

DIRECTIONS FOR TEACHERS

LISTENING SECTION

COMPREHENSIVE EXAMINATION IN ENGLISH

Tuesday, January 24, 2006 — 1:15 to 4:15 p.m., only

BE SURE THAT THE LISTENING SECTION IS ADMINISTERED TO EVERY STUDENT.

- 1 Before the start of the examination period, say:

Do not open the examination booklet until you are instructed to do so.

- 2 Distribute one examination booklet and one essay booklet to each student.

- 3 After each student has received an examination booklet and an essay booklet, say:

Tear off the answer sheet, which is the last page of the examination booklet, and fill in its heading. Now circle “Session One” and fill in the heading on each page of your essay booklet.

- 4 After the students have filled in all headings on their answer sheets and essay booklets, say:

Look at page 2 of your examination booklet and follow along while I read the **Overview** and **The Situation**.

Overview:

For this part of the test, you will listen to a speech about medical doctors, answer some multiple-choice questions, and write a response based on the situation described below. You will hear the speech twice. You may take notes on the next page anytime you wish during the readings.

The Situation:

Your health class has been studying the roles of health-care workers. For a class project, you have decided to write a report in which you discuss the obligations of doctors toward their patients. In preparation for writing your report, listen to a speech by Dr. Margaret C. Heagarty to a new class of medical students. Then use relevant information from the speech to write your report.

Now I will read the passage aloud to you for the first time.

- 5 Now read the passage aloud, including attribution at the end. Read with appropriate expression, but without added comment.

Listening Passage

I am greatly honored to be asked to say a few words on what, with time, you will discover is one of the more memorable occasions of your lives. But given the distance in our ages, I have wondered what I can say to you that would not sound like banal clichés, what you could possibly hear and use as you take this first, symbolic step toward your goals in medicine....

My father was a physician, a country doctor who spent his life caring for the coal miners of West Virginia. When he graduated from the University of Georgia about 1928, he did not have vitamins, steroids, hormones, or antibiotics in his doctor's bag. He did have a doctor's bag and he did make house calls. At sixteen, I learned to drive on a World War II jeep, accompanying him around the hills and hollers of West Virginia as he made those calls....

You begin medical studies at a time when the entire health-care system is in flux, when new challenges ranging from the aging of the nation's population to the HIV virus to managed care will bedevil you over the next thirty-five years. And as I have meditated upon you, me, and my father, I have wondered what, if anything, links us. In the more than seventy-five years since my father began his journey in the profession, has medicine so changed that we have little to share with one another?

But I believe that while the scientific knowledge base has broadened and changed, and the structure and the organization of the profession have surely changed — indeed dramatically in the past few years — the basic core of who we are and what we do has not changed and must not, ever.

And that fundamental core can be found in an old-fashioned word, “vocation.” My basic message to you is that a vocation, by definition, is more, much more than simply an income-producing occupation. I believe you, as I and my father, have decided to become physicians out of some sort of idealistic need or calling to serve our fellow human beings. With this choice you, as I did, are about to embark upon a long and arduous novitiate during which you will not only be taught basic scientific knowledge and skills but also the social and ethical norms of the medical profession. Today you take your first vows as a member of this profession....

All of this may sound like obvious generalizations, but as I have thought about you, I suddenly realized that I have a personal and rather pragmatic stake in your future careers. For I am of the age when it is likely that very soon I will need to rely upon you or someone very like you for medical care. And I wondered what would I want from you, when I come to see you with my chest pain or my depression or my Parkinsonism.

Of course, I would assume that you are medically competent and have managed to keep up to date, more or less, with advances in science and therapeutics. But please note, I do not expect you to know it all, for that is impossible for any of us. More importantly, I do expect you to know what you don't know and to be wise enough to recognize your own limitations; to know when to ask for help or consultation from colleagues. This decision can be among the most difficult for any physician; there is a very delicate balance between asking for help as against rejecting a patient out of insecurity or an unwillingness to make a difficult clinical decision. Of all the attributes a physician must develop, an awareness of one's limitations and a recognition of one's responsibilities to each patient are preeminent. Notice that if you do decide to send me to someone for consultation, I will continue, if you are my primary-care physician, to expect you to retain control of my medical care, to coordinate what any number of specialists may recommend. I do not want my medical care to be provided by a committee. I want someone who takes the ultimate responsibility and makes the ultimate decisions about what I may or may not need.

But I would want much more. I would want to know that you have stayed true to your

vocation. I would want you to *listen* to me, to hear my concerns — real or imagined — and to acknowledge and understand them. I would want you to understand that as a patient, I am, by definition, at the minimum anxious, if not scared to death. I would expect you to have learned how to comfort me, to relieve my terror.

For the next year or so, the mysteries of anatomy, physiology, and the like will seem formidable to you. But the task of learning how to relate to your patients, how to develop caring for your patients — both those you enjoy and those you don't much like — will be an equally if not more difficult task to master. And this skill is as important as any a physician possesses, certainly as important and sometimes more important than any high-tech diagnostic or therapeutic maneuver available to you. For much of what you will do as physicians will involve comfort, support, *caritas* [care].

Finally, I would want to be assured that you would do what is in *my* best interest, even if the managed-care plan places bureaucratic obstacles in your path. Indeed, I would expect you to fight for me, at whatever your personal cost, to ensure that I receive the care I need. Anything less would be a betrayal of the vows of your vocation....

excerpted from "Beginning Doctors:
A Word from the Wise"
Commonweal, October 23, 1998

6 After reading the passage aloud once, say:

You may take a few minutes to look over **The Situation** and your notes.
(Pause) Now I will read the passage aloud a second time.

7 Read the passage a second time.

8 After the second reading, say:

Now turn to page 4 of your examination booklet, read the directions, and answer the multiple-choice questions. Be sure to follow all the directions given in your examination booklet and your essay booklet. You may now begin.

