

## OET Writing Week

### Medicine - James Smith

**The task is:** *Write a letter to a healthcare professional requesting continuation of care for a patient.*

#### Planning

**10 - 15 minutes:**

- Find the purpose
- Identify the case notes you will use
- Organise the case notes into logical paragraphs

#### What is the situation after the above steps?

I can focus on writing = Perfect circumstances in which to write a letter

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#### Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about James Smith:

<b>1. Who am I writing to?</b>	Thoracic surgeon
<b>2. What do they already know?</b>	Doesn't know patient. Cystic fibrosis / thoracic problems. Blood tests. Symptoms.
<b>3. What do they need to know in order to continue care?</b>	<p>paint a clear picture of the why the situation is problematic:</p> <p>current condition, including recent events, existing conditions</p> <p>Detail about reasons for the requests</p>
<b>4. Why am I writing today?</b>	Patient has recovered from acute chest infection
<b>5. Is it urgent?</b>	<b>No</b>

**Assume that today's date is 17 February 2019**

You are a doctor working in the Respiratory Unit at Bridgeford General Hospital. A patient, Mr James Smith, has been sent from the ED (Emergency Department) with acute respiratory symptoms.

**PATIENT DETAILS:**

**Name:** James Smith  
**DOB:** 26 Oct 2004  
**Next of kin:** Mother, Bridget (56 y/o)

**Social background:**

High school student. Sedentary - no sports, spends many hours at computer.

**Family history:** Mother: hypothyroidism, rhinitis  
Father: deceased (lung cancer 54 y/o)

**Medical history:** Symptomatic focal epilepsy  
Chronic sinus infections  
Cystic fibrosis (2006) – poor growth  
Healthy diet but overweight (BMI 28.5)  
No allergies

**Current medications:**

Phenytoin 100 mg 3 x daily (anti-seizure)  
Panadol Rapid (paracetamol 500 mg)/ 6h  
Pulmozyme (dornase alfa), 2.5 mg b.i.d (breaks down sputum)  
Creon (Lipase-Protease-Amylase), 4 x caps with food (pancreatic enzymes)

**Admission:** 02 Feb 2019

**Presenting factors:**

Severe dyspnoea (SOB), coughing, hypoxia (lack of oxygen), hemoptysis (coughing up blood), fever, headache, facial pain.

**Treatment record:**

- 02 Feb 2019** VS: BP: 116/78 mmHg, HR: 82, RR: 18, T: 36.5 C  
hydrated; O2 sats = 80%  
Erythematous oropharynx (red tongue & throat)  
↑ breathing rate (30 breaths/minute)  
Sonorous wheeze (indicates lung blockage) & bibasilar crackles (sound at base of lung – indicates mucus/fluid)  
Treatment: Ampicillin sulbactam (antibiotic) – Lower respiratory tract infection (LRTI)? bacterial sinusitis?, and supplemental oxygen.
- 03 Feb 2019** Pt. stable  
Chest x-ray: pleural effusion & pneumonia  
CT scan: chronic sinusitis (paranasal sinus)  
Treatment: azithromycin (500 mg p.o., q.d. (reduce to 250 mg)) (antibiotic), ciprofloxacin (500 mg p.o., 12 hourly) (antibiotic).
- 17 Feb 2019** Satisfactory clinical recovery  
Antibiotics finished  
↑ likelihood lung infections & ↑ frequency  
Discussion regarding ↓ time in school, ↑ hospital visits: home-schooling?
- Discharge plan:** Physio – airway clearance technique (q.d./prn)  
Dietitian - ↑ exercise, improve/discuss diet  
Double lung transplant suitability - explore with surgeon

**Writing Task:**

Using the information in the case notes, write a letter to Dr Stark for review of Mr James Smith. Address the letter to Dr G Stark, Surgeon, Department of Thoracic Medicine, Smithtown Hospital, Smithtown.

**In your answer:**

## Paragraph Plan

Make a paragraph plan using the planning and discussions in class:

<b>Introduction</b>	<ul style="list-style-type: none"> <li>- patient</li> <li>- general medical context</li> <li>- general request</li> </ul>
<b>Timeline</b>	<p><b>Summary:</b></p> <p><b>Presenting factors:</b> Severe dyspnoea (SOB), coughing, hypoxia (lack of oxygen), hemoptysis (coughing up blood), fever, headache, facial pain.</p> <p><b>Treatment record:</b></p> <p><b>02 Feb 2019</b> VS: BP: 116/78 mmHg, HR: 82, RR: 18, T: 36.5 C hydrated; O2 sats = 80% Erythematous oropharynx (red tongue &amp; throat) ↑ breathing rate (30 breaths/minute) Sonorous wheeze (indicates lung blockage) &amp; bibasilar crackles (sound at base of lung – indicates mucus/fluid) Treatment: Ampicillin sulbactam (antibiotic) – Lower respiratory tract infection (LRTI)? bacterial sinusitis?, and supplemental oxygen.</p> <p><b>03 Feb 2019</b> Pt. stable Chest x-ray: pleural effusion &amp; pneumonia CT scan: chronic sinusitis (paranasal sinus) Treatment: azithromycin (500 mg p.o., q.d. (reduce to 250 mg)) (antibiotic), ciprofloxacin (500 mg p.o., 12 hourly) (antibiotic).</p>
<b>Medical Background</b>	<p>Chronic sinus infections</p> <p>Symptomatic focal epilepsy</p> <p>Pulmozyme (dornase alfa), 2.5 mg b.i.d (breaks down sputum)</p> <p>Creon (Lipase-Protease-Amylase), 4 x caps with food (pancreatic enzymes)</p>
<b>Request</b>	<p><b>Contrast:</b> Satisfactory clinical recovery</p> <p>↑ likelihood lung infections &amp; ↑ frequency</p> <p>Discussion regarding ↓ time in school, ↑ hospital visits: home-schooling?</p> <p>Double lung transplant suitability - explore with surgeon</p>

Make a plan - but don't send to Paul

Write an introduction. Send to Paul: [paul@set-english.com](mailto:paul@set-english.com)

Student	Teacher
<p>I am writing to refer Mr Smith, who has <b>deteriorating</b> cystic fibrosis, for a review of his suitability for double lung transplantation.</p>	
<p>Dr G Stark</p> <p>Thoracic Surgeon</p> <p>Department of Thoracic Medicine</p> <p>Smithtown Hospital</p> <p>Smithtown</p> <p>17 February 2019</p> <p>Dear Dr Stark,</p> <p>Re: Mr James Smith, aged 15 years old</p> <p>Thank you for seeing Mr Smith, who has chronic cystic fibrosis. He is being referred to your care for further assessment and treatment.</p>	<p><b>no treatment required - please include transplant information</b></p>
<p>Thank you for seeing James Smith, who was treated at the emergency department following pneumonia. He now requires your review regarding the suitability of a double lung transplant.</p>	<p>Thank you for seeing James Smith, who has been treated in our Respiratory Department due to pneumonia.</p> <p>- <b>incorrect focus - the pneumonia is just a side story. The main issue is the cystic fibrosis.</b></p> <p>He now requires your review regarding the suitability of a double lung transplant.</p>

<p>Dr.G.Stark Surgeon Department of Thoracic Medicine Smithtown Hospital Smithtown</p> <p>17 February 2019</p> <p>Dear Dr.Stark,</p> <p>Re:Mr.James Smith, DOB:26 October 2004</p> <p>Thank you for seeing Mr.Smith, whose symptoms and preliminary investigations suggestive of severe acute chest infection,which is not responding to antibiotics. She is being referred to you for futher management with the possibility of double lung transplantation.</p>	<p>Thank you for seeing Mr.Smith, whose symptoms and preliminary investigations suggestive of severe acute chest infection,<b>which is not responding to antibiotics</b>. She is being referred to you for futher management with the possibility of double lung transplantation.</p> <p><b>Purpose/Accuracy issues here!</b></p>
<p>I am writing regarding James Smith, who was diagnosed with cystic fibrosis in 2006 and was admitted to our hospital due to pneumonia recently. He is being referred to you and now requires your consultation and assessment for lung transplantation suitability.</p>	<p>I am writing regarding James Smith, who has cystic fibrosis and was admitted to our hospital due to pneumonia recently. He is being referred to you and now requires assessment for lung transplantation suitability.</p>
<p>I am writing regarding Mr Smith, a 22-year-old high school student, who needs an assessment for the suitability of double lung transplant due to severe lung disease.</p>	<p>I am writing regarding Mr Smith, a 22-year-old high school student, who needs an assessment for the suitability of double lung transplant due to severe <b>cystic fibrosis</b>.</p>
<p><i>I am writing regarding Mr James Smith, who was presented to ED with acute respiratory symptoms and now requires assessment for double lung transplant suitability.</i></p>	<p><b>Why? Cystic fibrosis</b></p>
<p>Dr. G Stark Surgeon Department of Thoracic Medicine Smithtown Hospital Smithtown</p> <p>17 February 2019</p> <p>Dear Dr. Stark,</p>	

<p>RE: Mr. James Smith, DOB: 26/10/2004</p> <p>I am writing regarding Mr. Smith, who was admitted to the respiratory unit at Bridgeford General Hospital recently due to his history of cystic fibrosis and pneumonia. He is scheduled to be discharged today, and requires your further assessment regarding the suitability of double lung transplant.</p>	<p>I am writing regarding Mr. Smith, who was admitted to our respiratory unit due to his history of cystic fibrosis and pneumonia. He is scheduled to be discharged today, and requires your further assessment regarding the suitability of double lung transplant.</p>
<p>I am writing regarding Mr Smith, who was admitted to our Emergency Department due to acute respiratory symptoms. He is scheduled to be discharged today, and now requires your further review for a double lung transplant suitability.</p>	<p><b>cystic fibrosis?</b></p>
<p>I am writing regarding Mr James Smith, who was admitted to our hospital due to acute respiratory symptoms. He is being referred to you and now requires your review of his condition .</p>	<p><b>cystic fibrosis?</b> <b>lung transplant?</b></p>
<p>Department of thoracic medicine, Smithtown Hospital, Smithtown</p> <p>Date:17<sup>th</sup> February 2019</p> <p>Dear Dr G Stark ,Thoracic Surgeon,</p> <p>RE: Mr. James Smith,DOB:26<sup>TH</sup> October2004</p> <p>I'm writing regarding Mr. Jones Smith ,who presented to our hospital with LRTI as a complication of his cystic fibrosis, which has successfully been treated ,and he is scheduled to be discharged. He is being referred for your assessment .</p>	<p>Department of Thoracic medicine, Smithtown Hospital, Smithtown</p> <p>Date:17<sup>th</sup> February 2019</p> <p>Dear Dr G Stark,</p> <p>RE: Mr. James Smith, DOB:26<sup>TH</sup> October2004</p> <p>I'm writing regarding Mr. James Smith ,who presented to our hospital with LRTI as a complication of his cystic fibrosis and is scheduled to be discharged. He is being referred for your assessment.</p>
<p>I am writing regarding Mr. Smith, who was admitted to our hospital due to acute respiratory symptoms. He is being referred to you and requires your further assessment for double lung transplant suitability.</p>	<p><b>cystic fibrosis?</b></p>
<p>I am writing regarding Mr Smith, who is presented to our unit with pneumonia in the background of cystic fibrosis. He is due for discharge and requires your assessment about his suitability for double lung transplantation.</p>	<p>I am writing regarding Mr Smith, who presented to our unit with pneumonia and <b>a history of</b> cystic fibrosis. He is due for discharge and requires your assessment about his suitability for double lung transplantation.</p>

I'm writing regarding Mr James Smith, who suffers from cystic fibrosis and was admitted to my hospital with signs of CF deterioration. Now he requires your further assessment in terms of the patient's suitability for a double lung transplant.

I am writing regarding Mr James Smith, who has cystic fibrosis and was admitted to my hospital with LRTI. He requires your assessment regarding suitability for a double lung transplant.

### Timeline Frequent issues:

- tense
- content - inaccurate
- content - missing
- content - irrelevant included
- content - too much detail about non-vital content
- sentence structure
- listing problems
- punctuation
- passive

#### Presenting factors:

Severe dyspnoea (SOB), coughing, hypoxia (lack of oxygen), hemoptysis (coughing up blood), fever, headache, facial pain.

#### Treatment record:

**02 Feb 2019** VS: BP: 116/78 mmHg, HR: 82, RR: 18, T: 36.5 C

hydrated; O2 sats = 80%

Erythematous oropharynx (red tongue & throat)

↑ breathing rate (30 breaths/minute)

Sonorous wheeze (indicates lung blockage) & bibasilar crackles (sound at base of lung – indicates mucus/fluid)

Treatment: Ampicillin sulbactam (antibiotic) – Lower respiratory tract infection (LRTI)? bacterial sinusitis?, and supplemental oxygen.

**03 Feb 2019** Pt. stable

Chest x-ray: pleural effusion & pneumonia

CT scan: chronic sinusitis (paranasal sinus)

Treatment: azithromycin (500 mg p.o., q.d. (reduce to 250 mg)) (antibiotic), ciprofloxacin (500 mg p.o., 12 hourly) (antibiotic).



Student	Teacher
<p>Initially, on 2nd February, Mr Smith presented with severe dyspnoea and haemoptysis. During examination, all vital signs were in normal limits except for 80% O2 saturation. Sonorous wheeze, along with bibasilar crackles were noticeable on auscultation, and his oropharynx was erythematous. On the next day, chest x-ray revealed pleural effusion and infiltrations compatible with pneumonia, and cranial CT confirmed chronic sinusitis. As a result, she was commenced on azithromycin and ciprofloxacin, along with ampicillin sulfabactam which was prescribed on the first day. Upon today's review, he has shown a good clinical recovery with the completion of antibiotics. However, he is prone to frequent lung infections due to his chronic condition of cystic fibrosis, and his hospital visits seem to increase.</p>	<p>Initially, on 2nd February, Mr Smith presented with severe dyspnoea and haemoptysis. During examination, all vital signs were in normal limits except for 80% O2 saturation. Sonorous wheeze, <u>along with</u> bibasilar crackles were noticeable on auscultation, and his oropharynx was erythematous. <b>The next day, a</b> chest x-ray revealed pleural effusion and infiltrations compatible with pneumonia, and cranial CT confirmed chronic sinusitis. <b>He has been treated with ampicillin, azithromycin and ciprofloxacin.</b> Upon today's review, he has <b>made</b> a good clinical recovery with the completion of antibiotics.</p> <p>However, he is prone to frequent lung infections due to his chronic condition of cystic fibrosis, and his hospital visits seem to increase. - <b>should be somewhere else!</b></p>
<p>Mr Smith presented on 2th February with severe dyspnoea, cough, hypoxia, hemoptysis associated with fever.His vital signs were in normal range except his oxygen saturation (80) and respiratory rate (30).He had bilaterally crackles and sonorous wheezing on my examination.Antibiotics were prescribed and supplemental oxygen was given for possible diagnosis of LRTI and bacterial sinusitis. His chest Xray from 3th February revealed that he had a pneumonia and pleural effusion.And also CT scan showed that he had a chronic sinusitis.</p> <p>On todays examination although his condition improved and responded to antibiotics, he is likely to have lung infections in future as his visits to hospital increased recently.</p>	<p>Mr Smith presented on <b>2nd</b> February with severe dyspnoea, cough, hypoxia, hemoptysis associated with fever. His vital signs were in normal range except his oxygen saturation (80%) and respiratory rate (30). He had <b>bibasilar</b> crackles and sonorous wheezing on examination. Antibiotics were <b>prescribed</b> and supplemental oxygen was given. <b>The following day a</b> chest X ray revealed pneumonia and pleural effusion, and a CT scan confirmed chronic sinusitis.</p> <p>On today's examination although his condition has improved and responded to antibiotics, he is likely to have lung infections in future as his visits to hospital increased recently. - <b>does this belong in the request?</b></p> <p><b>Antibiotic names should be detailed</b></p>

<p>Mr Smith was initially admitted to our hospital on 2nd February 2019, due to severe dyspnoea, coughing, hemoptysis, and a fever, along with hypoxia(80%). On examination, a sonorous wheeze and bibasilar crackles were noted. Subsequently, a chest X-ray and CT scan revealed pneumonia and chronic sinusitis, which were consistent with cystic fibrosis. He was, therefore, commenced on a course of antibiotics.</p>	<p><b>please include antibiotics names</b></p>
<p>Mr Smith was admitted to our Respiratory Unit with severe dyspnoea, hypoxia, fever and hemoptysis on 2nd February. <b>On admission, his physical examination was consistent with severe respiratory tract infection.</b> Additionally, his chest X-ray revealed pleural effusion and pneumonia, along with a CT scan showed chronic sinusitis. During hospitalization, he was treated appropriately and supplied with O2.</p> <p>Today, he is due for discharge as a result of recovering clinically. However, there is a strong possibility of severe and frequent lung infections because of worsening cystic fibrosis.</p>	<p>Mr Smith was admitted with severe dyspnoea and hypoxia, along with fever and haemoptysis.</p> <ul style="list-style-type: none"> <li>- <b>symptoms would be more useful than a diagnosis which was later proved incorrect</b></li> </ul> <p>Additionally, his chest X-ray revealed pleural effusion and pneumonia, along with chronic sinusitis, which was confirmed by CT scan.</p> <ul style="list-style-type: none"> <li>- <b>no verb phrases after along with!</b></li> <li>- <b>'avoid treated appropriately' - include the antibiotics here.</b></li> </ul>
<p>Initially, He was presented to me on 2nd February 2019 with fever, headache ,and severe respiratory symptoms including difficulty in breathing, cough,and hemoptysis .His general examination revealed tachypnea, T:36.5 C and SPO2 :80% and his lung auscultation confirmed bibasal crepitation in addition to snorous wheeze.As a result of this,I commenced ampicillin sulbactum .During his second visit on next day ,he was well and oral</p>	<p>Initially, James presented to me on 2nd February 2019 with fever, headache ,and severe respiratory symptoms including difficulty in breathing, cough,and hemoptysis . His general examination revealed tachypnea, <b>T:36.5 C - necessary?</b> and SPO2: 80% and his lung auscultation confirmed bibasal crepitation, in addition to snorous wheeze. As a result of this, I commenced ampicillin sulbactum. During <b>his second visit - did he go home and return?</b></p>

<p>azithromycin 500mg 6 hourly and ciprofloxacin 500mg 12hrly were added as his chest- x-ray and CT scan showed pneumonia with pleural effusion and chronic sinusitis respectively.</p>	<p>on next day ,<b>he was well - was he?</b> and oral azithromycin 500mg 6 hourly and ciprofloxacin 500mg 12hrly were added as his chest- x-ray and CT scan showed pneumonia with pleural effusion and chronic sinusitis respectively.</p> <p><b>Probably too much detail included re antibiotics and some strange comments, see above.</b></p>
<p>On 2th February 2019 Mr. Smith presented to our Emergency Department with fever, SOB, hypoxia, hemoptysis ,and fascial pain. Her respiratory rate was 18//minutes which increased to 30 /minutes .The Patient was afebrile and no tachycardia was noted .Additionally her oxygen saturation was 82%.On physical examination wheezing, and bibasilar crackles was detected. Consequently , the patient was commenced on antibiotic, and supplemental oxygen was applied. On 3th February 2019 chest x ray showed pneumonia ,and pleural effusion resulting in, his antibiotic being switched to azithromycin ,and ciprofloxacin. Today the patient is showing satisfactory clinical recovery, which resulted in his antibiotic being discontinued.</p>	<p>On 2th February 2019 Mr. Smith presented to our Emergency Department with fever, SOB, hypoxia, hemoptysis ,<b>and fascial pain - necessary to include?</b> . <b>His</b> respiratory rate was 18 which increased to 30 /minutes . He was afebrile and no tachycardia was noted .Additionally <b>his</b> oxygen saturation was <b>80%</b>. On physical examination wheezing and bibasilar crackles <b>were</b> detected. Consequently , the patient was commenced on <b>antibiotics</b>, and supplemental oxygen was applied - <b>necessary?</b> . On <b>3rd</b> February 2019 <b>a</b> chest x ray showed pneumonia ,and pleural effusion, resulting in his <b>antibiotics</b> being switched to azithromycin ,and ciprofloxacin. Today the patient is showing satisfactory clinical recovery, which has resulted in his antibiotic being discontinued.</p> <p><b>Not concise enough - more summarization required.</b></p>
<p>On 2nd Feb 2019, Mr Smith presented to A&amp;E Department with symptoms such as; severe dyspnea, hypoxia, hemoptysis, fewer and coughing. Following his admission he was commenced on antibiotic and oxygen. The day after, he was diagnosed with pleural effusion and pneumonia after an X-ray and CT scans. Subsequently, Mr Smith prescribed azithromycin and ciprofloxacin for two weeks. He has made good progress during hospitalisation.</p>	<p>On 2nd Feb 2019, Mr Smith presented to A&amp;E Department with symptoms including severe dyspnea, hypoxia, hemoptysis and fever. Following his admission he was commenced on antibiotics and oxygen. The day after, he was diagnosed with pleural effusion and pneumonia after an X-ray and CT scans. Subsequently, Mr Smith <b>was</b> prescribed azithromycin and ciprofloxacin. He has made good progress during <b>his</b> hospitalisation.</p>
<p><b>Mr Smith has been diagnosed with cystic fibrosis in 2006</b> and was recently admitted to our respiratory unit with pneumonia on 2<sup>nd</sup> Feb. 2019. He received all the necessary treatment and achieved satisfactory clinical recovery. He is also known to have symptomatic focal epilepsy and chronic sinus infection on medication. <b>The chronic debilitating condition</b></p>	<p>Mr Smith <b>was diagnosed with</b> cystic fibrosis in 2006 and was admitted to our respiratory unit with pneumonia on 2<sup>nd</sup> Feb. 2019. He received all the necessary treatment and achieved satisfactory clinical recovery. He <b>also has</b> symptomatic focal epilepsy and chronic sinus infections. The chronic debilitating condition of Mr Smith has affected him in many ways.</p>

<p><i>of Mr Smith has affected him in many ways. He is a 2ry school student missing many school days and not being able to participate in any sports. Currently, he is on supportive treatment for cystic fibrosis.</i></p>	<p>Be careful with function of paragraphs - the <i>italics</i> is background, not timeline.</p>
<p>On 2nd Feb 2019, Mr Smith presented with severe dyspnea, hypoxia and cough, as well as hemoptysis. On examination, his respiratory rate was increased to 30 bpm and SPO2 ranged 80%. Apart from that, he had wheezing and bibasilar crackles. Additionally, antibiotics were prescribed for LRTI. Furthermore, a CT scan revealed chronic sinusitis and a chest x-ray showed pleural effusion and pneumonia. Despite having frequent lung infection but his clinical recovery was satisfactory.</p>	<p>We already knew he had chronic sinusitis - so did it reveal or confirm?</p> <p>More detail required for antibiotics.</p> <p>This section doesn't seem relevant?</p>
<p>On 2th February, Mr Smith presented to our E&amp;A with severe respiratory symptoms through with hemoptysis. On examination, his saturation was 80 percent and had had tachypnea but other vital signs were normal. Radiological scans demonstrated that he had pleural effusion, pneumonia and chronic sinusitis, and as a result an antibiotic regime was begun. After a 2-week hospitalization he is being discharged with recommends.</p>	<p>On 2nd February, Mr Smith presented to our E&amp;A with severe respiratory symptoms and hemoptysis. On examination, his oxygen saturation was 80 percent and he had tachypnea but other vital signs were normal. Radiological scans demonstrated that he had pleural effusion, pneumonia and chronic sinusitis, and as a result an antibiotic regime was begun. After a 2-week hospitalization he is being discharged.</p> <p>Very well summarised - this is very concise. But we need the antibiotics information. A couple of strange phrases have been removed.</p>
<p>On 2nd February 2019, Mr Smith presented to the ED complaining of severe dyspnoea, coughing, hemoptysis, and fever, along with facial pain. On examination, there were sonorous wheeze and bibasilar crackles. Additionally, his O2 saturation level was 80%. Subsequently, he was prescribed ampicillin sulbactam and supplemental oxygen. On 3rd February, his scans showed a pleural effusion, pneumonia, and chronic sinusitis, for which he was treated with azithromycin and ciprofloxacin.</p>	<p>On 2nd February 2019, Mr Smith presented to the ED complaining of severe dyspnoea, coughing, hemoptysis, and fever, along with facial pain. On examination, sonorous wheeze and bibasilar crackles were noted. Additionally, his O2 saturation level was 80%. Subsequently, he was prescribed ampicillin sulbactam and supplemental oxygen. On 3rd February, his scans showed pleural effusion, pneumonia, and chronic sinusitis, for which he was treated with azithromycin and ciprofloxacin.</p> <p>Excellent piece of writing.</p>
<p>Mr. Smith was admitted on 2nd February due to acute respiratory symptoms, his breathing rate was 30 breathes per minute and his oxygen level was 80%, in addition, sonorous</p>	<p>Mr. Smith was admitted on 2nd February due to acute respiratory symptoms, a breathing rate of 30 and an oxygen level of 80%. In addition, sonorous wheeze and crackles sounds were</p>

<p>wheeze and crackles sounds were reported, as a result, Ampicillin sulbactam antibiotic was prescribed and oxygen had been supplied. On 3rd February, Mr. Smith became stable, however, his CT and X-ray was showing chronic sinusitis and pleural effusion and pneumonia, for which Azithromycin and Ciprofloxacin antibiotics were prescribed.</p>	<p>reported, <b>and</b> as a result, ampicillin sulbactam antibiotic was prescribed and oxygen <b>was</b> supplied. On 3rd February, Mr. Smith became stable. <b>However</b>, his CT and X-ray <b>showed</b> chronic sinusitis and pleural effusion and pneumonia, for which azithromycin and ciprofloxacin antibiotics were prescribed.</p> <p><b>Good summary but a range of language issues detract from professional quality</b></p>
<p>James presented to the ED with severe dyspnoea, hypoxia, coughing, haemoptysis, fever and facial pain. On the 2<sup>nd</sup> of February 2019 James had a low oxygen saturation of 80%, an erythematous oropharynx, an increased respiratory rate of 30, serous wheezing and basal crackles. He was treated with amoxicillin and supplemental oxygen. On the 3<sup>rd</sup> of February 2019 James was stable, his chest x-ray showed pleural effusion and pneumonia and his CT scan showed chronic sinusitis. He was treated with azithromycin and ciprofloxacin.</p>	<p>James presented to the ED on 2<sup>nd</sup> February with severe dyspnoea, hypoxia, coughing, haemoptysis, fever and facial pain. <b>Additionally, he</b> had a low oxygen saturation of 80%, an erythematous oropharynx, an increased respiratory rate of 30, serous wheezing and basal crackles. He was treated with amoxicillin and supplemental oxygen. On the 3<sup>rd</sup> of February 2019 James was stable, his chest x-ray showed pleural effusion and pneumonia and his CT scan showed chronic sinusitis. He was treated with azithromycin and ciprofloxacin.</p> <p><b>Great summarising but some strange phrasing early in the paragraph.</b></p>
<p>Initially, on 02/02/2019, Mr Smith presented with complaints of haemoptysis, severe dyspnoea , fever and facial pain. On examination, his respiratory rate was 18 and oxygen saturation was 80 %. also bibasilar crackles were noticed on auscultation. Hence , ampicillin salbactum was prescribed ,also chest x ray and ct scan were ordered. Mr smith responded well to treatment . but pleural effusion and pneumonia were noticed on chest x ray and chronic sinusitis revealed on ct scan . consequently , azithromycin and ciprofloxacin were prescribed.</p>	<p>Initially, on 02/02/2019, Mr Smith presented with complaints of haemoptysis, severe dyspnoea , fever and facial pain. On examination, his respiratory rate was 18 and oxygen saturation was 80 %. Additionally, bibasilar crackles were noticed on auscultation. <b>Subsequently</b>, ampicillin sulbactum was prescribed, <b>and</b> a chest x ray and CT scan were ordered. Mr Smith <b>has</b> responded well to treatment but pleural effusion and pneumonia were noted on chest x ray and chronic sinusitis revealed on ct scan . Consequently , azithromycin and ciprofloxacin were prescribed.</p> <p><b>Don't use 'also' as an addition linker - it is considered unprofessional.</b></p>
<p>On admission, Mr. Smith manifested signs and symptoms of severe dyspnea, hypoxia, hemoptysis, and fever, as well as facial pain. Upon examination, the O2 saturation was 80%, and his respiratory rate significantly increased. Additionally, a</p>	<p>On admission, Mr. Smith <b>presented with</b> severe dyspnea, hypoxia, hemoptysis, and fever, as well as facial pain. Upon examination, <b>his</b> O2 saturation was 80%, and his respiratory rate significantly increased. Additionally, a sonorous wheeze</p>

<p>sonorous wheeze and bilateral crackles were auscultated. On review of the requested chest x-ray and CT scan results, they revealed plural effusion and the sign of pneumonia along with the chronic sinusitis. Consequently, with the impression of lower respiratory tract infection and bacterial sinusitis, ampicillin sulbactam, azithromycin, ciprofloxacin, and supplemental oxygen were commenced during his hospitalization.</p>	<p>and bilateral crackles were auscultated. On review of the requested chest x-ray and CT scan results, they revealed plural effusion and the signs of pneumonia, along with chronic sinusitis. Consequently, <b>with the diagnosis of pneumonia</b>, ampicillin sulbactam, azithromycin, ciprofloxacin, and supplemental oxygen were commenced during his hospitalization.</p>
<p>On 2<sup>nd</sup> of February, Mr Smith presented with clinical features of LRTI including hemoptysis, tachypnea to 30 BPM, severe hypoxia with oxygen saturation 80%, and fever. Radiologically, pneumonia and pleural effusion were diagnosed. Combined antibacterial therapy with azithromycin and ciprofloxacin accompanied with oxygen therapy were commenced with a positive effect.</p>	<p>Very concise but also filled with important detail. Some detail on the wheezing and crackled would have helped paint a clearer picture for the reader. Good writing style.</p>

## Background & Request

<p><b>Medical Background</b></p>	<p>Chronic sinus infections</p> <p>Symptomatic focal epilepsy</p> <p>Pulmozyme (dornase alfa), 2.5 mg b.i.d (breaks down sputum)</p> <p>Creon (Lipase-Protease-Amylase), 4 x caps with food (pancreatic enzymes)</p>
<p><b>Request</b></p>	<p><b>Contrast:</b> Satisfactory clinical recovery</p> <p>↑ likelihood lung infections &amp; ↑ frequency</p> <p>Discussion regarding ↓ time in school, ↑ hospital visits: home-schooling?</p> <p>Double lung transplant suitability - explore with surgeon</p>

Student	Teacher
<p>Mr Smith has chronic sinus infections and symptomatic focal epilepsy, managed by phenytoin. Additionally, he is currently on Pulmozyme 2.5mg and Creon. Despite following a healthy diet, the patient is overweight with a BMI of 28.5.</p>	<p>satisfy</p> <p>satisfactory</p> <p>satisfying</p>

<p>Although Mr Smith <b>satisfactorily</b> recovered from the recent episode of LRTI, he is highly vulnerable to frequent lung infections, resulting in a significant increase in hospital admissions. In order to minimize the risk of infection home schooling is considered.</p> <p>In view of the above, can you <b>please</b> provide your further assessment of <b>Mr Smith's</b> condition regarding a double lung transplant.</p>	<p>satisfactorily</p> <p>A little bit more accuracy required in content re - frequency/likelihood</p> <p>Great writing.</p>
<p><b>Regarding his medical background, he has a history of chronic sinus infections. Also it is important to note that he is prone to frequent lung infections due to his chronic condition of cystic fibrosis, and his hospital visits seem to increase. In view of the above, it would be greatly appreciated if you could provide him an assessment for lung transplant suitability.</b></p>	<p>Regarding his medical background, he has a history of chronic sinus infections. Also it is important to note that he is prone to frequent lung infections due to his chronic condition of cystic fibrosis - <b>repetitive/don't need to explain for the surgeon</b> - , and his hospital visits <b>are increasing</b>.</p> <p>In view of the above, it would be greatly appreciated if you could provide him <b>with</b> an assessment for <b>double</b> lung transplant suitability.</p> <p><b>information re epilepsy missing</b></p>
<p>James has a healthy diet but is overweight and has no allergies. He has a medical history of systematic focal epilepsy and chronic sinus infections. James has also suffered from cystic fibrosis since 2006 which has led to poor growth. His current medications include Phenytoin 100mg 3 x daily, Panadol Rapid 500mg 6 hourly, Pulmozyme 2.5mg b.i.d and Creon 4 capsules with food.</p> <p>James has now finished his course of antibiotics and has clinically recovered. I would be grateful while in your care if you could assess the likelihood of increased lung infections and increased frequency. A discussion on whether to home school James due a decreased time in school because of frequent hospital visits will also be vital. I would also like to request if James can be referred to a physiotherapist to help him with an airway clearance technique and referred to a dietician who can guide him regarding exercise and improving his diet. Finally I would like to request if the possibility of James being a suitable candidate for a double lung transplant can be discussed with a surgeon.</p>	<p><b>James has no allergies, and has a healthy diet but is overweight.</b> He has symptomatic focal epilepsy and chronic sinus infections.</p> <p><b>Irrelevant/unnecessary detail included.</b></p> <p><b>Always consider if the information is necessary for 'continuation of care'</b></p> <p><b>Misrepresenting content</b></p> <p><b>Need to focus on being concise.</b></p> <p><b>Be direct.</b></p>
<p>In terms of medical background, Mr. Smith was diagnosed with cystic fibrosis in 2006, for which he has been on Pulmozyme 2.5mg twice a day, and Creon 4 capsules per day. Additionally, he has <b>a</b></p>	<p>However, <b>it</b> is highly likely to be more prone to have other lung infections for him.</p>

<p>history of chronic sinusitis and symptomatic focal epilepsy.</p> <p>On discharge, Mr. Smith has satisfactorily improved. However, <b>it</b> is highly likely to be more prone to have other lung infections for him. Therefore, it was recommended that it would be beneficial for him to do home-schooling, and he be visited in the hospital regularly. It would be greatly appreciated if you could assess Mr. Smith's condition regarding the suitability of double lung transplant.</p>	<p>However, it is highly likely (that) he will become more prone to chest infections.</p> <p>However, he is highly likely to become more prone to chest infections, which will result in more hospital visits. Therefore it has been recommended that home-schooling would be beneficial.</p> <p><b>be careful with complex structures - even if the grammar is good it might not say what you want it to.</b></p>
<p>Regarding his medical background, Mr Smith has cystic fibrosis which increases frequent of his lung infections. Additionally, he has symptomatic focal epilepsy and chronic sinus infections. He uses phenytoin, Creon, Pulmozyme and Panadol Rapid. Please note his BMI is 28,5.</p> <p>In view of the above , it would be appreciated if you could assess Mr Smith regarding double lung transplant suitability. Please note he was advised to do more exercise and improve his diet by the dietitian. Moreover, he will be thought airway clearance technique by the phsiotherapist.</p>	<p>Regarding his medical background, Mr Smith has cystic fibrosis.</p> <p><b>A number of language issues here - work on grammar and your writing will improve.</b></p>
<p>He has symptomatic focal epilepsy, due to which she is on phenytoin ,100mg ,three times a day. His cystic fibrosis was diagnosed at age two ,when he was showing poor growth. Additionally, he has chronic sinusitis .Regarding his medications he is taking Pulmozyme and Creon.</p> <p>His BMI is 28.5,And as a result his dietician has advised him to do more exercise, and improving his diet.</p> <p>Due to his recurrent lung infections, his hospital visit has increased ,resulting in him being studying at home .consequently he has spent less time at school. It would be appreciated if you can assess Mr. Smith for his suitability for double lung transplant. Please note he is visiting physiotherapist ,four times a day, for airway clearance techniques. If you have any further questions please contact me.</p>	<p><b>Too much irrelevant information.</b></p> <p><b>The surgeon doesn't need to know about when he was 2 years old.</b></p> <p><b>there are a range of language issues here too. More conciseness will result in fewer language errors!</b></p>
<p>After two weeks, James' condition has improved. His discharge plan including physio and dietician consultations has been made. Despite his clinical recovery please note that frequency of his hospitalisation is increasing</p>	<p><b>Well summarised but some language issues which detract from professional tone.</b></p>



<p>due to infections. His education life also has been <b>affected</b> as a result of <b>the</b> deterioration of his disease.</p> <p>In view of the above, <b>it</b> would be appreciated if you could assess his suitability for <b>a</b> double lung transplant.</p> <p>If you have any queries please do not hesitate to contact with me.</p>	
<p>Mr Smith <b>was</b> diagnosed with cystic fibrosis in 2006 and his medical history is also significant for symptomatic focal epilepsy and chronic sinus infections. He is currently on regular <b>phenytoin</b>, Pulmozyme, and Creon. This chronic debilitating condition has affected Mr Smith in many ways. He is a 2yr school student with a sedentary lifestyle, missing many school days due to frequent hospitalization, and not being able to participate in any sports.</p>	<p><b>Is his BMI a significant part of his medical history?</b></p> <p><b>Where is the request? What are we asking for?</b></p>
<p>Regarding Mr Smith's medical background, he has chronic sinus infections and symptomatic focal epilepsy. Currently, he takes Pulmozyme and Creon.</p> <p>In view of the above, it would be greatly appreciated if you could assess him for double lung transplant suitability. Additionally, he has been advised for airway clearance techniques. Moreover, he convinced increasing exercise frequency and a balance diet.</p>	<p><b>Nothing about the effect his condition is having on his life? The request paragraph is not very supportive of the purpose.</b></p>
<p>Mr Smith was diagnosed with cystic fibrosis in 2006 and has chronic sinus infections, along with symptomatic focal epilepsy. His medications are Pulmozyme, Creon and <b>phenytoin</b>. Additionally, despite having a healthy diet, his BMI is 28,5.</p> <p>Today, Mr Smith is due for discharge as a result of recovering clinically. However, there is an increased risk of severe and frequent lung infections secondary to deteriorating cystic fibrosis.</p> <p>In view of the above, it would be appreciated, if you could provide him a review of suitability for double lung transplant</p>	<p><b>Really like this! Well done.</b></p>
<p>Although his condition has improved and <b>James</b> is due to be discharged today, he is likely to have lung infections in future. His visits to hospital has increased and attending school has been affected recently.</p>	<p><b>Very well written, overall. However, you are suggesting that the surgeon should arrange the physio and dietitian assistance, which is not the case.</b></p>

It would be appreciated if you could assess his suitability for double lung transplantation. Please note that, attending physio sessions for airway clearance technique as well as counselling a dietitian for improving his exercise and diet quality would be highly recommended.

No background?