SET English

Word
debilitating
melt down
the hurdles
hasten the pace
antithesis
ameliorate
novel
to culture
diminishing
inherently
retiree
spike
stimulating
onset
Plot

TODAY: Reading Part A

1. Review **Main Idea** & **Key Words**
2. **Paragraph Function**
3. **Features of Paragraph Function & Test**

Homework: analyse 4 texts for tomorrow.

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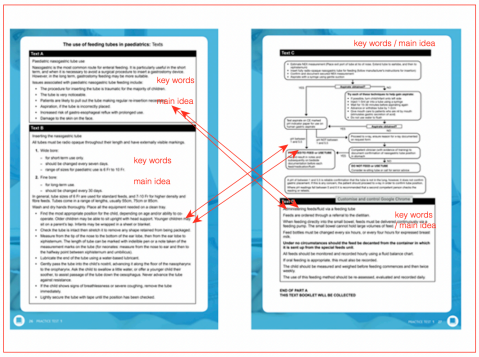
REVIEW THE TECHNIQUE

Step 1: analyse (read…)



Step 2: answer the questions

Questions 1-7

For each question, **1-7**, decide which text (**A**, **B**, **C** or **D**) the information comes from. You may use any letter more than once.

In which text can you find information about

1 a type of sepsis that a cancer patient may develop? _____

2 a way to remember what action to take with sepsis patients? _____

3 examples of medication that make patients more susceptible to sepsis? _____

4 evidence that a patient may have sepsis? _____

5 reasons why sepsis should be treated without delay? _____

6 age groups at greater risk of developing sepsis? _____

7 the need to establish how sepsis may have been contracted? _____

Questions 8-14

Answer each of the questions, **8-14**, with a word or short phrase from one of the texts. Each answer may include words, numbers or both.

8 What should staff fill in for patients who are conscious and passing urine?

_____

9 Which surgical procedure compromises a patient's immune system?

_____

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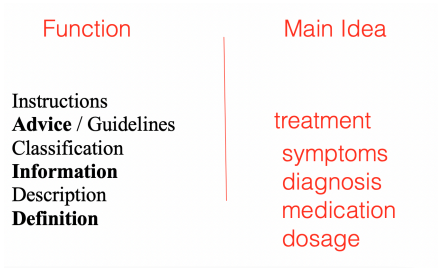
Way to Analyse…	Definition	How to do it…
MAIN IDEA	General point, theme, topic, **"What is it about?"**	1 Headings 2 Repeated words 3 First sentence
KEY WORDS	Specific words (we underline them only) Anything that stands out…	We are looking for… 1 numbers 2 names 3 brackets ( ) 4 capitals A 5 abbreviations 6 technical terms • Watch out for footnotes. OET will often hide an answer in the footnote (note at the bottom)
FUNCTION	Purpose "What the text DOES to the READER"	

How to identify the function of a text…?

How do we identify people?

Features

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FEATURES OF PARAGRAPH FUNCTION:

Analysis	Example	Features
Main idea: burns **Function:** Instructions Keywords: 93%	• remove patient from danger (without endangering yourself) • put out burning clothing e.g. rolling patient on the ground covered with a blanket • if clothing still smouldering put out with large amounts for cool water • perform primary and secondary surveys • remove clothing, rings, watches, jewellery and belts • immediately cool burnt area for 20 minutes under cool running water • keep non-infected areas warm and dry • give o2 to maintain saturation > 93% adult or > 95% child • if cervical spine cleared, raise head of bed to reduce swelling • give analgesia • use cling wrap for initial dressing as it keeps the burn moist and allows easier assessment • limbs can be wrapped loosely with a non-adherent dressing and a loose bandage • keep affected limbs elevated to minimise swelling and maintain perfusion • consult medical officer ASAP as patient may require intubation and fluid resuscitation • insert 2 x largest possible bore IV cannulas through unburnt skin if possible but if necessary through a burnt area.	• **Step by step: sequence** • Imperatives: start with the verb remove clothing • Conditionals (if): If clothing is still… • Modals: should, must, have to • Strong negatives: Avoid, never, under no circumstances, prohibited
Main idea: STI **Function:** advice / guidelines / protocal Keywords: 'window period'	• Encourage follow up one week after presentation/treatment to: - check adherence with medication and symptom resolution - check test results: STI results (especially HIV) should be given in person - ask again about sexual partners and confirm if any partners have been tested/treated – contact tracing is essential to avoid reinfection - reinforce continuing education and prevention information and check free condoms supplied to patient - encourage the patient to present for a check-up anytime they get symptoms or feel at risk of an STI • Every patient with an STI diagnosis should have an STI check at 2 to 3 months after initial treatment: - about one third are re-infected at 3 months, often because their partner remained untreated - patients treated for infectious syphilis e.g. syphilis of less than 2 years duration, should be tested at 3-6 months and at 12 months - HIV test should be offered at the time of the initial STI diagnosis, however a repeat test may be needed at 6 weeks – after the 'window period.'	• Imperatives: start with the verb remove clothing • Conditionals (if): If clothing is still… • Modals: should, must, have to Strong negatives: Avoid, never, under no circumstances, prohibited

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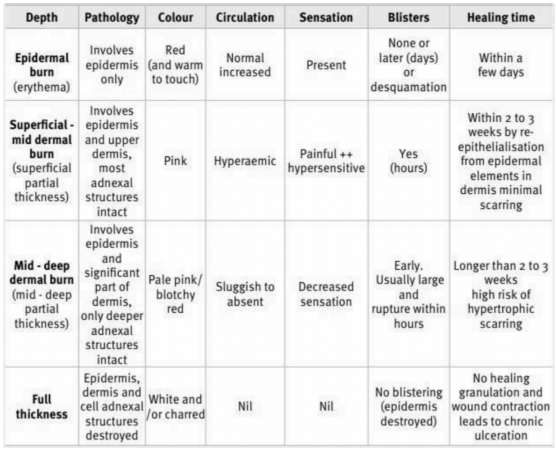
Main idea: Phlebitis **Function:** Definition Keywords: 70 %	Phlebitis is associated with IV therapy, and can occur in as many as 70% of patients. It is defined as the acute inflammation of the internal lining of the vein. Phlebitis is characterised by pain and tenderness along the course of the vein, redness and swelling, and warmth can be felt at the insertion site.	To tell someone what something <u>is</u> • Lots of 'be' verb in the present tense Be = 'is', 'are' • Medical definitions often have cause: 'as a result of' 'due to' • Possibility: 'Can be'
Main idea: burns **Function:** *classification* Keywords: (warm to touch)	 **Depth** / **Pathology** / **Colour** / **Circulation** / **Sensation** / **Blisters** / **Healing time** **Epidermal burn** (erythema) / Involves epidermis only / Red (and warm to touch) / Normal increased / Present / None or later (days) or desquamation / Within a few days **Superficial - mid dermal burn** (superficial partial thickness) / Involves epidermis and upper dermis, most adnexal structures intact / Pink / Hyperaemic / Painful ++ hypersensitive / Yes (hours) / Within 2 to 3 weeks by re-epithelialisation from epidermal elements in dermis minimal scarring **Mid - deep dermal burn** (mid - deep partial thickness) / Involves epidermis and significant part of dermis, only deeper adnexal structures intact / Pale pink/ blotchy red / Sluggish to absent / Decreased sensation / Early. Usually large and rupture within hours / Longer than 2 to 3 weeks high risk of hypertrophic scarring **Full thickness** / Epidermis, dermis and cell adnexal structures destroyed / White and /or charred / Nil / Nil / No blistering (epidermis destroyed) / No healing granulation and wound contraction leads to chronic ulceration	• You see different types of something
Main idea: Malaria **Function:** Information/definitoin Keywords: pregnant should		• Dates • Numbers • Percentages • *Research* • *Etc.*

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Text A

Malaria occurs mainly in the tropical areas of Africa, Asia and Latin America. Malaria is a parasitic disease spread by the bite of the female *Anopheles* mosquito, which results in infection of the red blood cell. Five main species of the malaria parasite infect humans: *Plasmodium falciparum* (the severest form), *Plasmodium vivax, Plasmodium ovale, Plasmodium malarie, Plasmodium knowlesi*.

Australia was declared malaria-free by the World Health Organization in 1981, and since then, only a small number of cases of locally acquired malaria have been reported from North Queensland. Severe malaria may lead to foetal loss and high maternal mortality due to hypoglycaemia and acute respiratory distress syndrome (ARDS). All forms of malaria in pregnancy may adversely affect the mother and foetus. The main complications are: miscarriage, stillbirth, preterm birth, low infant birth weight, severe maternal and neonatal anaemia.

Pregnant women should be advised to avoid travel to malaria-endemic areas. For pregnant women who cannot avoid travelling, the medical officer should consult with an Infectious Diseases specialist or experienced Travel Medicine doctor to determine the appropriate chemoprophylaxis agent.

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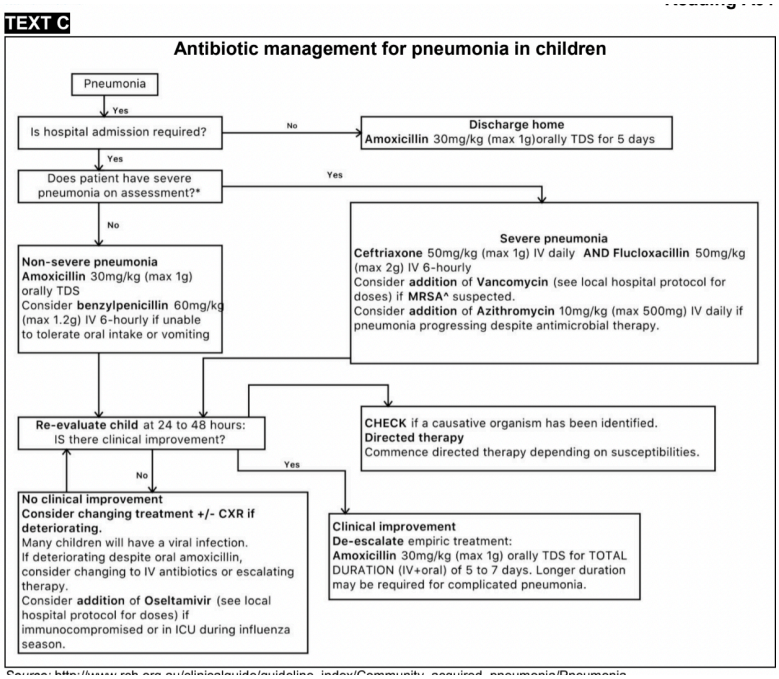
TEST

TEXT C



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TEXT B

Intrauterine contraception (IUC) works via a local mechanism of action and there is no evidence of reduced effectiveness of levonorgestrel intrauterine systems (LNG-IUS) or copper intrauterine devices (Cu-IUD) in women with raised BMI.4 There are no studies looking at the safety of IUC based on weight or BMI, but there are no theoretical reasons why it should not be safe to use; IUC methods are UKMEC 1 in women with raised BMI.5 Although BMI alone does not restrict use of LNG-IUS, in combination with other cardiovascular risk factors (e.g. smoking, diabetes, hypertension) it is considered UKMEC 2.5

In the general population, there is no evidence that IUC use causes weight gain. Furthermore, studies of the general population show that LNG-IUS and Cu-IUD use are associated with a reduced risk of endometrial hyperplasia and cancer, conditions which are themselves associated with high BMI.4 In practice, insertion and removal procedures may be more challenging; however, raised BMI has not been shown to be a significant factor in insertion failures.

Practical considerations to help reduce the risk of procedure failure should include having access to a supportive gynaecology couch, a variety of speculum sizes, and a large blood pressure cuff.

Monitoring

• The core components of an asthma review that should be assessed and recorded on at least an annual basis are current symptoms, future risk of attacks, management strategies, supported self management, and growth in children [✓].
Monitoring current asthma symptom control
• When asking about asthma symptoms, use specific questions, such as the Royal College of Physicians '3 Questions' or questions about reliever use, with positive responses prompting further assessment with a validated questionnaire to assess symptom control [✓].
• Whenever practicable, children should be asked about their own symptoms; do not rely solely on parental report [✓].

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Homework:

2 minutes

Do not share

Can there be more than 1 main idea / function?

TOPIC OF TEXTS:

Pneumothorax: Texts

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Text A

Guidelines for discharge from the Emergency Department:

- Small pneumothorax with no change in size following 4-6 hours observation.
- Patients with a re-expanded pneumothorax, who show no evidence of ongoing air leak (catheter was clamped and re-xrayed) can be discharged with removal of the catheter on the same day.
- Patients with a re-expanded pneumothorax which collapses after catheter clamping (i.e. 3-way stopcock closed), will usually be discharged with the catheter in place and a Heimlich valve, provided that re-expansion occurs following reopening of the stopcock.
- Patient will comply with treatment recommendations and can obtain prompt emergency medical care.

Guidelines for admission from the Emergency Department:

- Patients requiring standard size chest tube and suction.
- Patients with catheters who need suction to remain re-expanded.
- Patient who are assessed to be unreliable or unwilling to return for follow-up.

Follow up:

- Instruct the patient to return to the Emergency Department for reassessment and daily chest radiograph until no recurrence of an air leak.
- Provide the patient with written discharge instructions.
- Persistent air leak greater than 4 to 7 days requires surgical consultation to assess the need for surgical intervention.
- Patients with complete resolution of their pneumothorax should go to their family doctor within 7 days for re-assessment and a repeat radiograph.

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Text B

Pneumothorax is when air gets into the pleural cavity, often leading to a fully or partially collapsed lung. There are four types of pneumothorax. They are:

- traumatic pneumothorax. This occurs when an injury to the chest (as from a road accident or gun or knife wound) causes the lung to collapse.
- tension pneumothorax. This type can be fatal. It occurs when pressure inside the pleural cavity is greater than the outside atmospheric pressure. It can force the entire lung to collapse and can push the heart toward the lung, putting pressure on both.
- primary spontaneous pneumothorax. This happens when a small air bubble on the lung ruptures. This may happen for no obvious reason or while undergoing changes in airpressure (like when scuba diving or mountain climbing).
- secondary spontaneous pneumothorax. This typically happens to those who already have lung disease. As the lung is already compromised by disease and may have diminished capacity, this can be a serious complication.

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Text C

PPP RSAMPLE11

Symptoms

- Sharp chest pain, dyspnoea and cough irritation are the main symptoms.
  - o The onset is rapid, and the symptoms are exacerbated by breathing and physical exertion. The pain radiates to the ipsilateral shoulder.
  - o The symptoms may be alleviated within 24 h due to adaptation.
- A small pneumothorax may be asymptomatic or cause very mild symptoms.

Clinical signs

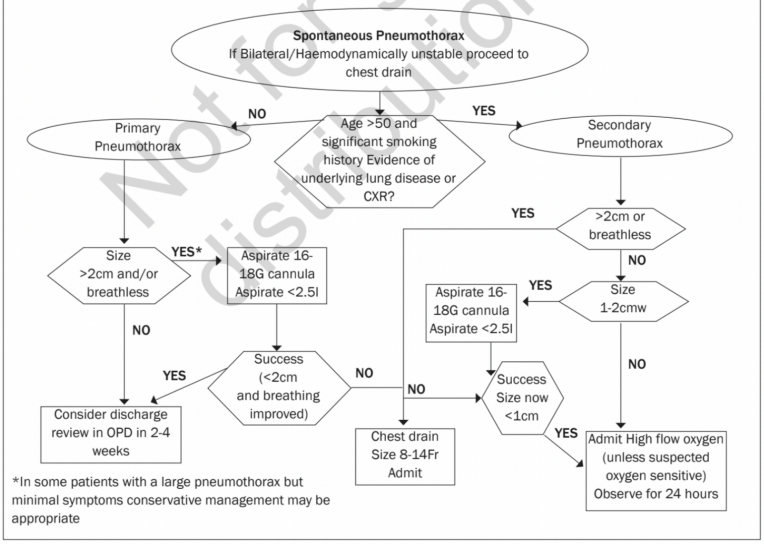
- Suppressed or missing respiratory sounds, impaired chest mobility, and hollow echoing (hyperresonance) percussion sounds are often observed.
- Chest movement may be asymmetric.
- The clinical findings can be normal in a small pneumothorax.
- Tachycardia, cyanosis, and hypotension can be observed in tension pneumothorax.
- Subcutaneous emphysema may be present (a crepitation on pressing the skin).
- Signs of injury (haematoma, crepitation from a broken rib, etc.) may be visible on the chest.

Diagnosis

- A chest x-ray (preferably posteroanterior, standing) or ultrasound examination is always necessary to confirm the diagnosis.
  - o A rim of air is visible or the lung has collapsed.
  - o A small pneumothorax may be difficult to detect. A radiograph taken during expiration may be helpful.
  - o A large emphysematous bulla may resemble pneumothorax and cause misinterpretation.
- In special cases a CT scan may be necessary (diagnostic problems, planned surgery, investigation of aetiology).

Text D

MANAGEMENT OF SPONTANEOUS PNEUMOTHORAX



*In some patients with a large pneumothorax but minimal symptoms conservative management may be appropriate

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