

## OET Writing

### Error Correction – Organisation

The right information in the right place – use of paragraphs

Common Organisation Errors	
Type	Why and Solution
<p><b>Overall letter organisation</b></p> <ul style="list-style-type: none"> <li>Mix content from other paragraphs: function – intro, request, background, timeline</li> <li>Lack coherence with illogical sequence of paragraphs</li> <li>Realise too late that information should be in a paragraph – squeezing information at the end of a paragraph</li> </ul> <p><b>Intra-paragraph organisation</b></p> <p>How information is organised inside a paragraph</p> <ul style="list-style-type: none"> <li>Lack of use of multi-clause sentences</li> <li>Following case notes ‘slavishly’</li> <li>Lack coherence with illogical sequence of case notes</li> <li>Mixing reader &amp; writer task – confusing</li> <li>Prioritise unimportant information.</li> <li>Add a sentence at the end of a paragraph that seems out of place – no linking phrase / Please note</li> <li>Strange connections in sentences</li> </ul>	<p>1) Have an organised planning process: Be aware of paragraph function</p> <p>2) Consider which information is connected</p> <p>3) Practice sentence structures &amp; listing</p>

**Discharge plan:**

Monitor medication compliance (Panadeine Forte, Augmentin Duo Forte, for review at completion of current course).

Verapamil to continue

Elevation of right foot

Bed rest, avoid weight-bearing

Ice if needed

Review in Osteopathy Outpatients on 07 Jul 2018 (removal surgical boot and staples, application brace for support).

Preserve skin integrity after removal of boot

Equipment required: crutches (provided by hospital).

Follow-up physiotherapy Outpatients (appointments to be fixed at osteopathy review).

**Please** monitor Mr Smith's medication compliance (Panadeine Forte, Augmenting Duo Forte, for review at completion of current course). Verapamil is to continue and ensure elevation of his right foot. **Please** ensure bed rest and avoid weight-bearing. **Please** use ice if needed. **Please** review him in the Osteopathy Outpatients in 07 Jul 2018 and remove his surgical boot and staples, with an application brace for support. **Please** preserve his skin integrity after removal of the boot. he requires equipment, including crutches, will be provided by the hospital. **Please** do a follow up physiotherapy session at the Outpatients. Appointments to be fixed at osteopathy review

**Feedback:**

- Slavishly follows case notes
- **Connects strange case notes together:** Verapamil is to continue and ensure elevation of his right foot.
- Not enough connection of case notes that should go together
- No differentiation of reader and writer tasks
- Various unnatural phrasings
- Use of brackets
- Language mostly copied from the discharge plan

## Exercises

### Intra-paragraph organisation

Review the paragraphs below. Are they well organised? Can you rewrite them?

Regarding her background, Ms Weston has a BMI of 32 and she has had hyperthyroidism since 2015. She works as a supermarket manager. She lives with her mother and takes care of her. However, she does not exercise or do any physical activities. Her job is very tiring. In terms of her medical background, she has type 2 diabetes mellitus.

Mrs Price has been prescribed 500 mg of amoxicillin three times a day for two weeks. Despite her unremarkable concussion tests, she was kept under observation at our hospital, which led to the discovery of a severely infected and untreated ingrown toenail. Having had a fall at home, which resulted in a mild concussion, Mrs Price was admitted on 2nd December. Her wound has also been cleaned and dressed accordingly.

In addition to vomiting once, there are no wet nappies. On examination, he is irritable and mildly dehydrated. His tissue turgor and capillary return are normal. Please note that Joshua had a pulse rate of 120/min and respiratory rate of 30/min, and his weight has dropped from 4200g to 4100g in the past five days. Abdominal examination revealed mild generalised tenderness, despite lack of guarding and rebound tenderness. He has dry mucous membranes.

## Paragraph Function Organisation

Review the letter below – is the information logically organised in relation to paragraph function?

Dr Smith

Cardiologist

Emergency Department

Main Hospital

Coast City

20/09/2015

Re: Lucy Clarke, 64 years old

Dear Dr Smith,

I am writing to refer Mrs Clarke, who has signs suggestive of unstable angina, for urgent assessment and management of her condition.

Today Mrs Clarke presented complaining of a crushing central chest pain on exertion associated with dyspnoea. This pain radiated down to her left arm and was relieved by rest. On examination, her vital signs and the result of a resting ECG were normal. Additionally, she is a non-smoker and a social drinker.

In terms of Mrs Clarke's background, she has type 2 diabetes mellitus and hyperlipidaemia, as well as hypertension, for which she is on Januvia 100mg, Lipitor 40mg and Avopro 75mg once a day, along with NovoMix30 25 units twice a day. She has experienced three episodes of pain during the last week, each one less than fifteen minutes in duration.

Mrs Clarke has a provisional diagnosis of unstable angina. In view of the above, it would be appreciated if you could provide her with your urgent assessment and management. Please note that her mother, who had experienced myocardial infarction previously, died due to ischaemic stroke.

Please do not hesitate to contact me if you have any further questions.

Regards,

Dr

## Request Corrections

What do you think of the requests below? Are they accurate?

<p><b>Assessment:</b></p> <p>?Inflammatory bowel disease (IBD) ?Crohn's disease/ulcerative colitis (UC) No urgent systemic signs</p> <p><b>Plan:</b></p> <p>Advise on smoking cessation Counsel on IBD &amp; likely investigations Refer to gastroenterologist for diagnosis &amp; assessment</p> <p><b>Writing Task:</b></p> <p>Using the information given in the case notes, write a letter of referral to gastroenterologist, Dr Jack Thomas, seeking his advice on diagnosis and assessment. Address the letter to: Dr Jack Thomas, Department of Gastroenterology, City Hospital, Main Road, Stillwater.</p>
<p>Mr Newton has ulcerative colitis and no urgent systemic signs. Please provide investigations and diagnosis.</p>
<p>Mr Newton has a provisional diagnosis of IBD, with the possibility of Crohn's disease or ulcerative colitis. Along with providing diagnosis and assessment, can you please advise on smoking cessation and counsel on IBD and the likely investigations.</p>

## Answers

*Regarding her background, Ms Weston has a BMI of 32. Please note, she does not exercise or do any physical activities. She works as a supermarket manager, which is very tiring. She lives with her mother and takes care of her. In terms of her medical background, she has type 2 diabetes mellitus and she has had hyperthyroidism since 2015.*

- we split the content into two – background / medical background
- we used a couple of structures to connect information together - relative clause / addition
- please note – introduces a simple idea

*Having had a fall at home, which resulted in a mild concussion, Mrs Price was admitted on 2nd December. Despite her unremarkable concussion tests, she was kept under observation at our hospital, which led to the discovery of a severely infected and untreated ingrown toenail. Mrs Price's wound has been cleaned and dressed accordingly. Please note, she has been prescribed 500 mg of amoxicillin three times a day for two weeks.*

*Having had a fall at home, which resulted in a mild concussion, Mrs Price was admitted on 2nd December. Despite her unremarkable concussion tests, she was kept under observation at our hospital, which led to the discovery of a **severely infected and untreated ingrown toenail**, for **which** she has been prescribed 500 mg of amoxicillin three times a day for two weeks. Please note, Mrs Price's wound has been cleaned and dressed accordingly.*

*By using our brains to make connections and our skills to make good language connections, we write in a way which is organized and flows logically.*

On today's visit, Joshua Vance's mother reported that he has not passed a bowel action for the last 5 days and he refuses to feed. In addition to vomiting once, there are no wet nappies. On examination, he is irritable and mildly dehydrated. Abdominal examination revealed mild generalised tenderness, despite lack of guarding and rebound tenderness. His tissue turgor and capillary return are normal. He has dry mucous membranes. Please note that Joshua had a pulse rate of 120/min and respiratory rate of 30/min, and his weight has dropped from 4200g to 4100g in the past five days.

Dear Dr Smith

I am writing to refer Mrs Clarke, who has signs suggestive of unstable angina, for urgent assessment and management of her condition.

Today Mrs Clarke presented complaining of a crushing central chest pain on exertion associated with dyspnoea. This pain radiated down to her left arm and was relieved by rest. **She has experienced three episodes of pain during the last week, each one less than fifteen minutes in duration.** On examination, her vital signs and the result of a resting ECG were normal.

In terms of Mrs Clarke's background, she has type 2 diabetes mellitus and hyperlipidaemia, as well as hypertension, for which she is on Januvia 100mg, Lipitor 40mg and Avopro 75mg once a day, along with NovoMix30 25 units twice a day. **Additionally, she is a non-smoker and a social drinker.** Please note that her mother, who had experienced myocardial infarction previously, died due to ischaemic stroke.

Mrs Clarke has a provisional diagnosis of unstable angina. In view of the above, it would be appreciated if you could provide her with your urgent assessment and management.

Please do not hesitate to contact me if you have any further questions.

Regards,

Dr

### Request Corrections

What do you think of the requests below? Are they accurate?

<b>Assessment:</b>	?Inflammatory bowel disease (IBD) ?Crohn's disease/ulcerative colitis (UC) No urgent systemic signs
<b>Plan:</b>	Advise on smoking cessation Counsel on IBD & likely investigations Refer to gastroenterologist for diagnosis & assessment

#### **Writing Task:**

Using the information given in the case notes, write a letter of referral to gastroenterologist, Dr Jack Thomas, seeking his advice on diagnosis and assessment. Address the letter to: Dr Jack Thomas, Department of Gastroenterology, City Hospital, Main Road, Stillwater.

Mr Newton has ulcerative colitis and no urgent systemic signs. Please provide investigations and diagnosis.

- ulcerative colitis is not definite yet
- If not system signs are not urgent, is it really important enough to include?
- It's a little too direct

Mr Newton has a provisional diagnosis of IBD, with the possibility of Crohn's disease or ulcerative colitis. Along with providing diagnosis and assessment, can you please advise on smoking cessation and counsel on IBD and the likely investigations.

- the advice and counselling are not being done by the reader
- very good opening sentence