

1. Review
2. Timeline paragraphs
3. Homework

Occupational English Test

WRITING SUB-TEST: NURSING

TIME ALLOWED: READING TIME: 5 MINUTES

WRITING TIME: 40 MINUTES

Read the case notes and complete the writing task which follows.

Notes:

You are the nurse in a Community Health Centre. A patient you have been monitoring is moving to another city to live with his daughter.

PATIENT DETAILS:

Name: Mr Peter Dunbar
DOB: 18.03.1932

Current medication:

Metformin 500mg t.d.s (oral hypoglycaemic)
Ramipril 5mg daily (anti-hypertensive, ACE inhibitor) – for hypertension
Warfarin variable 3-5mg (anti-coagulant)
Sotalol 40mg daily (beta blocker)

Treatment record:

- September 2017** Diagnosed with type 2 diabetes August 2016. Fasting blood sugar levels (BSL) = 9
GP recommended dietary management: low-fat, low-sugar, calorie restriction; limit alcohol. ↑Exercise
Pt lives at home with wife. Wife cooks. Wife managing dietary requirements, but Pt likes 2-3 glasses wine with meals
- December 2017** Wife deceased. Pt depressed/grieving. Referred back to GP for monitoring/medicating
Fasting BSL = 9. Pt non-compliant with diet. Excessive fat, salt, sugar, alcohol (wine/beer)
- March 2018** GP prescribed metformin (oral hypoglycaemic agent). Now Pt cooking for self – non-compliant with diet. Non-compliant with medication. Blames poor memory
Pt appears unmotivated. Resents having to take medication: 'always been healthy'
Takes medication intermittently; encouraged to take regularly
Educated regarding need for regular medication and potential adverse effects of intermittent dosing
Discussed strategies of memory aids
- June 2018** Pt hospitalised (City Hospital, Newtown) with myocardial infarction (MI) following retrosternal pain, nausea/vomiting, dizziness, sweating. Confirmed by ECG
Treatment: aspirin, streptokinase infusion. Prescribed ramipril 5mg daily. Diagnosed with atrial fibrillation post MI – commenced sotalol and warfarin
- June-Aug 2018** Pt attended twice weekly

October 2018

Pt now walking with a stick. Signs of diabetic neuropathy. Poor exercise tolerance. Restricted mobility

Non-compliance with diet continues. Still self-catering. Discussed alternatives e.g., community-based meal delivery service; moving in with adult children (son/daughter); retirement village

Had respiratory infection 2 wks ago. Amoxicillin prescribed. Pt discontinued all other medication as felt unwell. Resumed medications but still only taking intermittently
Again provided education re importance of adherence to drug regimen

22 January 2019

Pt attended with daughter. Pt moving to Centreville to live with daughter & her husband.
Daughter will cook – requires education re Pt needs & monitoring

Daughter advises that Pt resistant to dietary alterations and medication regimen.
Still misses or doubles dose – all medication. Refuses to reduce salt, sugar, alcohol, fatty food
Pt continues to require monitoring & encouragement

Letter to transfer the Pt to the care of the community health nurse in Centreville, where the Pt is moving to live with his daughter

Writing Task:

Using the information given in the case notes, write a letter to the Community Health Nurse in Centreville, outlining the patient's history and requesting ongoing monitoring. Address the letter to the Community Health Nurse, Eastern Community Health Centre, 456 East Street, Centreville.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately 180–200 words.


Introduction	<ul style="list-style-type: none"> • ‘ongoing monitoring’
Timeline	<ul style="list-style-type: none"> • August 2016: diagnosed with type 2 diabetes • December 2017: Wife dies and becomes non-compliant (grief?) • March 2018: <ol style="list-style-type: none"> a. Metformin b. Still non-compliant c. Blames poor memory d. Unmotivated e. Educated f. Memory aids • June 2018: hospitalised MI • Diagnosed with atrial fibrillation after MI • Condition worsens: signs of diabetic neuropathy • Mobility: walking stick
Current condition	<ul style="list-style-type: none"> • 22 Jan: attends clinic with daughter • Still non-compliant: missing doses and double dosing • Refuses to reduce – salt, sugar, fat and alcohol •
Medication paragraph	<ul style="list-style-type: none"> • All detail of medication
Requests	<ul style="list-style-type: none"> • ‘ongoing <u>monitoring</u> & encouragement’ • Educate daughter


Homework: write introduction and email to alain@set-english.com

According to OET, what makes a good Timeline paragraph?

- **Clear** timeline / **clear** story
- Accurate case notes
- Relevant information must be included: “appropriate for the reader” / “necessary to continue care”

Organised information



Original	New
<p>In September 2016, Mr Dunbar was diagnosed with type 2 diabetes, for which dietary management and lifestyle modification were recommended. He became non-compliance following his wife's death, and as a result, he was commenced on metformin in March 2018. However, he took his medication intermittently and blame his poor memory, resulting in him being educated about taking his medication regularly, and adverse effect of being non-compliance, as well as discussing strategies for memory aids. In June 2018, he was admitted to hospital and was diagnosed with atrial fibrillation post MI, for which sotalol and warfarin were prescribed. Consequently, in October 2018, due to being remained non-compliance, he developed diabetes neuropathy, and as a result his mobility was restricted and he is walking with stick.</p>	 <p>In August 2016, Mr Dunbar was diagnosed with type 2 diabetes, for which dietary management and lifestyle modification were recommended. <u>He became non-compliant</u> following his wife's death, <u>and as a result</u>, he was commenced on metformin in March 2018. However, he took his medication intermittently and blamed his poor memory, <u>resulting in</u> him being educated about taking his medication regularly, and the adverse effects of being non-compliant, as well as discussing strategies for memory aids. In June 2018, he was admitted to hospital and was diagnosed with atrial fibrillation post MI, for which sotalol and warfarin were prescribed. <u>Consequently</u>, in October 2018, due to remaining non-compliant, he developed diabetic neuropathy, <u>and as a result</u> his mobility was restricted and he is walking with a stick.</p>

In August 2016 Mr Dunbar was diagnosed with type 2 diabetes, for which GP had recommended dietary control as well as encouraged mobility too. The case became more deteriorated when Mr Dunbar's wife died in December 2017 leaving him non-compliant with his diet and medication. He was then again referred back to GP in March 2018 where he was prescribed Metformin with all the necessary education provided about regular medication and potential adverse effects too. In June 2018, he was hospitalised with M.I following various symptoms as a result he was receiving Aspirin. While the treatment for M.I was ongoing, he was also diagnosed with A.F and was taking Sotalol and Warfarin as treatment medication. After 4 months from that time in October 2018, he had Diabetic Neuropathy which had made his mobility limited so for that reason he's been walking with a sticks.

~~The patient~~ = incorrect

Bad style: cold and uncaring.

In August 2016, Mr Dunbar was diagnosed with type 2 diabetes, for which **his** GP had recommended dietary control *as well as* **encouraging** mobility. The situation deteriorated more when his wife died in December 2017 leaving him **non-compliant** with his diet and medication. He was **then** referred back to **his** GP in March 2018 where he was prescribed **metformin** with all the necessary education provided about regular medication and potential adverse effects, too. In June 2018, he was hospitalised **due to** an MI following various symptoms, and, as a result, he was receiving **aspirin**. While the treatment for **his** MI was ongoing, he was also diagnosed with A.F. [would the reader know this? Be careful but probably ok] and was taking **sotalol** and **warfarin** as treatment medication. After 4 months from that time, in October 2018, he **is showing signs of diabetic neuropathy**, which **have made** his mobility limited so for that reason he **has been walking** with a stick.

I didn't eat, **and** as a result I was hungry

I didn't eat, **and**, as a result, I was hungry

Brand names: use capitals (**P**anadol)
Generic drug: no capital (paracetamol)

We don't capitalise condition unless it has a name in it:

Parkinsons, etc.

In Agosto 2016, Mr Dunbar was diagnosed with type 2 diabetes, for which he has been advised by his GP to cut down fatty food, sugar, calories, alcohol intake, and as well as that to increase exercising. In December 2017, his wife died, which has caused psychological disorder such as depression, grieving, unmotivated mood, and noncompliance with his GP's advise aforementioned, resulting in him being prescribed oral hypoglycaemia. Additionally, he has blamed his poor memory for his noncompliance. He has been educated regarding his medication, such as potential adverse effects of intermittent dosing, and strategies of memory aids were discussed. In June 2018, Mr Dunbar was hospitalized due to atrial fibrillation, following myocardial infarction, for which he was commenced on beta blocker, anticoagulant, and also anti-hypertensive. In October 2018, having experienced signs of diabetic neuropathy, which resulted in restricted mobility, for which a walking stick was recommended. Despite being educated about the importance of adherence to drug regimen and diet, he is still reluctant to comply with it.

Having been diagnosed with type 2 diabetes in August 2016, Mr. Dunbar was advised to stick to [informal] exercise and dietary management and his wife took care of him. In December 2017, his wife passed away which resulted in him being put into depressed and grieving moods. In addition to that, he has experienced a lack of memory and unmotivated life. Subsequently, several times he was encouraged to follow the medication compliance, dietary management and memory aids. However, he did not adhere to those instructions. Following this, in June 2018, he was admitted to the hospital owing to MI followed by arterial fibrillation.

Currently, he has signs of diabetic neuropathy, limited mobility and uses a stick for walking. Consequently, he still has problems with medication miss management and unhealthy dietary habits.

In August 2016, Mr Dunbar was diagnosed with type 2 diabetes, for which he has been advised by his GP to cut down fatty food, sugar, calories, alcohol intake, and as well as that to increase exercising [Is this concise?]. In December 2017, his wife died, which has caused psychological disorder such as depression, grieving, an unmotivated mood, and noncompliance with his GP's *aforementioned advice*, resulting in him being prescribed oral hypoglycaemia. Additionally, he has blamed his poor memory for his noncompliance. He has been educated regarding his medication, such as potential adverse effects of intermittent dosing, and strategies of memory aids were discussed. In June 2018, Mr Dunbar was hospitalized due to atrial fibrillation, following myocardial infarction, for which he was commenced on beta blocker, anticoagulant, and also anti-hypertensive. In October 2018, having experienced signs of diabetic neuropathy, which resulted in restricted mobility, for which a walking stick was recommended. Despite being educated about the importance of adherence to drug regimen and diet, he is still reluctant to comply with it.

Having been diagnosed with type 2 diabetes in August 2016, Mr. Dunbar was advised to **do** exercise and dietary management and his wife took care of him. In December 2017, his wife passed away which resulted in him being ~~put into~~ possibly depressed ~~and grieving~~ ~~moods~~. In addition to that, he ~~has~~ experienced a lack of memory and unmotivated life. Subsequently, several times he was encouraged to follow the medication compliance, dietary management and memory aids. However, he did not adhere to those instructions. Following this, in June 2018, he was admitted to the hospital owing to MI followed by arterial fibrillation.

Para 2 is not part of this class.

This is an okay Timeline but I feel like some detail is missing and it feels a bit informal.

On August 2016, Mr Dunbar was diagnosed with type 2 diabetes which is being controlled by Metformin and his GP has recommended to follow dietary regimens and to do daily exercise. After the lost of his wife, he has been depressed and non-compliance with his medication and diet. Following that, he was referred back to GP for monitoring his medications and he blames his poor memory for taking medications intermittently. Despite being non-complaint, he was been educated about taking medications regularly and the strategy of memory aids was been discussed.

During hospitalisation on June 2018, Mr Dunbar was been diagnosed with Atrial Fibrillation followed by Myocardial Infraction. Subsequently, he was commenced on sotalol and warfarin, as well as Ramipril has been prescribed for hypertenson.

Regarding his medical history Mr Dunbar was diagnosed with type 2 diabetes in August 2016, which was controlled by diet. After his wife died in December 2017, he has been depressed and changed his diet increasing his consume of salt and fat together with sugar and alcohol. As a result of that, in March 2018 metformin (500mg t.d.s) was prescribed, however, due to his poor memory, he is not compliant with his medication and education was provided. In June 2018 he was diagnosed with atrial fibrillation post MI, which has been treated with warfarin (3-5mg), satalol (40mg, daily) and ramipril (5mg, daily) for hypertension. Since October, he has been showing signs of diabetic neuropathy and mobilises with a walking stick. Despite being educated on his medication and diet, he remains non-compliant.

On August 2016, Mr Dunbar was diagnosed with type 2 diabetes, which is? was? being controlled by metformin and his GP has recommended him to follow dietary regimens and to do daily exercise. After the **loss** of his wife, he has [again this is the present... are you giving me a timeline or telling me about the present?] been depressed and non-compliant with his medication and diet. Following that, he was referred back to his GP for monitoring of his medications and he **blames** (past or present?) his poor memory for taking medications intermittently. Despite being non-complaint, he was ~~been~~ educated about taking medications regularly and the strategy of memory aids was been discussed.

During hospitalisation on June 2018, Mr Dunbar was ~~been~~ diagnosed with atrial fibrillation followed by a Myocardial Infraction. Subsequently, he was commenced on sotalol and warfarin, as well as Ramipril has been prescribed for hypertenson.

Okay, so you have done 2 paragraphs and not 1 as per the class agreement. No problem. However, your paragraphs are not clear. You use incorrect tenses and you phrase things in para 2 in a confusing way for me.

Regarding his medical history Mr Dunbar was diagnosed with type 2 diabetes in August 2016, which was controlled by diet. After his wife died in December 2017, he has been depressed and changed his diet increasing his **consumption** of salt and fat together with sugar and alcohol (**again use of a present tense when you should use past**). As a result of that, in March 2018 metformin (500mg, t.d.s) was prescribed, however, due to his poor memory, he is not compliant with his medication and education was provided. In June 2018, he was diagnosed with atrial fibrillation post MI, which has been treated with warfarin (3-5mg), satalol (40mg, daily) and ramipril (5mg, daily) for hypertension. Since October, he has been showing signs of diabetic

neuropathy and mobilises with a walking stick. Despite being educated on his medication and diet, he remains non-compliant.

I like this but just be careful with tenses. Also, you put in a lot of detail about medication and you have forgotten we agreed on Monday to make a medication paragraph.

Mr Dunbar was provided with essential dietary recommendations after being diagnosed with type 2 diabetes in 2016. However, having lost his wife, he became non-compliant with his medication and diet, which resulted in the commencement of metformin and the discussion of memory aids due to him stating memory loss. Despite being educated and warned about the possible consequences of intermittent dosing, he has not made any improvement in this matter. In June 2018, he was hospitalised as a result of having a myocardial infarction, which led to a diagnosis of atrial fibrillation. Subsequently, his condition has steadily deteriorated and he has shown signs of diabetic neuropathy since October 2018, resulting in him mobilising with a walking stick owing to limited mobility.

Mr Dunbar was provided with essential dietary recommendations after being diagnosed with type 2 diabetes in 2016. However, having lost his wife, he became non-compliant with his medication and diet, which resulted in the commencement of metformin and the discussion of memory aids due to him stating memory loss. Despite being educated and warned about the possible consequences of intermittent dosing, he has not made any improvement in this matter. In June 2018, he was hospitalised as a result of having a myocardial infarction, which led to a diagnosis of atrial fibrillation. Subsequently, his condition has steadily deteriorated, and he has shown signs of diabetic neuropathy since October 2018, resulting in him mobilising with a walking stick owing to limited mobility.

Great! I can't see any errors here (I might be wrong) but its certainly a strong B level. Well done!

In August 2016, Mr Dunbar was diagnosed with type II diabetes and he was advised on his dietary management. Following the death of his wife, he continued being non-compliant with his diet and became depressed, as a result of this, he was referred back to his GP. In March 2018, he was prescribed Metformin and educated regarding the effects of intermittent dosing. Additionally, memory aids were discussed

In August 2016, Mr Dunbar was diagnosed with type II diabetes and he was advised on his dietary management. Following the death of his wife, he continued being non-compliant with his diet and became depressed, and, as a result of this, he was referred back to his GP. In March 2018, he was prescribed metformin and educated regarding the effects of intermittent dosing. Additionally,

due to him blaming his poor memory. In June 2018, Mr Dunbar was hospitalised due to him having Myocardial Infarction, for which he was prescribed Ramipril. During hospitalisation, he was diagnosed with atrial fibrillation for which he was prescribed Warfarin and Sotalol which were commenced. Since 2018, Mr Dunbar has shown signs of diabetic neuropathy with poor exercise tolerance and he mobilises with a walking stick.

Mr Dunbar was diagnosed with type 2 diabetes in August 2016. After his wife passed away, he was referred back to his GP and non-complaint with his diet. Subsequently, he was given metformin in March 2018. However, he became non-complaint with his medication due to blaming poor memory. Following that, he was educated regarding the need for regular medication and the potential adverse effects of intermittent dosing owing to being unmotivated, along with discussing strategies of memory aids. In June 2018, he was hospitalised with myocardial infarction and ramipril was prescribed. During his hospitalisation, he was also diagnosed with atrial fibrillation, for which sotalol and warfarin were commenced. Since October 2018, he has showed signs of diabetic neuropathy and mobilized with a walking stick.

Timeline: On August 2016, Mr Dunbar was diagnosed with type 2 diabetes, and he was advised to manage his diet. Following his wife's death one year later, he became depressed and non-compliant with his diet, as a result he was referred to his Gp. On March 2018 he was prescribed with Metaformin, but still he was non-compliant with his diet. Additionally, memory aids were suggested due to him blaming his poor memory. Subsequently, in June 2018, he was admitted to hospital because of myocardial infarction due to which he was prescribed rampiril. During his hospitalisation period, he was diagnosed with atrial fibrillation for which he was commenced on solatol along with warfarin. After that, in

memory aids were discussed due to him blaming his poor memory. In June 2018, Mr Dunbar was hospitalised due to him having a myocardial infarction, for which he was prescribed Ramipril. During hospitalisation, he was diagnosed with atrial fibrillation, for which he was prescribed warfarin and sotalol, which were commenced. Since 2018, Mr Dunbar has shown signs of diabetic neuropathy with poor exercise tolerance and he mobilises with a walking stick.

Good para overall! Clear to read and concise. 

Mr Dunbar was diagnosed with type 2 diabetes in August 2016. After his wife passed away, he was referred back to his GP **due to being** non-complaint with his diet. Subsequently, he was given metformin in March 2018. However, he became non-complaint with his medication due to blaming poor memory. Following that, he was educated regarding the need for regular medication and the potential adverse effects of intermittent dosing owing to being unmotivated, along with discussing strategies of memory aids. In June 2018, he was hospitalised **due to** myocardial infarction and ramipril was prescribed. **During** his hospitalisation, he was also diagnosed with atrial fibrillation, for which sotalol and warfarin were commenced. Since October 2018, he has showed signs of diabetic neuropathy and mobilized with a walking stick.

Nice paragraph! Reads well and contains (I think) most if not all of what we need

Timeline :On August 2016, Mr Dunbar was diagnosed with type 2 diabetes, and he was advised to manage his diet. Following his wife's death one year later, he became depressed and non-compliant with his diet, as a result he was referred to his GP. On March 2018, he was prescribed with metaformin, but still he was non-compliant with his diet. Additionally, memory aids were suggested due to him blaming his poor memory. Subsequently, in June 2018, he was admitted to hospital because of myocardial infarction due to which he was prescribed rampiril. During his hospitalisation period, he was diagnosed with atrial fibrillation for which he was commenced on solatol along with warfarin. After that, in October 2018, Mr Dunbar has

<p>October 2018 ,Mr Dunbar has presented with signs of diabetic neuropathy,and as a result he mobilizes with a walking stick .</p>	<p>presented with signs of diabetic neuropathy, and as a result he mobilizes with a walking stick .</p> <p>As a result of the neuropathy? Maybe but that's too strong and you are making a connection that I don't think is in the case notes. Its not necessary</p>
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Homework: alain@set-english.com

2 paragraphs:

<p>Current condition</p>	<ul style="list-style-type: none"> • 22 Jan: attends clinic with daughter • Still non-compliant: missing doses and double dosing • Refuses to reduce – salt, sugar, fat and alcohol
<p>Medication paragraph</p>	<ul style="list-style-type: none"> • All detail of medication

Homework:

Current medication:

Metformin 500mg t.d.s (oral hypoglycaemic)
 Ramipril 5mg daily (anti-hypertensive, ACE inhibitor) – for hypertension
 Warfarin variable 3-5mg (anti-coagulant)
 Sotalol 40mg daily (beta blocker)

1: He has been prescribed metformin, 500 mg, three times a day

2: He has been prescribed metformin (500 mg, three times a day)

3: He has been prescribed 500 mg of metformin, three times a day

Translation for SET students:

Criteria	Meaning
D1	Active listening [uh hu, etc.] & avoid interruption
D2	Open and Closed questions
D3	No 2 questions at same time / No questions <i>suggesting an answer</i> <i>Example: You don't have any pain, do you?</i>
D4	Make patient statements clear: "What do you mean by..."
D5	<u>Summarise</u> back to a patient <u>when they give complex information</u> <ul style="list-style-type: none"> • Patient says a lot of stuff • Summarise the consultation


Why is it so hard for students to do this?

1. Timing of questions (when to do it)
2. Grammar

OPEN

QUANTITATIVE
CLOSED

Grammar

<p>Open Questions:</p> <p>Question you don't usually answer with yes or no</p>	<p>Grammar of open question:</p> <p>1. Wh- aux. S verb [usually] <small>What / why / etc. do / have / <u>be</u> you/he/she/they feel/not take/etc.</small></p> <p>2. Can you tell me.... Can you please tell me a bit more about your pain?</p> <p>Could you tell me... [small amount more polite] Could you tell me where the pain is?</p>
<p><u>Quantitative</u></p> <p>(half open / half closed)</p>	<p>1. How  - aux. S verb [usually] <small>What / why / etc. do / have / <u>be</u> you/he/she/they feel/not take/etc.</small></p>

<p>You are asking for numbers / place</p>	<p>How long – after ‘how long’ this auxiliary How much – after ‘how much’ you need the thing you asking about How many : after ‘how many’ you need the thing you are asking about</p>
<p>Close questions</p>	<p>aux. do / have / be</p> <p>S you/he/she/they</p> <p>verb [usually] feel/not take/etc.</p> <p>Are you...? / Is there...? / Is your pain radiating...? Have you...? Do you...?</p>

Would you = permission

Setting: Secondary School

Nurse: Your patient is an 18-year-old high school student who is about to commence final year exams. They are finding the exam period very stressful, and their main coping mechanism is to eat sweet foods to feel better.

Task:

- Find out how the patient currently feels about their diet and what changes they would like to make.
- Find out what else the patient has tried to reduce stress besides eating sweet foods.
- Make some suggestions to help improve the patient's diet (e.g. add higher protein snacks like eggs or nuts to help you feel fuller).
- Encourage the patient to work towards eliminating processed sugary snacks. Note that the sugar in fruit is nutritious and has fibre, whereas highly sugary processed foods have little nutritional value.
- Reassure the patient that there are healthy ways to maintain a healthy weight (e.g. practice mindful eating – eat slowly; control portion sizes; eat more fruit)

Setting: Secondary School

Patient: You are an 18-year-old patient who is about to commence your final year exams. You are finding the exam period very stressful, and your main coping mechanism is to eat sweet foods to feel better. This also makes you more tired. You are worried that your stress/comfort eating will affect your results, so you have come to see the nurse to get some information/tips.

Task:

- Describe your current feelings about your diet (you are worried that it is unhealthy, will affect your results, and cause weight gain) and that you would like to reduce the amount of sugar you eat.
- Explain that you have tried going for a walk, but it depends on the weather, and sometimes you watch TV but then you feel guilty for not studying.
- Agree to the nurse's suggestions, but insist that you can't cut out sugar until your exams finish as that would cause you too much stress.

OPEN: How are feeling at the moment? Can you tell me a bit more that?

QUANTITATIVE: How many _____ do you eat every day?

CLOSED: Do you drink coffee? Do you drink a lot of fizzy drinks?

Setting: Suburban General Practice

Doctor: Your patient is a 24-year-old who was recently diagnosed with Addison's disease (the adrenal glands underproduce hormones causing general fatigue and life-threatening hypotension when very stressed). They were competing in a local Basketball team before being diagnosed. Currently they are prescribed Florinef (Fludrocortisone).

Task:

- Find out how well the patient has been managing their condition (e.g. medication compliance, reduction of stress etc.).
- Reassure the patient. Discuss the possibility of slowly and gradually increasing physical activity.
- Advise the patient of the dangers of drastically increasing activity (i.e. hypotension, hospitalisation, etc.).
- Explain the importance of medication (e.g. Addison's is a chronic condition and the adrenal glands need support). The medication is why the patient is feeling better and it needs to be continued.

Setting: Suburban General Practice

Patient: You are a 24-year-old patient who has just been diagnosed with Addison's disease (the adrenal glands underproduce hormones causing general fatigue and life-threatening low blood pressure when very stressed). It has been frustrating to take medication every day and to be careful not to induce stress. You used to be very fit but had to stop playing basketball because of fatigue. Recently you have been feeling a lot better and want to go back to your old life.

Task:

- Explain that it was very difficult initially to stop playing sport, but you have been taking your medication as prescribed. You have also managed to avoid stress by moving into an apartment by yourself.
- Explain that you want to increase your physical activity now. The new basketball season starts next week and you want to join your old team.
- Be difficult to convince as you feel that you have recovered. Explain that you also want to stop taking medication.
- Eventually agree that you need to keep taking medication.

SET English's Personal Meeting Room
2022-02-16 11:06:33

Storage 19%

Terms & Privacy

Doctors:

- 1
- 2
- 3
- 4

Nurses:

- 5
- 6
- 7
- 8
- 9
- 10

DOCTORS

Setting: Suburban General Practice

Doctor: Your patient is a 24-year-old who was recently diagnosed with Addison's disease (the adrenal glands underproduce hormones causing general fatigue and life-threatening hypotension when very stressed). They were competing in a local Basketball team before being diagnosed. Currently they are prescribed Florinef (Fludrocortisone).

Task:

- Find out how well the patient has been managing their condition (e.g. medication compliance, reduction of stress etc.).
- Reassure the patient. Discuss the possibility of slowly and gradually increasing physical activity.
- Advise the patient of the dangers of drastically increasing activity (i.e. hypotension, hospitalisation, etc.).
- Explain the importance of medication (e.g. Addison's is a chronic condition and the adrenal glands need support). The medication is why the patient is feeling better and it needs to be continued.

NURSES

Setting: Secondary School

Nurse: Your patient is an 18-year-old high school student who is about to commence final year exams. They are finding the exam period very stressful, and their main coping mechanism is to eat sweet foods to feel better.

Task:

- Find out how the patient currently feels about their diet and what changes they would like to make.
- Find out what else the patient has tried to reduce stress besides eating sweet foods.
- Make some suggestions to help improve the patient's diet (e.g. add higher protein snacks like eggs or nuts to help you feel fuller).
- Encourage the patient to work towards eliminating processed sugary snacks. Note that the sugar in fruit is nutritious and has fibre, whereas highly sugary processed foods have little nutritional value.
- Reassure the patient that there are healthy ways to maintain a healthy weight (e.g. practice mindful eating – eat slowly; control portion sizes; eat more fruit)

What makes a good Introduction paragraph?

- Purpose must be clear
- It must be concise (short & clear)
- SET: who, where, why
- SET: sentence 2: *letter type & purpose*

15th July 2017

Nurse - in - Charge
District Nursing Service
Greenville Community Health Centre
80 Highto Road, Greenville

Dear Sir/Maam,
Re: Ms Margaret Helen Martin, 81 years old

I am writing regarding Ms. Margaret Helen Martin, who underwent repeated angioplasty following an angina. She is due to be discharged tomorrow and requires ongoing care and support.

In view of the above, it would be greatly appreciated if you could provide ongoing care and support. Please note that she requires a regular monitoring on her dietary regimen, under the supervision of a dietitian, and kindly assist her light exercises, which are monitored by a physiotherapist. Please be aware of the fact that she needs to avoid heavy lifting for 12 weeks and please note that she requires regular monitoring on her wound site for bruises or infections. In addition, it is important to note that she needs a regular visits from her family in order

15th July 2017

Nurse-in-Charge
District Nursing Service
Greenville Community Health Centre
80 Hight Road, Greenville

Dear Sir/Madam,
Re: Ms Margaret Helen Martin, 81 years old

I am writing regarding Ms Margaret Helen Martin, who underwent repeated angioplasty following an angina. She is due to be discharged tomorrow and requires ongoing care and support.

What
the reader
will do?

In view of the above, it would be greatly appreciated if you could provide ongoing care and support. Please note that she requires a regular monitoring on her dietary regimen, under the supervision of a dietitian, and kindly assist her light exercises, which are monitored by a physiotherapist. Please be aware of the fact that she needs to avoid heavy lifting for 12 weeks, and please note that she requires regular monitoring on her wound site for bruises or infections. In addition, it is important to note that she needs a regular visits from her family in order

Expand
the purpose

Original	Improved
<p>I am writing to introduce Mr Dunbar, who is moving to Centreville to live with his daughter and is being transferred to you for ongoing monitoring of his medication and diabetic diet.</p> <p>I am writing regarding Mr Dunbar, who has been under our care due to being non-compliant with his diabetic regimen. He is moving to Centreville to live with her daughter and requires your ongoing care and monitoring.</p> <p>Reff: Peter Dunbar. D.O.B: 18th march 1932.</p> <p>Dear Sir/Madam,</p> <p>I am writing regarding Mr Dunmbar, who visited our clinic due to being diabetic.He is scheduled to be transferred to your facility and now requires ongoing monitoring.</p> <p>Thanks for seeing Mr Dunbar, who was monitoring due to being non-compliance with medication and diet as well as having poor memory. He is scheduled to change his residence to your community health area, and requires ongoing monitoring and encouragement.</p>	<p>I am writing to introduce Mr Dunbar, who is moving to Centreville to live with his daughter and is being transferred to you for ongoing monitoring of his medication and diabetic diet.</p> <p>I am writing regarding Mr Dunbar, who has been under our care due to being non-compliant with his diabetic regimen. He is moving to Centreville to live with his daughter and requires your ongoing care and monitoring.</p> <p>RE: Peter Dunbar, D.O.B: 18th March 1932</p> <p>Dear Sir/Madam,</p> <p>I am writing regarding Mr Dunbar, who has been visiting our clinic over the past 3 years due to being diabetic. He is scheduled to be transferred to <u>your facility</u> and now requires ongoing monitoring.</p> <p>will live there?</p> <p>Better: 'into your care'</p> <p>Thank you for seeing Mr Dunbar, who was being monitored due to being <u>non-compliant</u> with his medication and diet as well as having poor memory. <i>He is scheduled to change his residence to your community health area, and</i> requires ongoing monitoring.</p>

I am writing to introduce Mr Dunbar, who is due to moved to another city in order to live with his daughter, and requires ongoing care and monitoring at your facility.

Or

I am writing to introduce Mr Dunbar, who is due to moving to another city in order to live with his daughter, and requires ongoing care and monitoring at your facility.

14/02/2022
Community Health Nurse,
Eastern community health center,
456 East Street, Centreville.

Dear madam/ sir,

Re: Mr. Peter Dunbar. DOB: 18/03/1953.

I am writing regarding Mr. Peter Dunbar who is being managed for type 2 diabetes with medication noncompliance, he requires your care assistance and education of his daughter on his diet modification.

Redundant – with a job

I am writing to introduce Mr Dunbar, who is due to moved to another city in order to live with his daughter, and requires ongoing care and monitoring.

or

I am writing to introduce Mr Dunbar, who **is moving** to another city in order to live with his daughter, and requires ongoing care and monitoring **from your facility**.

At = living in the facility
From = coming from the facility

14th February 2022

Community Health Nurse
Eastern Community Health Center,
456 East Street, Centreville

Dear Sir or Madam,

Re: Mr Peter Dunbar, DOB: 18th March 1953

I am writing regarding Mr Peter Dunbar, who is being managed for type 2 diabetes **due to** medication noncompliance. He now requires your care and assistance.

Could be a problem?

I like cheese, yet I saw a movie.

I am writing regarding Mr Dunbar, who has been non-compliant with his medication regimen. He is moving to another city to live with his daughter and now requires ongoing monitoring.

I am writing regarding Mr Peter Dunbar, who is non-complaint with his medication and diet. He is moving to Centreville to live with his daughter and requires your ongoing monitoring.

I am writing regarding Mr Dunbar, who is moving to live with his daughter.
He is being transferred into your care and now requires your ongoing monitoring.

I am writing regarding Mr Dunbar, who has been non-compliant with his medication regimen. He is moving to another city to live with his daughter and now requires ongoing monitoring.

I am writing regarding Mr Peter Dunbar, who is non-complaint with his medication and diet. He is moving to Centreville to live with his daughter and requires your ongoing monitoring.

I am writing regarding Mr Dunbar, who is moving to live with his daughter.
He is being transferred into your care and now requires your ongoing monitoring.

I am writing to introduce Mr Peter Dunbar, who requires ongoing monitoring and further education regarding medication and dietary compliance for Diabetes Mellitus. He is being transferred to your community area, to stay with his daughter.

Community Health Nurse
Eastern Community Health Centre
456 East Street
Centreville

14th February 2022

Re: Mr Peter Dunbar; DOB: 18th March 1932

Dear Nurse,

I am writing regarding Mr Dunbar, who presented to our clinic due to issues with his medication compliance. He is due to be transferred to your facility after moving to his daughter's house and will require ongoing monitoring.

22 January 2019
Community Health Nurse
Eastern Community Centre
456 East Street
Centreville

Dear Nurse

D.O.B: 18.03.1932
Mr Peter Dunbar

I am writing regarding Mr Dunbar, who has been in our care and now he is going to be transfer to your community,

I am writing to introduce Mr Peter Dunbar, who requires ongoing monitoring and further education regarding medication and dietary compliance for Diabetes Mellitus. He is being transferred to your community area, to stay with his daughter.

Community Health Nurse
Eastern Community Health Centre
456 East Street
Centreville

14th February 2022

Re: Mr Peter Dunbar; DOB: 18th March 1932

Dear Nurse,

I am writing regarding Mr Dunbar, who presented to our clinic due to issues with his medication compliance. He is due to be transferred to your facility after moving to his daughter's house and will require ongoing monitoring.

22 January 2019
Community Health Nurse
Eastern Community Centre
456 East Street
Centreville

Dear Nurse

D.O.B: 18.03.1932
Mr Peter Dunbar

I am writing regarding Mr Dunbar, who has been in our care and now he is going to be transfer to your community,

to live with his daughter in Centreville and now requires ongoing care and monitoring.

Community Health Nurse

Eastern Community Health Center

456 East Street

Centreville

22 January 2019

Re: Mr. Peter Dunbar, DOB: 18 th February 1932

I am writing regarding Mr. Peter Dunbar, who has been visiting our clinic since 2017 and is being transferred to you for ongoing monitoring due to his moving to his daughter's place in Centerville.

I am writing regarding Mr. Peter Dunbar, who has been monitored our center since 2017. He is scheduled to be transferred to your facility and requires continuous monitoring.

to live with his daughter in Centreville and now requires ongoing care and monitoring.

Community Health Nurse

Eastern Community Health Center

456 East Street

Centreville

22 January 2019

Re: Mr. Peter Dunbar, DOB: 18 th February 1932

I am writing regarding Mr. Peter Dunbar, who has been visiting our clinic since 2017 and is being transferred to you for ongoing monitoring due to his moving to his daughter's place in Centerville.

I am writing regarding Mr. Peter Dunbar, who has been monitored our center since 2017. He is scheduled to be transferred to your facility and requires continuous monitoring.

The Community Health Nurse
Eastern Community Health Centre
456 East Street
Centreville

22nd January 2019

Dear Nurse

Re: Mr Peter Dunber DOB: 18.03.1932

I am writing regarding Mr Peter Dunber, who is moving to Centreville to live with his daughter. He is into your care for regular monitoring and encouragement.

Date: 15 FEB 2022
Community Health Nurse
Eastern community Health center,
456 East Street, Centreville

RE: MR Peter Dunbar (D.O.B. 18, March, 1932)
To whom it may concern,

I am writing regarding Mr. Dunbar, who visited our clinic due to being Diabetes .He is schedule to be transfer to your community health center and requires further care and assessment .

Community Health Nurse
Eastern Community Health Centre
456 East Street
Centreville

22nd January 2019

The Community Health Nurse
Eastern Community Health Centre
456 East Street
Centreville

22nd January 2019

Dear Nurse

Re: Mr Peter Dunber DOB: 18.03.1932

I am writing regarding Mr Peter Dunber, who is moving to Centreville to live with his daughter. He is into your care for regular monitoring and encouragement.

Date: 15 FEB 2022
Community Health Nurse
Eastern community Health center,
456 East Street, Centreville

RE: MR Peter Dunbar (D.O.B. 18, March, 1932)
To whom it may concern,

I am writing regarding Mr. Dunbar, who visited our clinic due to being Diabetes .He is schedule to be transfer to your community health center and requires further care and assessment .

Community Health Nurse
Eastern Community Health Centre
456 East Street
Centreville

22nd January 2019

Dear Nurse

Re: Mr Peter Dunbar: D.O.B 18th March 1932.

I am writing regarding Mr Dunbar, who has been a client in our care, moving to live with his daughter in Centreville. He is due to be transferred to you, and now requires an ongoing monitoring.

Dear Nurse

Re: Mr Peter Dunbar: D.O.B 18th March 1932.

I am writing regarding Mr Dunbar, who has been a client in our care, moving to live with his daughter in Centreville. He is due to be transferred to you, and now requires an ongoing monitoring.

SPEAKING CLUB


Translation for SET students:

Criteria	Meaning
D1	Active listening [uh hu, etc.] & avoid interruption
D2	Open to Closed questions
D3	No 2 questions at same time / No questions <i>suggesting an answer</i>
D4	Make patient statements clear: "What do you mean by..."
D5	<i>Summarise</i> back to a patient <u>when they give complex information</u>

Why is it so hard for students to do this?

3. Timing of questions (when to do it)
4. **Grammar**

Grammar

<p>Open Questions:</p> <p>Question you don't usually answer with yes or no</p>	<p>Grammar of open question:</p> <p>1. Wh- aux. S verb [usually] <small>What / why / etc. do / have / <u>be</u> you/he/she/they feel/not take/etc.</small></p> <p>2. Can you tell me.... Can you please tell me a bit more about your pain?</p> <p>Could you tell me... [small amount more polite] Could you tell me where the pain is?</p>
<p><u>Quantitative</u></p> <p>(half open / half closed)</p> <p>You are asking for numbers / place</p>	<p>1. How -  aux. S verb [usually] <small>What / why / etc. do / have / <u>be</u> you/he/she/they feel/not take/etc.</small></p> <p>How long – after 'how long' this auxiliary</p> <p>How much – after 'how much' you need the thing you asking about</p> <p>How many : after 'how many' you need the thing you are asking about</p>
<p>Close questions</p>	<p>aux. S verb [usually] <small>do / have / <u>be</u> you/he/she/they feel/not take/etc.</small></p> <p>Are you...? / Is there...? / Is your pain radiating...? Have you...? Do you...?</p>

Would you = permission

DOCTORS

Setting: Suburban General Practice

Doctor: Your patient is a 24-year-old who was recently diagnosed with Addison's disease (the adrenal glands underproduce hormones causing general fatigue and life-threatening hypotension when very stressed). They were competing in a local Basketball team before being diagnosed. Currently they are prescribed Florinef (Fludrocortisone).

Task:

- Find out how well the patient has been managing their condition (e.g. medication compliance, reduction of stress etc.).
- Reassure the patient. Discuss the possibility of slowly and gradually increasing physical activity.
- Advise the patient of the dangers of drastically increasing activity (i.e. hypotension, hospitalisation, etc.).
- Explain the importance of medication (e.g. Addison's is a chronic condition and the adrenal glands need support). The medication is why the patient is feeling better and it needs to be continued.

NURSES

Setting: Secondary School

Nurse: Your patient is an 18-year-old high school student who is about to commence final year exams. They are finding the exam period very stressful, and their main coping mechanism is to eat sweet foods to feel better.

Task:

- Find out how the patient currently feels about their diet and what changes they would like to make.
- Find out what else the patient has tried to reduce stress besides eating sweet foods.
- Make some suggestions to help improve the patient's diet (e.g. add higher protein snacks like eggs or nuts to help you feel fuller).
- Encourage the patient to work towards eliminating processed sugary snacks. Note that the sugar in fruit is nutritious and has fibre, whereas highly sugary processed foods have little nutritional value.
- Reassure the patient that there are healthy ways to maintain a healthy weight (e.g. practice mindful eating – eat slowly; control portion sizes; eat more fruit)