reader.
- C. They may assign different importance to the possible outcomes.
- D. A clinician's preferred option has no relevance to discussion.

Your answer: _____

20. How did the group propose handling limits in the evidence?

- A. By explaining the relevant limitation briefly in relation to the decision.
- B. By presenting every methodological detail before discussing options.
- C. By treating population estimates as exact predictions for each patient.
- D. By withholding all information unless it was fully individualised.

Your answer: _____

21. What was learned from testing the revised leaflet?

- A. An attractive layout guaranteed that patients would use it correctly later.
- B. Some wording still required revision despite improvements elsewhere.
- C. The remaining errors showed that readers had not tried hard enough.
- D. The volunteers involved in writing were the best group for independent testing.

Your answer: _____

22. The final paragraph suggests that successful communication should be judged by

- A. the length of the leaflet.
- B. how closely the patient's decision matches the clinician's preference.
- C. the number of diagrams included in the explanation.
- D. the understanding the patient can use when comparing choices.

Your answer: _____

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / ANAHTARA BAKMADAN DOLDUR

Cevap kâğıdı

Part A	Yanıt	Part B / C	Yanıt
1	_____	B 1	_____
2	_____	B 2	_____
3	_____	B 3	_____
4	_____	B 4	_____
5	_____	B 5	_____
6	_____	B 6	_____
7	_____	C 7	_____
8	_____	C 8	_____
9	_____	C 9	_____
10	_____	C 10	_____
11	_____	C 11	_____
12	_____	C 12	_____
13	_____	C 13	_____
14	_____	C 14	_____
15	_____	C 15	_____
16	_____	C 16	_____
17	_____	C 17	_____
18	_____	C 18	_____
19	_____	C 19	_____
20	_____	C 20	_____
		C 21	_____
		C 22	_____

Süre notu: A _____ / 15 dk · B+C _____ / 45 dk

Takıldığım sorular: _____

ÇÖZÜMLER / ÖNCE DENEMEYİ TAMAMLA

Deneme 1 | Tıp teması · Cevap özeti

Bölüm	Cevaplar
A 1-7	1 A · 2 C · 3 D · 4 B · 5 A · 6 D · 7 C
A 8	blood count report
A 9	reviewing clinician
A 10	medicine containers
A 11	transport desk
A 12	duty clinician
A 13	work commitments
A 14	language
A 15	two working days'
A 16	three working days
A 17	normal
A 18	120
A 19	six weeks
A 20	staff time
B 1-6	1 A · 2 B · 3 C · 4 B · 5 A · 6 C
C 7-14	7 B · 8 C · 9 A · 10 D · 11 B · 12 A · 13 C · 14 D
C 15-22	15 C · 16 A · 17 B · 18 D · 19 C · 20 A · 21 B · 22 D

Her doğru cevap 1 puan: A ____ / 20 · B ____ / 6 · C ____ / 16 · Toplam ____ / 42. Bu ham puan resmî OET puanı veya geçme kararı değildir.

DENEME 1 | TIP TEMASI

Part A · 1-5 açıklamalı çözüm

1 · A / Text A

Kanıt: "Referrals must include"

Belgeler ve kabul koşulları A'da; randevuya getirilecekler B'de. Soru sevk öncesini soruyor.

2 · C / Text C

Kanıt: "responsibility passes to the duty clinician"

away = absent. Soru kişinin adını değil hangi metinde olduğunu soruyor.

3 · D / Text D

Kanıt: "work commitments"

Araştırma bulgusu D'de; iptal işlemi B'de. Konu benzer, işlev farklı.

4 · B / Text B

Kanıt: "A first missed appointment leads to a telephone call"

failure to attend = missed appointment. İşlem B'de açıklanıyor.

5 · A / Text A

Kanıt: "parallel appointments can be avoided"

Aynı sorunun başka yerde araştırılması yinelenen randevulara yol açabilir; A gerekçeyi veriyor.

DENEME 1 | TIP TEMASI

Part A · 6-10 açıklamaalı çözüm

6 · D / Text D

Kanıt: “did not collect data on symptom improvement”

limitation için çalışmanın neyi ölçmediğini ara. Sayı tablosu tek başına yeterli değil.

7 · C / Text C

Kanıt: “the result, the agreed action and the person”

Bildirim kaydının içeriği C’de; iletişim tercihiyle karıştırma.

8 · blood count report / Text A

Kanıt: “without a blood count report”

“blood count” test adıdır; report sözcüğünü dahil etmek belgeyi netleştirir.

9 · reviewing clinician / Text A

Kanıt: “a reviewing clinician decides”

Koordinatör belgeleri kontrol eder; klinik uygunluğa karar vermez.

10 · medicine containers / Text B

Kanıt: “bring their medicine containers”

Soru ne getirileceğini soruyor. Yalnız liste demek yeterli değil.

DENEME 1 | TIP TEMASI

Part A · 11-15 açıklamalı çözüm

11 · transport desk / Text B

Kanıt: "directed to the transport desk"

Booking assistant randevuyu düzenler; ulaşım başka birime ait.

12 · duty clinician / Text C

Kanıt: "responsibility passes to the duty clinician"

Günlük gelen kutusu kontrolü ile sorumluluğu birbirine karıştırma.

13 · work commitments / Text D

Kanıt: "most frequently reported barrier"

"most often" üstünlük sınırını verir. Anlama güçlüğü de var ama en sık olan değil.

14 · language / Text A

Kanıt: "record the preferred language"

Soru boşluğunun önünde preferred zaten var; yalnız language yaz.

15 · two working days' / Text B

Kanıt: "two working days' notice"

Takvim günü değil iş günü. Kesme işareti varyantları bu çalışma anahtarında kabul edilir.

Kabul edilen biçimler: two working days' / two working days / 2 working days

DENEME 1 | TIP TEMASI

Part A · 16-20 açıklamaalı çözüm

16 · three working days / Text C

Kanıt: "within three working days"

Süre testin istendiğı günden değil klinik değerlendirmeden başlıyor.

Kabul edilen biçimler: three working days / 3 working days

17 · normal / Text C

Kanıt: "a test was normal"

Olumsuz talimatı tersine çevirme; boşlukta yalnız normal gerekir.

18 · 120 / Text D

Kanıt: "120 consecutive referrals"

102 kabul edilenler; toplam başvuru sayısı 120.

Kabul edilen biçimler: 120 / one hundred and twenty

19 · six weeks / Text D

Kanıt: "over the next six weeks"

Gelecek değerlendirme süresi soruluyor.

Kabul edilen biçimler: six weeks / 6 weeks

20 · staff time / Text D

Kanıt: "staff time spent on callbacks"

Sonuç ile kaynak kullanımını birlikte değerlendirme fikri. Boşluğa tamlamayı getir.

DENEME 1 | TIP TEMASI

Part B · 1-2 açıklamaalı çözüm

1. What is the main purpose of this notice?

Completion means that the responsible clinician has reviewed it

Cevap A · Şıkları birlikte ele

A işin tamamlanma koşulunu özetler. B son cümlede açıkça reddediliyor. C yanlış: idari personel yanlış yönlendirilen kaydı taşıyabilir.

2. Before operating the new device independently, experienced staff must

must still complete the short orientation

Cevap B · Şıkları birlikte ele

still, önceki deneyime rağmen zorunluluğu koruyor. A klinik eğitimi baştan istemiyor. C yazılı yönergenin tek başına yeterli olmadığını göz ardı ediyor.

DENEME 1 | TIP TEMASI

Part B · 3-4 açıklamaalı çözüm

3. The guidance aims to help staff

preserve the origin and certainty of information

Cevap C · Şıkları birlikte ele

Kaynağı ve kesinliği koruma amaçtır. A son cümleye aykırı. B farklı anlatımları görünmez kılar; yönerge farkın kaydedilmesini istiyor.

4. What should staff do if a patient does not reply?

should retain their appointments

Cevap B · Şıkları birlikte ele

Yanıt gelmemesi iptal anlamına gelmez. B metindeki işlemle uyumlu. A tersini söyler; C değerlendirme tamamlanmadan genel sonuç çıkarır.

DENEME 1 | TIP TEMASI

Part B · 5-6 açıklamaalı çözüm

5. The policy distinguishes between

does not also authorise its use in a teaching presentation

Cevap A · Şıkları birlikte ele

A izin kapsamlarının ayrı olduğunu söyler. B'deki meslek ayrımı yok. C sadece halka açık sunumlarda izin gerektiğini ima eder; metin sağlık çalışanlarını da kapsar.

6. Why was the new field introduced?

distinguishing requests for diagnostic advice from requests for ongoing management

Cevap C · Şıkları birlikte ele

C sevk amacını netleştirir. A ilgili bölümlerin hâlâ doldurulacağını atlıyor. B önceliğin bu alanla tek başına belirlenmediğine aykırı.

DENEME 1 | TIP TEMASI / TEXT 1

Part C · 7-9 açıklamalı çözüm

7 · Cevap B / Paragraf 1

mistaken successful delivery for successful action

B teslim ile klinik eylemi eşitliyor. A tercih araştırması yok; C metnin iddiası değil; D hastaların laboratuvara başvuracağı söylenmiyor.

8 · Cevap C / Paragraf 2

improved one visible indicator

C ölçüt ile amaç arasındaki farkı korur. A iletişimin iyileştiği kanıtlanmıyor; B test sayısı ile açıklanmıyor; D hatırlatıcıların gereksizliği çıkarılamaz.

9 · Cevap A / Paragraf 3

Those assumptions simply did not match

A beklenti uyumsuzluğu. B kasıt ekliyor; C çalışma bir sıralama değil; D sorun erişimden çok sorumluluk.

DENEME 1 | TIP TEMASI / TEXT 1

Part C · 10-12 açıklamaalı çözüm

10 · Cevap D / Paragraf 4

Their concern was not dismissed

D itirazın tasarımı geliřtirmesini gösteriyor. A sorumluluk kaldırılmıyor; B yardım ile hesap verebilirlik ayrılıyor; C küçümseyici tutum metne aykırı.

11 · Cevap B / Paragraf 5

making essential responsibilities visible

B hem ortak asgari çerçeveyi hem esneklięi içerir. A ve C esneklięi yok sayar; D hedef iletiřimi azaltmak deęil.

12 · Cevap A / Paragraf 6

the same uncertainty was already generating repeated telephone calls

A ihtiyatlı “might” ile uyumlu. B sorumluluęu hastaya yükler; C henüz ölçülmemiř tasarrufu kanıt diye sunar; D tüm kayıtlara erişim istenmiyor.

DENEME 1 | TIP TEMASI / TEXT 1

Part C · 13-14 açıklamalı çözüm

13 · Cevap C / Paragraf 7

a field had become another box to tick

C kaydın gerçek eylemi temsil edip etmediğini sorgular. A dışlama yok; B tüm kayıtlara geneller; D hasta geribildirimi sürüyor.

14 · Cevap D / Paragraf 8

what happens after information arrives

D bütün savı toplar. A ilk girişimin sınırını yok sayar; B desteklemek ile yerine geçmeyi karıştırır; C eleştirilen teslim odaklı bakıştır.

DENEME 1 | TIP TEMASI / TEXT 2

Part C · 15-17 açıklamaalı çözüm

15 · Cevap C / Paragraf 1

Fewer said clearly what would distinguish those possibilities

C olasılık listesi ile izlenecek yol arasındaki fark. A tersini söylüyor; B “her görüşmede” iddiası yok; D katılım isteği tartışılmıyor.

16 · Cevap A / Paragraf 2

make unlikely outcomes seem equally probable

A olasılığın yanlış algılanması. B teknik kelimeler yasaklanmıyor; C incelemenin yararsızlığı çıkarılamaz; D “always” aşırı genelleme.

17 · Cevap B / Paragraf 3

without acknowledging what had changed

B değişimin açıklanmamasına odaklanır. A açıkça itiraz edilmeyen durum; C ve D sorun olarak sunulmuyor.

DENEME 1 | TIP TEMASI / TEXT 2

Part C · 18-20 açıklayıcı çözüm

18 · Cevap D / Paragraf 4

what a figure described and how relevant it was

D bağlamı korur. A mutlak yasak; B ve C sayıların olduğundan güçlü gösterilmesi.

19 · Cevap C / Paragraf 5

interpreted “worse” in different ways

C belirsiz kelimeyi bağlama göre açar. A evrensel liste özellikle reddediliyor; B sorumluluk hastaya aktarılmıyor; D ters yaklaşım.

20 · Cevap A / Paragraf 6

check whether they themselves had made the plan clear

A sorumluluğu açıklamanın kalitesine yöneltiyor. B ve C amaç değil; D yanlış anlama çıkarsa yeniden açıklama gerekebilir.

DENEME 1 | TIP TEMASI / TEXT 2

Part C · 21-22 açıklamalı çözüm

21 · Cevap B / Paragraf 7

whether those behaviours would persist under ordinary workload

B aktarılabirlik sınırı. A, C ve D için kanıt yok; D ölçülmemiş sonucu kesinleştiriyor.

22 · Cevap D / Paragraf 8

explicit about the limits ... clear about responsibility

D dürüstlük ve uygulanabilir planı birleştirir. A klinik belirsizliği yalnız dil problemine indirir; B ve C ana fikre aykırı.

ÇÖZÜMLER / ÖNCE DENEMEYİ TAMAMLA

Deneme 2 | Hemşirelik teması · Cevap özeti

Bölüm	Cevaplar
A 1-7	1 A · 2 B · 3 C · 4 D · 5 A · 6 C · 7 D
A 8	clinician
A 9	care folder
A 10	duty coordinator
A 11	written assessment
A 12	reviewing clinician
A 13	people who had declined the service
A 14	first visit
A 15	two-hour
A 16	completed
A 17	same day
A 18	seven days
A 19	80
A 20	eight weeks
B 1-6	1 B · 2 A · 3 C · 4 B · 5 A · 6 C
C 7-14	7 D · 8 B · 9 C · 10 A · 11 B · 12 D · 13 A · 14 C
C 15-22	15 A · 16 D · 17 B · 18 C · 19 A · 20 D · 21 B · 22 C

Her doğru cevap 1 puan: A ____ / 20 · B ____ / 6 · C ____ / 16 · Toplam ____ / 42. Bu ham puan resmî OET puanı veya geçme kararı değildir.

DENEME 2 | HEMŞİRELİK TEMASI

Part A · 1-5 açıklamalı çözüm

1 · A / Text A

Kanıt: "the discharge summary, the current care plan"

Sevk belgeleri A'da; hastanın evde hazır tutacağı dosya B'de.

2 · B / Text B

Kanıt: "first calls the patient"

Eve erişememe işlemi B'nin ikinci paragrafında.

3 · C / Text C

Kanıt: "seven days after the first visit"

Klinik planın gözden geçirilmesi C'de. Hizmetin sekiz haftalık değerlendirmesi D'de farklı bir süreç.

4 · D / Text D

Kanıt: "people who had declined the service"

Eksik temsil edilen grup soruluyor; değerlendirme bulgularına bak.

5 · A / Text A

Kanıt: "patient's agreement to sharing information"

Telefon numarasının varlığı izin değildir. A açık onam koşulunu anlatıyor.

DENEME 2 | HEMŞİRELİK TEMASI

Part A · 6-10 açıklamaalı çözüm

6 · C / Text C

Kanıt: "identify the product"

Belgeleme ayrıntısı C’de; randevu hazırlığı değil.

7 · D / Text D

Kanıt: "introduced a short explanation"

Değerlendirme sonrası yapılan değişiklikler D’nin ikinci paragrafında.

8 · clinician / Text A

Kanıt: "a clinician must confirm the care needs"

Yakının talebi tek başına yeterli değil; doğrulayan kişi klinisyen.

9 · care folder / Text B

Kanıt: "keep their care folder available"

Metindeki nesne doğrudan cevap; care plan ile care folder aynı şey değil.

10 · duty coordinator / Text B

Kanıt: "contacts the duty coordinator"

İlk adım hastayı aramak; soru bunun sonrasını soruyor.

DENEME 2 | HEMŞİRELİK TEMASI

Part A · 11-15 açıklamaalı çözüm

11 · written assessment / Text C

Kanıt: "does not replace the written assessment"

Olumsuz yapıyı dikkatle oku: destekleyebilir, yerine geçemez.

12 · reviewing clinician / Text C

Kanıt: "contacts the reviewing clinician"

Nurse değişikliği fark ediyor; plan dışı değişiklik için klinisyenle görüşülüyor.

13 · people who had declined the service / Text D

Kanıt: "did not include people who had declined the service"

Tam grup tanımı gerekir; yalnız patients yazmak kapsamı kaybettirir.

14 · first visit / Text A

Kanıt: "before the first visit"

Zaman ilişkisi before ile veriliyor.

15 · two-hour / Text B

Kanıt: "two-hour arrival window"

Boşluğun ardından arrival window geliyor; two-hour sıfat görevinde.

Kabul edilen biçimler: two-hour / two hour / 2-hour

DENEME 2 | HEMŞİRELİK TEMASI

Part A · 16-20 açıklamaalı çözüm

16 · completed / Text B

Kanıt: “must not be recorded as completed”

attempted ziyaret kaydının anlamını completed ile karıştırma.

17 · same day / Text C

Kanıt: “on the same day as the visit”

Belgeleme aynı gün; planın gözden geçirilmesi başka zamanda.

18 · seven days / Text C

Kanıt: “seven days after the first visit”

unless daha erken değerlendirmeye istisna getirir; olağan süre yedi gün.

Kabul edilen biçimler: seven days / 7 days

19 · 80 / Text D

Kanıt: “80 completed visits”

14 eksik kayıt sayıdır; incelenen toplam 80.

Kabul edilen biçimler: 80 / eighty

20 · eight weeks / Text D

Kanıt: “after eight weeks”

Dört hafta ilk değerlendirmenin süresi; sekiz hafta sonraki tekrar.

Kabul edilen biçimler: eight weeks / 8 weeks

DENEME 2 | HEMŞİRELİK TEMASI

Part B · 1-2 açıklamaalı çözüm

1. The main aim of the new format is to

state who will follow it up and when

Cevap B · Şıkları birlikte ele

B görev ve sorumluluğu bir araya getirir. A yazılı kaydın yerine geçmediği belirtiliyor. C soru fırsatı verilmesinin tersidir.

2. What should staff focus on when suggesting changes?

unsure which action applied to them

Cevap A · Şıkları birlikte ele

A okuma kolaylığından eylem açıklığına geçer. B tüm teknik terimleri kaldırmayı şart koşturuyor. C taslak dağıtımı açıkça yasak.

DENEME 2 | HEMŞİRELİK TEMASI

Part B · 3-4 açıklamaalı çözüm

3. Staff should tell patients that

the collection team must confirm the arrangements first

Cevap C · Şıkları birlikte ele

C önceden düzenleme şartını korur. A request ile confirmation'ı eşitler. B uzatmayı otomatik hale getirir; metin inceleme istiyor.

4. The notice emphasises the need to

should not assume ... merely because they are standing nearby

Cevap B · Şıkları birlikte ele

B yakında olmakla sorumluluğu kabul etmek arasındaki fark. A tam tekrar gerekmediğine aykırı. C koordinatörün düzenleme yapma adımını atlıyor.

DENEME 2 | HEMŞİRELİK TEMASI

Part B · 5-6 açıklamaalı çözüm

5. According to the guidance, staff should

that agreement should not be extended automatically

Cevap A · Şıkları birlikte ele

A iznin kapsamını korur. B dinlemeyi yasaklamıyor. C sınırlı izni genel izin yapıyor.

6. The new field should be used to

reflect what was actually assessed

Cevap C · Şıkları birlikte ele

C gözlem ve sonraki bakımı bağlar. A biçimsel doldurma; B memnuniyetin her zaman doğrulanacağını varsayar. Metin ikisini de reddediyor.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 1

Part C · 7-9 açıklamalı çözüm

7 · Cevap D / Paragraf 1

received the support they needed ... liked the people

D ölçülen yapının uygunluğu. A kayıt hatası yok; B hiçbir hastanın yararlanmadığını iddia etmiyor; C ölçüm tümünden terk edilmiyor.

8 · Cevap B / Paragraf 2

did not want a low score to be interpreted as a personal complaint

B hastanın niyetini metinden alır. A unutmama, C ödül beklentisi, D tehdit metinde yok.

9 · Cevap C / Paragraf 3

treated the missing voices as an unanswered question

C bilinmeyeni bilinmeyen olarak bırakır. A ve B zıt yönlerde kanıtsız çıkarım; D erişimi artırma çabasına aykırı.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 1

Part C · 10-12 açıklamaalı çözüm

10 · Cevap A / Paragraf 4

different methods might influence what people said

A ihtiyatlı yöntem etkisi. B “always”, D “necessarily” kesinlik ekler. C yardımın mümkün olduğu açıkça söyleniyor.

11 · Cevap B / Paragraf 5

more specific and more useful for improving the service

B ayrıntıyı eyleme bağlar. A açıkça reddedilir; C yorum ihtiyacı sürer; D farklı sorunlara farklı yanıt örneğine ters.

12 · Cevap D / Paragraf 6

patterns across visits

D örüntüyü inceler. A hiçbir zaman bireye bakmama demiyor; B her sorunu çizelgeye bağlamıyor; C personel sıralaması değil.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 1

Part C · 13-14 açıklamaalı çözüm

13 · Cevap A / Paragraf 7

A broader group ... questions were more specific

A karşılaştırılabilirliği sınırlar. B puan toplamaya devam edildi; C kayıp yok; D olumsuz yanıt telkini yapılmıyor.

14 · Cevap C / Paragraf 8

Feedback needs interpretation, discussion and a visible response

C ana fikri korur. A sahte bir seçim yaratır; B eleştirilen yaklaşım; D otomatik çözüm iddiası metinde yok.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 2

Part C · 15-17 açıklamaalı çözüm

15 · Cevap A / Paragraf 1

unfinished tasks were still being missed

A görünüm ile işlev farkı. B görüşmeyi kaldırma yok; C yazılı kayıt ayrıntısı ölçülmüyor; D tüm değişkenliği gerekli ilan etmiyor.

16 · Cevap D / Paragraf 2

without pretending that urgent clinical needs could be postponed

D istisnayı korur. A urgent talebi de engeller; B görev kapsamını büyütür; C kayıtlı ilgili sonuç yok.

17 · Cevap B / Paragraf 3

organise it around the current situation

B seçimin gerekçesini açıklar. A gerekli geçmişi de siler; C tam okuma değil; D kayıtlı ama güncel açıdan önemli bilgiyi dışlar.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 2

Part C · 18-20 açıklamaalı çözüm

18 · Cevap C / Paragraf 4

allowing responsibility to be reassigned

C yeniden atamayı açık anlařmaya baęlar. A ve D sorumluluęu kaldırır; B zaman belirtme řartına aykırı.

19 · Cevap A / Paragraf 5

a joint check on the plan

A ortak denetim. B eleřtirilen algı; C yararlı diyalogu engeller; D ertelenebilir tartıřma ayrımını kaldırır.

20 · Cevap D / Paragraf 6

privacy, the patient's preference and the purpose

D kořula baęlı karar. A hiębir zaman, B garanti, C tümü ifadeleri metnin dengeli tutumundan daha kesin.

DENEME 2 | HEMŞİRELİK TEMASI / TEXT 2

Part C · 21-22 açıklamaalı çözüm

21 · Cevap B / Paragraf 7

persisted ... transferred interruptions and workload

B iki sınırlamayı toplar. A kullanım belirsiz değil; C süre azalması bilgisi var; D görev kaydı ihtiyacı sorgulanmıyor.

22 · Cevap C / Paragraf 8

supports a conversation in which responsibility becomes explicit

C aracın işlevini açıklar. A konuşmanın yerine koyar; B yalnız hıza odaklanır; D konuşmacı puanlaması yok.

ÇÖZÜMLER / ÖNCE DENEMEYİ TAMAMLA

Deneme 3 | Diş hekimliği teması · Cevap özeti

Bölüm	Cevaplar
A 1-7	1 A · 2 B · 3 C · 4 D · 5 C · 6 B · 7 D
A 8	reviewing dentist
A 9	assessment visit
A 10	health information
A 11	clinician
A 12	clinic office
A 13	clarification calls
A 14	referring practice
A 15	in advance
A 16	incoming messages
A 17	refusal
A 18	five working days
A 19	60
A 20	twenty-six
B 1-6	1 A · 2 C · 3 B · 4 A · 5 C · 6 B
C 7-14	7 B · 8 D · 9 A · 10 C · 11 B · 12 D · 13 A · 14 C
C 15-22	15 C · 16 A · 17 B · 18 D · 19 C · 20 A · 21 B · 22 D

Her doğru cevap 1 puan: A ____ / 20 · B ____ / 6 · C ____ / 16 · Toplam ____ / 42. Bu ham puan resmî OET puanı veya geçme kararı değildir.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI

Part A · 1-5 açıklamalı çözüm

1 · A / Text A

Kanıt: "explain why they are unavailable"

Eksiklik doğrudan ret değildir; gerekçe ve klinisyen değerlendirmesi A'da.

2 · B / Text B

Kanıt: "bring a current medicine list"

Randevu hazırlığı B; sevk eki A farklı aşama.

3 · C / Text C

Kanıt: "wants more time to consider the options"

Kararsızlık ile ret ayrımı C'nin ilk paragrafında.

4 · D / Text D

Kanıt: "compared two versions"

Karşılaştırmalı değerlendirme D'de; hazırlık talimatı B'de.

5 · C / Text C

Kanıt: "the findings, the agreed plan and responsibility"

Yazışma özeti C'nin ikinci paragrafında.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI

Part A · 6-10 açıklamaalı çözüm

6 · B / Text B

Kanıt: "telephone the booking office"

Otomatik mesaja yanıt verilemediği için telefon gerekiyor.

7 · D / Text D

Kanıt: "patients who had already attended"

Örneklemin daha önce gelenlerle sınırlı olması temsil sorununu açıklar.

8 · reviewing dentist / Text A

Kanıt: "The reviewing dentist decides"

Sevk eden diş hekimi ile kabulü inceleyen hekimi ayır.

9 · assessment visit / Text B

Kanıt: "the first appointment is an assessment visit"

Tedavi garantisi yok; amaç değerlendirme.

10 · health information / Text B

Kanıt: "if their health information has changed"

Soru sevkten bu yana değişen bilgiyi soruyor; listeyi değil.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI

Part A · 11-15 açıklamalı çözüm

11 · clinician / Text C

Kanıt: "The clinician checks the summary"

Ofis kopya talebini alır; kontrol eden klinisyen.

12 · clinic office / Text C

Kanıt: "through the clinic office"

Kurum içi birim adı yeterli.

13 · clarification calls / Text D

Kanıt: "number of clarification calls"

attendance ve treatment outcomes bu çalışmada ölçülmemiş; sonraki ölçüm açıklama aramaları.

14 · referring practice / Text A

Kanıt: "referring practice's contact person"

Hastanın destekçisi değil gönderen muayenehanedeki kişi.

15 · in advance / Text B

Kanıt: "if requested in advance"

Önceden talep şartı korunmalı.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI

Part A · 16-20 açıklamaalı çözüm

16 · incoming messages / Text B

Kanıt: “does not accept incoming messages”

Yalnız messages olabilir ama tam ifade incoming messages daha kesin.

17 · refusal / Text C

Kanıt: “must not be described as refusal”

Düşünme süresi istemek ret değildir.

18 · five working days / Text C

Kanıt: “within five working days”

İş günü ayrımı önemli.

Kabul edilen biçimler: five working days / 5 working days

19 · 60 / Text D

Kanıt: “60 patient volunteers”

Otuz her grubun büyüklüğü; toplam altmış.

Kabul edilen biçimler: 60 / sixty

20 · twenty-six / Text D

Kanıt: “Twenty-six readers”

On sekiz eski sürümü okuyanlar.

Kabul edilen biçimler: twenty-six / twenty six / 26

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI

Part B · 1-2 açıklamaalı çözüm

1. The instruction primarily aims to ensure that

check the patient identifiers and the date

Cevap A · Şıkları birlikte ele

A kimlik ve tarih doğruluğunu toplar. B dosya adı tek başına yeterli değil. C belirsizliği kesin tarih gibi göstermeyi öneriyor; metne ters.

2. What should staff do when a patient cannot open the link?

offered the same information by another agreed route

Cevap C · Şıkları birlikte ele

C eşdeğer erişim sağlar. A teknolojiye sahip olmayı şart yapar; B bilgiyi vermemeyi önerir. İkisi de metnin amacına aykırı.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI

Part B · 3-4 açıklamalı çözüm

3. What point is made about a recent inspection label?

even when the label shows a recent date

Cevap B · Şıkları birlikte ele

B yeni arızanın önceki kontrol tarihinden bağımsız bildirilmesi. A güvenliği garanti sayar; C etiketi değiştirmeme talimatına aykırı.

4. The guidance warns against treating

infer consent from the diary alone

Cevap A · Şıkları birlikte ele

A randevu ile onamı ayırır. B kayıt değersiz sayılmıyor. C soruların kaydedilmesi isteniyor, sakıncalı bulunmuyor.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI

Part B · 5-6 açıklamaalı çözüm

5. How should incomplete referrals be handled during the pilot?

rather than returning every incomplete form automatically

Cevap C · Şıkları birlikte ele

C hem geribildirimi hem klinik taramayı korur. A otomatik ret; B kamusal sıralama. İkisi açıkça dışlanmış.

6. Why has a written-comment question been added?

the number alone does not identify which problem occurred

Cevap B · Şıkları birlikte ele

B sayıya bağlam kazandırır. A eleştiriyi engellemek değil; C yanıt sayısı hâlâ değerlendirmeye dahil.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 1

Part C · 7-9 açıklamalı çözüm

7 · Cevap B / Paragraf 1

silence ... concealing considerable distress

B sessizliği rahatlıkla eşitlemeyi sorgular. A görüş almayı destekliyor; C kaygının varlığı reddedilmiyor; D düzen karşıtı sav yok.

8 · Cevap D / Paragraf 2

an opening to a conversation rather than a label

D değerlendirmeyi canlı tutar. A sabit etiket eleştiriliyor; B soruşturmadan kaçınma yok; C görüşmenin yerine koyuyor.

9 · Cevap A / Paragraf 3

check understanding and willingness to continue

A süreç içi denetim. B withholding olmadığı belirtiliyor; C ve D bireysel tercihlerin değişkenliğine aykırı.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 1

Part C · 10-12 açıklamaalı çözüm

10 · Cevap C / Paragraf 4

a dependable response to the agreement

C sözün uygulamaya dönüşmesi. A anlaşma yok; B az kullanım hedefi değil; D tüm kısıtların kalkacağı söylenmiyor.

11 · Cevap B / Paragraf 5

examine the trade-off

B karşılıklı etkiyi araştırır. A ve D kesin nedensellik/genelleme ekler; C hasta eleme amacı yok.

12 · Cevap D / Paragraf 6

not intended to require ... a detailed account

D sınırı doğru korur. A zorunlu ayrıntı; B gerçekleşmeyecek söz; C sonraki görüşmeyi gereksiz sayma.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 1

Part C · 13-14 açıklamaalı çözüm

13 · Cevap A / Paragraf 7

inappropriate to claim ... did not make ... meaningless

A hem yararı hem sınırı taşır. B veriyi tümünden siler; C ve D genellenebilirlik/tutarlılık sınırlarını yok sayar.

14 · Cevap C / Paragraf 8

comfort should not be inferred solely from compliance

C ana sav. A ve D eleştirilen varsayım; B pratik anlaşma ve açıklamayı dışlar.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 2

Part C · 15-17 açıklamaalı çözüm

15 · Cevap C / Paragraf 1

did not state what counted as success or over what period

C tanım ve zaman eksikliği. A sayı var; B aşırı ayrıntı yok; D hesap yanlışlığı gösterilmiyor.

16 · Cevap A / Paragraf 2

adding a more precise percentage would not fix this ambiguity

A tanımın yokluğunu korur. B farklı yorumlar gözlemlendi; C sonuçları açıklamak amaç; D aşırı genelleme.

17 · Cevap B / Paragraf 3

reduced an avoidable obstacle

B karşılaştırma yükünü azaltır. A eşit etkililik iddiası yok; C seçim dayatmıyor; D gerçek farklılıklar korunuyor.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 2

Part C · 18-20 açıklamaalı çözüm

18 · Cevap D / Paragraf 4

scale and denominator clear

D koşullu olumlu yaklaşım. A metnin yerine koyma, B estetikten doğruluk çıkarma, C tamamen terk etme; hiçbirini savunulmuyor.

19 · Cevap C / Paragraf 5

value the possible outcomes differently

C değer/öncelik farkı. A farkı doğrudan anlamamaya bağlar; B kanıtı değiştirme gereği yok; D klinisyeni dışlamıyor.

20 · Cevap A / Paragraf 6

a short explanation ... connect it to the current decision

A kullanılabilirlik ve dürüstlüğü birlikte tutar. B yük bindirir; C kesinliği abartır; D yararlı bilginin tamamını saklar.

DENEME 3 | DIŞ HEKİMLİĞİ TEMASI / TEXT 2

Part C · 21-22 açıklamaalı çözüm

21 · Cevap B / Paragraf 7

several still misread ... revised that section again

B yinelemeli düzeltme. A uzun dönem kullanım ölçülmedi; C suçu okura yüklemiyor; D yeni ve bağımsız gönüllüler kullanıldı.

22 · Cevap D / Paragraf 8

a comparison the patient can use alongside their own priorities

D karar vermeye yarayan anlayış. A ve C biçimsel ölçüler; B tercih uyumunu anlamayla eşitleme hatası.

BİR SONRAKİ ÇALIŞMA

Şimdi yanlışıını açıklayabiliyor musun?

Bir denemenin sonunda toplam doğru sayına bak. Sonra yalnız üç soruyu seç: birinde yanlış metne gittin, birinde iki şık arasında kaldın, birinde süre kaybettin. Her biri için aşağıdaki küçük notu doldur. Bundan sonraki çalışmanı puanın değil, bu notlar belirlesin.

1. Soru / bölüm: _____

Aradığım bilgi: _____

Metindeki kanıt: _____

Benim şıkkım ne ekledi veya neyi değiştirdi?

Tekrar çalışacağım beceri: _____

2. Soru / bölüm: _____

Aradığım bilgi: _____

Metindeki kanıt: _____

Benim şıkkım ne ekledi veya neyi değiştirdi?

Tekrar çalışacağım beceri: _____

3. Soru / bölüm: _____

Aradığım bilgi: _____

Metindeki kanıt: _____

Benim şıkkım ne ekledi veya neyi değiştirdi?

Tekrar çalışacağım beceri: _____