

Review
 Look at your writing
 Example paragraph 2

Mr Smith Condition: agoraphobia? Accident: paralysed 6 months ago spinal cord injury Lost mobility

Reading: psychiatrist



Test 4 Writing (45 minutes)

			13 April 2019:	Ready for discharge		
TIME ALLOWED:	READING TIME:	5 MINUTES		Discharge plan: continue opioids & NSAIDs 2 months (to be reviewed by family doctor)		
	WRITING TIME:	40 MINUTES		OT & physio visits (†mobility, weight bearing exercises) & wheelchair (unable to ambulate)		
Read the case notes	and complete the	writing task which follows.		Community Nurse – help w ADLs		
Notes:			General practice app	pointment record:		
Assume that today	s date is 10 Nove	nber 2019.	12 June 2019:	Medication review		
You are a family doc	tor and have been	caring for a young patient following his discharge from	hospital.	Pain well managed		
				Continue opioids & NSAIDs prn		
PATIENT DETAILS:				Baclofen pump changed		
Name:	Andreas Smit			Pt coping well		
DOB:	23 Oct 1991 (Reviews w dr approx. 1x/month		
Address:	Apartment 1 (ground floor), 194 Springhall Parade, Newtown				
Social Background	Lawyer (gradu	ated in Jan 2018)	8 July 2019:	Community transport arranged for appt – pt. refused, parents brought pt & attended appt w him		
	Girlfriend of 3	yrs, supportive, visits 2-3x/wk		Pain well managed		
	Parents, supp	ortive, visit 1x/wk		Note: pt Tisolated (won't allow girlfriend/friends to visit)		
	Non-smoker					
	Alcohol intake	approx. 12 units/wk (mainly beer)	4 August 2019:	Pt missed appt, rescheduled Sept.		
	Interests: read	ling, music, TV				
Allergies:	Nil		6 September 2019:	Telephone consultation (pt request)		
			and the second se	Fear & anxiety at thought of leaving home		
Family History:	Mother - oste	partnitis	8 October 2019:	Missed annt recheduled Nov		
	Father – gout		0 000001 2010.	misseu appr, rescriedureu res.		
		dmother – bipolar disorder, died 80 y.o. (stroke)	10 November 2019:			
		dfather - died 75 y.o. (heart attack)		in transit		
	Paternai gran	dmother & grandfather – unknown		Telephone consultation conducted instead		
Past medical histor	y: Childhood ch	ckenpox & measles		?diagnosis: agoraphobia (pt. requests referral to psychiatrist, 'I want some		
	1993 hyperop	ia, glasses given		social life back')		
	2015 L Rotate	r cuff injury	Plan:	Refer to psychiatrist		
Hospital treatment	record:		Weller Toole			
16 March 2019:	Arrival at ED		Writing Task:			
	MVA (motor v	MVA (motor vehicle accident): neurologic lesion of spinal cord at T12,		Using the information in the case notes, write a letter of referral to Dr Besson, psychiatrist, outlining your concerns		
	resulting in pa	raplegia (wheelchair required)		about the patient and requesting definitive diagnosis and further management. Address the letter to Dr Lucy Besson, Psychiatrist, Newtown Hospital, 111 High Street, Newtown.		
	Neurogenic b	Neurogenic bladder - intermittent urinary catheter		n noopila, i'i ngi oledi, Newlowii.		
	Colostomy fo	neurogenic bowel \rightarrow Baclofen pump (change 4x/yr)				
	Transfer to ge	neral ward for recovery				

20 March 2019:

Good progress Medications: corticosteroids, NSAIDs, anticonvulsants, mild opioids, antispasmodics, muscle relaxants Mild infection at incision site → antibiotics



Write an Introduction: <u>alain@set-engish.com</u>

Introduction	Provide definitive diagnosis / further treatment	
Timeline (short):	 Admission to discharge Heavily <u>summarised</u> Make shorter: Focusing main ideas 	
	Only important info	
More recent Timeline	B July 2019: Community transport arranged for appt – pt. refused, parents brought pt & attended appt w him Pain well managed Note: pt [isolated (won't allow girlfriend/friends to visit)	
	4 August 2019: Pt missed appt, rescheduled Sept. 6 September 2019: Telephone consultation (pt request) Fear & anxiety at thought of leaving home 8 October 2019: Missed appt, rescheduled Nov. 10 November 2019: Missed face-to-face appt – pt admits î anxiety at leaving home → panic attack in transit Telephone consultation conducted instead 2/diagnosis: agoraphobia (pt. requests referral to psychiatrist, "I want some	
V	social life back') Plan: Refer to psychiatrist	
Background:		
mix	 Lawyer Girlfriend <u>supportive</u> – 3 year relationship Parents – <u>supportive</u> Alcohol Bipolar – grandmother Interests 	
Request	 Provide definitive diagnosis / further treatment + more details Such as 	



Dr Lucy Besson
Psychiatrist
Newtown Hospital
111 High Street
Newtown
19 10 th November 2019
nith, DOB: 23 rd October 1991 Re: Mr Andreas Smith, DOB: 23 rd October 1991
Dear Dr Besson



I am writing regarding Mr Andreas Smith, who is suspected of having agoraphobia and now requires a definitive diagnosis and further management.	I am writing regarding Mr Smith, who is suspected of having agoraphobia and now requires a definitive diagnosis and further management.
	Usually the exam date will be the same as the writing date
Dr Lucy Besson	
Psychiatrist	Dr Lucy Besson
Newtown Hospital	Psychiatrist
111 High Street	Newtown Hospital
Newtown	111 High Street
	Newtown
10.11.2019	E
Dear Dr Besson	10.11.2019
Re:Mrs Andreas Smith DOB: 23/10/1990	Dear Dr Besson
	Re: Mr Andreas Smith, DOB: 23/10/1991
I am writing to refer Mr Smith <mark>a 29-year- old lawyer,</mark> who is presenting with signs and symptoms suggestive of agoraphobia and he now requires your definitive diagnosis and further management.	I am writing to refer Mr Smith, who is presenting with signs and symptoms suggestive of agoraphobia, and he now requires your definitive diagnosis and further management.



10 th November 2019	
Dr Lucy Besson Psychiatrist Newtown Hospital 111 High street Newtown RE: Mr Andreas Smith, DOB (23/Oct/1991) Dear Dr Besson I am writing to refer Mr. Smith, who has signs and symptoms suggestive of agoraphobia, and now he requires your professional assessment for definitive diagnosis and further management.	 10th November 2019 Dr Lucy Besson Psychiatrist Newtown Hospital 111 High Street Newtown RE: Mr Andreas Smith, DOB 23/Oct/1991 Dear Dr Besson I am writing to refer Mr. Smith, who has signs and symptoms suggestive of agoraphobia, and now he requires your professional assessment for a definitive diagnosis and further management.
I am writing regarding Mr Andrea Smith, whose signs and symptoms are suggestive of agoraphobia. He is being referred to you for definitive diagnosis and further management.	I am writing regarding Mr Smith, whose signs and symptoms are suggestive of agoraphobia. He is being referred to you for a definitive diagnosis and further management. whose symptoms are suggest <u>ive</u> of
Re: Mr Andreas Smith, DOB 23 October 1991. I am writing to refer Mr Smith, who has a possible diagnosis of agoraphobia and requires your further management and a definitive diagnosis. Already B level	Re: Mr Andreas Smith, DOB 23 October 1991 I am writing to refer Mr Smith, who has a possible case of agoraphobia and requires your further management and a definitive diagnosis .



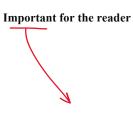
	In general, its regarded as poor style to repeat the same big word in the same paragraph. (This apply to 'a', 'the', 'is', 'have')
Dr Lucy Besson Pshychiatrist Newtown hospital 111High Street Newtown	Dr Lucy Besson Psychiatrist Newtown Hospital 111 High Street Newtown
Date:10.11.2019	10.11.2019
Re:Mr Andreas Smith,DOB:23.10.1991	Re: Mr Andreas Smith, DOB:23.10.1991
Dear Dr Besson,	Dear Dr Besson,
I am writing regarding Mr Smith, who has symptoms suggestive of agoraphobia. He has been referred to you for definitive diagnosis and further management.	I am writing regarding Mr Smith, who has symptoms suggestive of agoraphobia. He has been referred to you for a definitive diagnosis and further management.



Write this paragraph. Send to <u>alain@set-english.com</u>

Hospital treatment	record: Arrival at ED	Timeline 1:
10 March 2019.	With most active accident; neurologic lesion of spinal cord at T12, resulting is paraglegig (sheelchair required) Neurogenic bladder – intermittent urinary catheter Colostomy for neurogenic blower Backlen pump (change 4x/yr) Transfer to general ward for recovery	CONTEXT: full picture
20 March 2019:	Good progress Medications: corticosteroids, NSAIDs, anticonvulsants, mild opioids, antispasmodics, muscle relaxants Mild infection at incision site → antibiotics	On 16 th March 2019, Mr Smith was admitted to our hospital due to He was treated and then discharged. Extra
13 April 2019:	Ready for discharge Discharge plan: continue opioids & NSADs 2 months (to be reviewed by family doctor) OT & physio vists ([mobility, weight bearing exercises) & <u>inheekchar (unable to ambudate)</u> Community Nurse – help w ADLs	

In general, how do we choose case notes:



More specific:

d	Content	
	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	L a r ii ii s a

Needed for <u>TASK</u>: necessary / essential / crucial / must have ALL WATER / COFFEE

Appropriate (less strong): helpful, useful, might help, could help SOME

MILK / HOT / SUGAR / HONEY / CREAM



Mustard

Chilli sausce



+447577151245