

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 <u>= Perfect circumstances in which to write a letter</u>

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about James Smith:

1. Who is the reader?	surgeon
2. What is the reader's task?	review for suitability of double lung transplant
3. Does the reader know the patient?	no
4. Does the writer have any tasks?	 refer to physio / dietitian paint a picture – patient's current condition, treatment & background: to support the idea of a transplant
5. Why am I writing today?	Acute care finished butgeneral situation worsening
6. Is it urgent?	No



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:

https://drive.google.com/file/d/10ubPGer-uuDNKB5Z1P-At1nPoSibVru8/view?usp=sharing

relevant – related directly to the situation appropriate – will the reader understand it necessary – does the reader need to know it to do the task you are asking?



Paragraph Plan

Suggested paragraph plan:

Introduction	Patient name	
	General medical context	
	General request	
Background	,	
Duckground	Carial background	
	Social background: High school student. Sedentary - no sports, spends many hours at computer.	
	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)	
	summarise Creon (Lipase-Protease-Amylase), 4 x caps with food (pancreatic enzymes)	
Timeline	Admission: 02 Feb 2019	
Timeline	Presenting factors:	
	Severe dyspnoea (SOB), coughing, hypoxia (lack of oxygen), hemoptysis (coughing up blood),	
	fever, headache, facial pain.	
	Treatment record:	
	02 Feb 2019 V S: BP: 110/73 minHg, HR. 82, RR. 18, T. 36.5 C	
	h ydrate d; O2 sats = 80%	
	Erythematous propharyrix (red tongue &throat) summarise	
	↑ breatning rate (30 breatns/minute)	
	Sonorous wheeze (indicates lung blockage) & bibasilar crackles (sound at base or lung – indicates mucus/fluid)	
	-Treatment: Ampicillin culbactam (antibiotic) - Lower respiratory tract infection (LRTI)?	
	besterial sinusitis?, and supplemental oxygen.	
	03 Feb 2019 Pt. stable	
	03 Feb 2019 Pt. stable Chest x-ray: pleural effusion & pneumonia	
	GT seem chronic sinusitis (parangeel sinus)	
	Treatment: azithromycin (500 mg p.o., q.d. (reduce to 250 mg)) (antibiotic), ciprofloxacin (500	
	mg p.o., 12 hourly) (antibiotic). — summarise	
	17 Feb 2019 Satisfactory clinical recovery	
	Antibiotics finished -	
Request	↑ likelihood lung infections & ↑ frequency	
	Discussion regarding ↓ time in school, ↑ hospital visits: home-schooling? ▶	
	Discharge plan: Physio – airway clearance technique (q.d./prn) Our task	
	Dietitian - ↑ exercise, improve/discuss diet	
	Double lung transplant suitability - explore with surgeon	
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Introductions

Student	Teacher
I am writing regarding Mr James Smith, a 15- year-old student, who is being discharged from the respiratory unit following recovery from an	Don't say 'a known case of' – not patient- centred
acute respiratory symptoms infection as he is a known case of cystic fibrosis. He requires further reviewing and assessment of the suitability of a double lung transplant.	Just say 'he has cystic fibrosis'
Dr G stark Surgeon, department of thoracic medicine, Smith hospital,	Don't say 'a known case of' – not patient- centred
Smith town	Just say 'he has cystic fibrosis'
17 February 2019	
Dear, Dr Stark,	
Re: Mr James Smith DOB: 26 October 2004,	You cannot just add new clauses to a sentence without the correct linking devices.
Thanks for seeing Mr James Smith, a 15 year old high school student, who is a known case of cystic fibrosis, he is being admitted to our clinic due to respiratory symptoms, he requires assessment for suitability of double lung transplant surgery.	he is being – that means it is happening now
Dr.G Stark Surgeon Department of Thoracic Medicine Smithtown Hospital, Southtown	
17 th February 2019	
Dear Dr.Stark , Re: Mr James Smith D.O.B : 26, October,2004	
I am writing regarding Mr James Smith, who has pneumonia cystic fibrosis and chronic sinusitis, and requires your further review with of a double lung transplant possibility.	



Thank you for seeing James, who has had recurrent respiratory infections due to cystic fibrosis. He is being discharged today and would requires your assessment for double lung transplantation suitability.	We don't know how many infections he has had.
Dr G Stark Surgeon Department of Thoracic Medicine Smithtown Hospital Smithtown 17 th February 2019 Dear Dr Stark, Re: Mr James Smith, DOB:26 th October 2004 I am writing regarding Mr James Smith, who was diagnosed with pleural effusion and pneumonia,	cystic fibrosis? double lung transplant suitability? has recovered from? If we focus on the diagnosis of pleural effusion and pneumonia here then it gives the impression immediately that he still has these problems.
and now requires your review. Dr G Stark	
Surgeon	
Department of Thoracic Medicine	
Smithtown Hospital	
Smithtown	
17 th February 2019	
Dear Dr Stark,	
Re: Mr James Smith, DOB: 26 th October 2004	
I am writing regarding Mr Smith, who has cystic fibrosis. He is being referred to you for a review of double lung transplant suitability.	
17th February 2019	



Discussing the move from ED to Respiratory Smithtown Hospital Smithtown Re: James Smith , DOB: 26th October 2004 Dear Dr, I am writing regarding Mrs James Smith, who was transferred to our hospital from emergency department with acute respiratory symptoms. He is stable now but his condition is becoming chronic. Due to that he requires a review for double lung transplant suitability. I am writing to refer Mr Smith who was admitted to our hospital due to pneumonia and now requires your further review and assessment for double lung transplantation. I am writing to refer Mr Smith, who is recovering from a recent pneumonia attack associated with cystic fibrosis, for assessment of a bilateral lung transplant suitability. I am writing regarding Mr Smith, who is at high risk of frequent lung infections. He now requires a review of his suitability for double lung transplantation I am writing regarding Mr Lames Smith, who was admitted to the respiratory ymptoms, for treatment. He is ready to be discharged today and requires assessment for further management. Dr G Stark Department of thoracic medicine Smithtown 17th February 2019 Discussing the move from ED to Respiratory Ward should be in timeline – if you need to mention it. His condition is becoming chronic – that seems a bit vague. Why not mention cystic fibrosis here? Discussing the move from ED to Respiratory ward should be in timeline – if you need to mention it. His condition is becoming charted to mention it. His condition is becoming charted to mention it. His condition is becoming charted to that seems a bit vague. Why not mention cystic fibrosis here? Discussing the move from ED to de mention it. His condition is becoming charted to mention it. His condition is becoming charted. Lat seems a bit vague. Why not mention cystic fibrosis? If we focus on the diagnosis of pleural effusion and pneumonia here then it gives the impression immediately that he still has these problems. Nicel Cystic fibrosis? Punctuate your non-defining relative clauses. Add	Du C Charle	
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17th February 2019	I	
Dear Dr & Stark		
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Re: Mr James Smith , DOB : 26th October 2004 I am writing regarding Mr Smith, who was admitted to our hospital recently due to his acute respiratory symptoms. He is being referred to you and now he requires your assessment for his condition if it suitable for double lung transplant.	Better to focus on his recovery from infection instead of his admission.
17 February 2019	
Dr G Stark Department of Thoracic Medicine Smithtown Hospital, Smithtown	
Dear Dr Stark,	
bear brotain,	
Re: Mr James Smith, DOB: 26 October 2004	
I am writing regarding Mr James Smith, who was admitted to our Respiratory Unit due to acute respiratory symptoms suggestive of lower respiratory tract infection. He is scheduled to be discharged today, and now requires your conformity evaluation for double lung transplant.	Why mention the admission in the intro? Suggestive of – He was treated for infection, so we now know it isn't suggestive of. Strange focus for a summary. conformity evaluation?
I am writing to refer Mr Smith, who is susceptible to frequent lung infections due to having cystic fibrosis and requires your review regarding suitability of double lung transplantation.	Yes!
Dr G Stark	cystic fibrosis?
Surgeon Department of Thoracic Medicine Smithtown Hospital Smithtown	Nice writing style.
Dear Dr Stark,	
Re: Mr James Smith, DOB 26 Oct 2004	
I am writing regarding Mr Smith, who has been treated for acute respiratory symptoms, and requires your review for double lung transplant suitability.	



I am writing regarding Mr James Smith ,who has cystic fibrosis and at risk of frequent lung infections ,your review for his suitability of double lung transplant is highly appreciated.	I am writing regarding Mr James Smith ,who has cystic fibrosis and is at risk of frequent lung infections. Your review of his suitability for a double lung transplant is highly appreciated.
Dr. G Stark Surgeon Department of Thoracic Medicine Smithtown Hospital Smithtown 17 February, 2019	cystic fibrosis?
Dear Dr. Stark, Re: Mr. James Smith October, 2004 DOB: 26	
I am writing this letter regarding Mr. Smith, who is at high risk of lung infection. Now he is being referred to you for a review of his suitability for double lung transplantation	
Dr G Stark Surgeon Department of Thoracic Medicine Smithtown Hospital Smithtown	double lung transplant suitability?
17 th February 2019	
Dear Dr Stark,	
Re: Mr James Smith, DOB: 26 th October 2004	
I am writing regarding Mr Smith, who was admitted to our hospital due to exacerbated symptoms of cystic fibrosis. He is due to be discharged and now requires your review of his condition.	
Dr G. Stark	Yes!
Surgeon Department of Thoracic Medicine Smith Town Hospital Smith Town	
17 th February 2019	
Dear Dr. Stark,	
Ref: Mr. James Smith, DOB : 26 th October 2004	



I am writing to refer Mr. James Smith, who was admitted to our hospital due to pneumonia associated with cystic fibrosis. He now requires your review for the suitability of double lung transplantation.	
17th February 2019 Dr G Stark Lung surgeon Department of Thoracic medicine Smithtown hospital, Smithtown Re: Mr James Smith DOB: 26th October 2004	We don't know how often he has had lung infections – this could be the first one!
I am writing to refer Mr Smith, who was admitted into our hospital on the 2nd February 2019 with a high frequency of lung infection. Now he requires a review of his suitability for double lung transplant.	
17 Feb 2019	cystic fibrosis?
Dr G Stark Surgeon Department of Thoracic Medicine Smithtown Hospital Smithtown	
Dear Dr Stark,	
Re: Mr James Smith, DOB 26 Oct 2004	
I am writing regarding Mr Smith, who has been treated for acute respiratory symptoms, and requires your review for double lung transplant suitability.	
Dr G Stark Thoracic surgeon Department of thoracic medicine Smithtown Hospital	cystic fibrosis?
17th February 2019 Dear Dr G Stark Re: Mr James Smith DOB: 26th October 2004	



I am writing to refer Mr James Smith, who has been experiencing signs and symptoms of recurrent bilateral lung infections. He requires a review for possible double lung transplantation. Dr G Stark Surgeon Department of Thoracic Medicine Smith town Hospital Smithtown	Was he admitted with cystic fibrosis? I think it was an infection. Butwhat's important is not why he was admitted but that he is recovering from an infection associated with cystic fibrosis.
Re:Mr James Smith, DOB:26.10.2004	
Dear Dr Stark,	
I am writing regarding Mr Smith, who was admitted to our hospital with cystic fibrosis. He is due to be discharged in a satisfactory conditions, and he requires your further assessment for a double lung transplant treatment.	
Dr G stark Surgeon Department of thoracic medicine Smithtown hospital Smithtown	cystic fibrosis?
17/02/2019	
Re: Mr James Smith DOB 26/10/2004	
I am writing regarding Mr Smith, who was admitted to our hospital for having acute respiratory symptoms. Due to the likelihood of him having increased and frequent lung infections, he is referred to you for exploring the suitability of his double lung transplantation.	
Dr G Stark Surgeon	



Department of Thoracic Medicine Smithtown Hospital Great content! Careful with punctuation and Smithtown passive! Date: 17 February 2019 Dear Dr Stark, Re: James Smith, DOB: 26 October 2004 I am writing regarding Mr Smith, who has cystic fibrosis and was recently admitted to our hospital with severe chest infection. Your review for suitability of double lung transplant is required. Re: James Smith, DOB 26/10/2004 Interesting approach! Good work. I am writing to refer Mr Smith, who has deteriorating cystic fibrosis, for a review of his

suitability for double lung transplantation.