

# WRITING SUB-TEST – TEST BOOKLET

## INSTRUCTIONS TO CANDIDATES

You must write your answer for the Writing sub-test in the **Writing Answer Booklet**.

You must **NOT** remove OET material from the test room.

**WRITING SUB-TEST: MEDICINE**  
**TIME ALLOWED: READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

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

**Notes:**

**Assume that today's date is 21 May 2019.**

You are a doctor in the Emergency Department at Shepton Hospital and are assessing a patient who has been involved in a motorcycle accident.

**PATIENT DETAILS:**

**Name:** Richard McKie (Mr)  
**DOB:** 26 May 1998 (32 y.o.)  
**Residence:** 24 Rose Avenue, Shepton (student accommodation - shared room)

**Social background:**

4th-year medical student (Westland University)  
Interests: music (plays the flute), travel abroad, keen motorcyclist (no previous accidents)

**Family background:**

Mother – COPD, hyperlipidemia  
Father – prostate cancer, alcoholic since 48 y.o.  
Brother – allergic dermatitis

**Past medical history:**

R wrist fracture 7 y.o. (fall from bicycle)  
Social drinker, mainly beer (approx. 6 units/wk)  
Light smoker: 3-5 cigs/day  
No allergies  
No medications

**Hospital Admission 21 May 2019:**

Pt →Emergency Department after high-velocity motorcycle accident trauma

**Treatment record:**

**21 May 2019**    Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min,  
 Temp - 36.5°C  
 Respiratory distress  
 Cervical collar in situ  
 Diaphoretic & cyanotic,  
 Pulse-oximetry 88% (room air)  
 Glasgow Coma Scale (GCS): 15/15  
 Thorax examination: R distant breath sounds, hyper-resonance on percussion  
 R tension pneumothorax → prompt needle decompression  
 Insertion R chest tube & oxygen → pt. stabilised  
 Chest X-ray: 5th rib midline fracture, no hemothorax

**Medications:** Oxygen nasal cannula 2L/min  
 Hydromorphone IV 0.5mg/every 4 hrs  
 Ampicillin-Sulbactam IV 1g/every 6 hrs  
 Omeprazole PPI IV 40mg/day  
 Enoxaparin IV 40mg SC (subcutaneous)/day

**Secondary survey:**

R periorbital ecchymosis & edema  
 ↓ visual acuity, mild enophthalmos  
 Diplopia (especially upgaze) → ?blowout fracture  
 R hyperalgesia in distribution of infraorbital nerve  
 Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment

**Diagnosis:**

1. R Blowout fracture
2. LeFort type II fracture
3. R Tension pneumothorax (resolved)

**Management:**

Monitoring of pt: normal vital signs ✓  
 no respiratory distress ✓  
 hemodynamically stable ✓  
 Chest tube in position, pain controlled  
 Pt to remain overnight then transfer to Plastic Surgery Dept.

**Plan:**

Refer → plastic surgeon for management of blowout fracture  
 w. plastic or maxillofacial surgery

**Writing Task:**

Using the information in the case notes, write an internal letter of referral to Dr Bellamy, Plastic Surgery Consultant, for review and further management of Mr McKie's blowout fracture. Address the letter to Dr Mary Bellamy, Plastic Surgery Consultant, Shepton Hospital, Shepton.

**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.

Any answers recorded here will not be marked.

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