

WARM UP GAME

Administration – organisation (of paperwork)

Admission – noun

Admit

Manage – verb

Management – noun

Manager – noun

Manageable – adjective

Motion – noun [movement]

Motionless – noun (lack of movement)

range of motion exercises

Like an adjective

OET Writing Week:

1. Review basics
2. Discuss case notes in groups
3. Create letter plan

OET Writing Week:

Monday: *Plan the letter*

Tuesday: Paragraph 1

Wednesday: Paragraph 2

Thursday: Paragraph 3

Friday: Paragraph 4

OET Writing

45 mins

5 minutes only reading

What should we do?

Read & plan

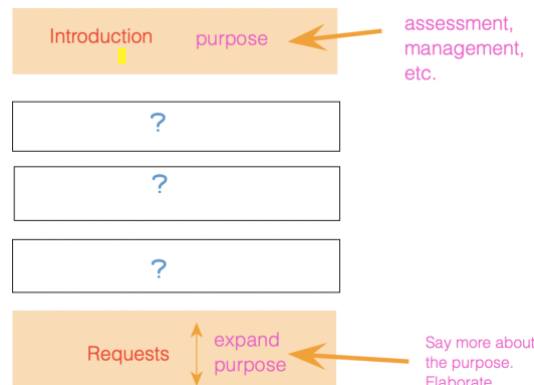
Choose case notes:

You must only **relevant** case notes

1. **Appropriate:** hot water, sugar, milk [some flexibility]
2. **Needed:** water, coffee powder [no flexibility]

Irrelevant: Chilli sauce / ketchup / cheese

Paragraph planning:



Band	Purpose	Band	Content	Conciseness & Clarity	Genre & Style	Organisation & Layout	Language
3	Purpose of document is immediately apparent and sufficiently expanded as required	7	Content is appropriate to intended reader and addresses what is needed to continue care (key information is included; no important details missing); content from case notes is accurately represented	Length of document is appropriate to case and reader (no irrelevant information included); information is summarised effectively and presented clearly	Writing is clinical/factual and appropriate to genre and reader (discipline and knowledge); technical language, abbreviations and polite language are used appropriately for document and recipient	Organisation and paragraphing are appropriate, logical and clear; key information is highlighted and sub-sections are well organised; document is well laid out	Language features (spelling/punctuation/vocabulary/grammar/sentence structure) are accurate and do not interfere with meaning
		6	Performance shares features of bands 5 and 7				
2	Purpose of document is apparent but not sufficiently highlighted or expanded	5	Content is appropriate to intended reader and mostly addresses what is needed to continue care; content from case notes is generally accurately represented	Length of document is mostly appropriate to case and reader; information is mostly summarised effectively and presented clearly	Writing is clinical/factual and appropriate to genre and reader with occasional, minor inappropriacies; technical language, abbreviations and polite language are used appropriately with minor inconsistencies	Organisation and paragraphing are generally appropriate, logical and clear; occasional lapses of organisation in sub-sections and/or highlighting of key information; layout is generally good	Minor slips in language generally do not interfere with meaning
		4	Performance shares features of bands 3 and 5				
1	Purpose of document is not immediately apparent and may show very limited expansion	3	Content is mostly appropriate to intended reader; some key information (about case or to continue care) may be missing; there may be some inaccuracies in content	Inclusion of some irrelevant information distracts from overall clarity of document; attempt to summarise only partially successful	Writing is at times inappropriate to the document or target reader; over-reliance on technical language and abbreviations may distract reader	Organisation and paragraphing are not always logical, creating strain for the reader; key information may not be highlighted; layout is mostly appropriate with some lapses	Inaccuracies in language, in particular in complex structures, cause minor strain for the reader but do not interfere with meaning
		2	Performance shares features of bands 1 and 3				
0	Purpose of document is partially obscured/unclear and/or misunderstood	1	Content does not provide intended reader sufficient information about the case and what is needed to continue care; key information is missing or inaccurate	Clarity of document is obscured by the inclusion of many unnecessary details; attempt to summarise not successful	The writing shows inadequate understanding of the genre and target reader; mis- or over-use of technical language and abbreviations cause strain for the reader	Organisation not logical, putting strain on the reader; or heavy reliance on case note structure; key information is not well highlighted and the layout may not be appropriate	Inaccuracies in language cause considerable strain for the reader and may interfere with meaning
		0	Performance below Band 1				

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Occupational English Test

PPP MEDSAMPL

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 Ma Bellamy, Plastic Surgery Consultant, Shepton Hospital, Shepton.

PLAN FOR THE WEEK

<p><u>Introduction</u></p>	<ul style="list-style-type: none"> Purpose: management
<p>Admission</p>	<p>21 May 2019</p> <p><u>Admission VS:</u> BP - 88/60, HR - 110 beats/min, Temp - 36.5°C</p> <p><u>Respiratory distress</u></p> <p>Cervical collar in situ</p> <p><u>Diaphoretic & cyanotic,</u></p> <p><u>Pulse-oximetry 88% (room air)</u></p> <p>Glasgow Coma Scale (GCS): 15/15</p> <p>Thorax examination: R distant breath sounds, hyper-resonance on percussion</p> <p>R tension <u>pneumothorax</u> →prompt needle decompression</p> <p>Insertion <u>R chest tube & oxygen</u> →pt. stabilised</p> <p>Chest X-ray: <u>5th rib midline fracture, no hemothorax</u></p> <p><u>Medications:</u> Oxygen nasal cannula 2L/min</p> <p>Hydromorphone <u>IV 0.5mg/every 4 hrs</u></p> <p>Ampicillin-Sulbactam <u>IV 1g/every 6 hrs</u></p> <p>Omeprazole <u>PPI IV 40mg/day</u></p> <p>Enoxaparin <u>IV 40mg SC (subcutaneous)/day</u></p>
<p>Secondary Survey</p>	<p><u>Secondary survey:</u></p> <p>R periorbital ecchymosis & edema</p> <p>visual acuity, mild enophthalmos</p> <p>Diplopia (especially upgaze) →?blowout fracture</p> <p>R hyperalgesia in distribution of infraorbital nerve</p> <p>Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment</p> <p><u>Diagnosis:</u></p> <ol style="list-style-type: none"> R Blowout fracture LeFort type II fracture R Tension pneumothorax (resolved)
<p>Current Condition</p>	<p><u>Management:</u> Monitoring of pt: normal vital signs ✓</p> <p>no respiratory distress ✓</p> <p>hemodynamically stable ✓</p> <p>Chest tube in position, pain controlled</p> <p>Pt to remain overnight then transfer to Plastic Surgery Dept.</p>
<p>Requests</p>	<ul style="list-style-type: none"> Purpose: management Expand: plastic or maxillofacial surgery

Write the Introduction paragraph and mail to alain@set-english.com

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