

- 1 Review
- 2 Look at your writing
- 3 Assignment for Para 4 / 5

## Test 4 Writing (45 minutes)

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 10 November 2019.

You are a family doctor and have been caring for a young patient following his discharge from hospital.

### PATIENT DETAILS:

**Name:** Andreas Smith (Mr)  
**DOB:** 23 Oct 1991 (29 y.o.)  
**Address:** Apartment 1 (ground floor), 194 Springhall Parade, Newtown

**Social Background:** Lawyer (graduated in Jan 2018)  
Girlfriend of 3 yrs, supportive, visits 2-3x/wk  
Parents, supportive, visit 1x/wk  
Non-smoker  
Alcohol intake approx. 12 units/wk (mainly beer)  
Interests: reading, music, TV

**Allergies:** Nil

**Family History:** Mother – osteoarthritis  
Father – gout  
Maternal grandmother – bipolar disorder, died 80 y.o. (stroke)  
Maternal grandfather – died 75 y.o. (heart attack)  
Paternal grandmother & grandfather – unknown

**Past medical history:** Childhood chickenpox & measles  
1993 hyperopia, glasses given  
2015 L Rotator cuff injury

### Hospital treatment record:

**16 March 2019:** Arrival at ED  
MVA (motor vehicle accident): neurologic lesion of spinal cord at T12, resulting in paraplegia (wheelchair required)  
Neurogenic bladder – intermittent urinary catheter  
Colostomy for neurogenic bowel → Baclofen pump (change 4x/yr)  
Transfer to general ward for recovery

**20 March 2019:** Good progress  
Medications: corticosteroids, NSAIDs, anticonvulsants, mild opioids, antispasmodics, muscle relaxants  
Mild infection at incision site → antibiotics

**13 April 2019:** Ready for discharge  
Discharge plan: continue opioids & NSAIDs 2 months (to be reviewed by family doctor)  
OT & physio visits (↑mobility, weight bearing exercises) & wheelchair (unable to ambulate)  
Community Nurse – help w ADLs

### General practice appointment record:

**12 June 2019:** Medication review  
Pain well managed  
Continue opioids & NSAIDs prn  
Baclofen pump changed  
Pt coping well  
Reviews w dr approx. 1x/month

**8 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 ↑anxiety at leaving home → panic attack in transit  
Telephone consultation conducted instead  
?diagnosis: agoraphobia (pt. requests referral to psychiatrist, 'I want some social life back')  
**Plan:** Refer to psychiatrist

### Writing Task:

Using the information in the case notes, write a letter of referral to Dr Besson, psychiatrist, outlining your concerns about the patient and requesting definitive diagnosis and further management. Address the letter to Dr Lucy Besson, Psychiatrist, Newtown Hospital, 111 High Street, Newtown.

Write an Introduction:  
[alain@set-english.com](mailto:alain@set-english.com)

<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Provide definitive diagnosis / further treatment</li> </ul>
<b>Timeline</b> (short):  	<ul style="list-style-type: none"> <li>• Admission to discharge</li> <li>• Heavily <u>summarised</u></li> </ul> <p style="text-align: center;">           Make shorter: Focusing <b>main ideas</b>          Only important info       </p>
<b>More recent Timeline</b>  	<p>8 July 2019: Community transport arranged for appt – pt. refused, parents brought pt &amp; attended appt w him          Pain well managed          Note: pt <u>isolated</u> (won't allow girlfriend/friends to visit)</p> <p>4 August 2019: Pt missed appt, rescheduled Sept.</p> <p>6 September 2019: Telephone consultation (pt request)  <u>Fear &amp; anxiety</u> at thought of leaving home</p> <p>8 October 2019: Missed appt, rescheduled Nov.</p> <p>10 November 2019: Missed face-to-face appt – pt admits ↑ anxiety at leaving home → panic attack in transit          Telephone consultation conducted instead          ?diagnosis: agoraphobia (pt. requests referral to psychiatrist, 'I want some social life back')</p> <p>Plan: Refer to psychiatrist</p>
<b>Background:</b>  <b>Mix / jump around</b>	<ul style="list-style-type: none"> <li>• Is lawyer</li> <li>• Girlfriend <u>supportive</u> – 3 year relationship</li> <li>• Parents – <u>supportive</u></li> <li>• Alcohol</li> <li>• Bipolar – grandmother</li> <li>• Interests</li> </ul>
<b>Request</b>	<ul style="list-style-type: none"> <li>• Provide definitive diagnosis / further treatment + <u>more details</u></li> <li>• Extra:           <ul style="list-style-type: none"> <li>• a desire to live a normal social again.</li> <li>• ???</li> </ul> </li> </ul> 

Mr Smith has missed his monthly medication review appointments since July. He was socially isolated from friends and his girlfriend, and as a result, Mr Smith had requested a telephone consultation in September when he reported fear and anxiety at thoughts of leaving home. Today, he try attempt to attend his appointment resulted in him having increased anxiety and a panic attack in transit. Subsequently, a telephone consultation was conducted in which he said that he wanted some social life back and requested to be referred.

On 8th July, Mr Smith refused community transport for his appointment and as a result he brought his parents with him. He also not been avoiding visits from girlfriend and friends and preferring isolation. On the 4th of August, he missed another appointment and requested a telephone appointment for September due to anxiety about leaving home. It should be noted that he missed one appointment in October for the same reason. Today, we arranged a telephonic appointment because he missed his face to face appointment due to fear of leaving home and panic attack. Based on the above, Mr Smith possibly has agoraphobia and he has expressed a desire to gain his social life back.

Collocations

Furthermore<sup>?</sup> / Therefore

Mr Smith has missed his monthly medication review appointments since July. He **was** socially isolated from friends and his girlfriend, and as a result Mr Smith had requested a telephone consultation in September when he reported fear and anxiety at thoughts of leaving home. Today, he tried to attend his appointment result<sup>ing</sup> in him having increased anxiety and a panic attack in transit. Subsequently, a telephone consultation was conducted, in which he said that he wanted 'some social life back' and requested to be referred.

**I think we need more sense of time**

Refusal?

Too much repeating here...

On 8th July, Mr Smith *refused* community transport for his appointment and as a result he **was** brought **by** his parents. He also **has** been avoiding visits from his girlfriend and friends and preferring isolation. On 4th August, he missed another visit and requested a telephone consultation for September due to anxiety about leaving home. It should be noted that he missed one appointment in October for the same reason. Today, we arranged a telephone appointment because he missed his face-to-face meeting due to fear of leaving home and panic attacks. Based on the above, Mr Smith possibly has agoraphobia, and he has expressed a desire to live a normal social again.

...live / regain / restore his social life

Synonyms:

In person / face-to-face / physical appointment

~~Moreover~~

On 16th March 2019, Mr Smith was admitted to our ED due to a neurologic spinal lesion following a motor vehicle accident, which resulted in paraplegia. He was treated accordingly and a colostomy with Baclofen pump was placed for him. Subsequently, a wheelchair and physiotherapy were arranged, and he was discharged.

On 8th July 2019, Mr Smith attended our clinic despite initially refusing community transport. He expressed feeling isolated from his friends and girlfriend. On August 4th, he missed an appointment, leading to a telephone consultation on September 6th at his request. During this call, he reported experiencing fear and anxiety about leaving his home. Following another missed appointment on October 8th, a telephone appointment was scheduled today due to Mr Smith experiencing a panic attack and being unable to attend in person. During this consultation, he expressed his desire to reintegrate some social activities into his life.

On 16th March 2019, Mr Smith was admitted to our ED due to a neurologic spinal lesion following a motor vehicle accident, which resulted in paraplegia. He was treated accordingly and a colostomy with Baclofen pump was inserted ~~placed for him~~. Subsequently, a wheelchair and physiotherapy were arranged, and he was discharged.

Okay you submitted this late – its Para 2 but its good

On 8th July 2019, Mr Smith attended our clinic despite initially refusing community transport. He expressed feelings of isolation from his friends and girlfriend. On August 4th, he missed an appointment, leading to a telephone consultation on 6th September at his request. During this call, he reported experiencing fear and anxiety about leaving his home. Following another missed appointment on October 8th, a telephone appointment was scheduled today due to Mr Smith experiencing a panic attack and being unable to attend in person. During this consultation, he stated his **desire to restore his social life**.

Extremely good!

On 8th July 2019, Mr Smith visited our clinic although he initially refused community transport. He reported that he has socially isolated from his friends. Following missing an appointment on 4th August, a telephone consultation was arranged on 6th September in which he reported fear and anxiety at the thought of leaving home. Today, a telephone appointment conducted because Mr Smith was not able to attend in person due to panic attack. He stated that he wants 'some social life back'.

On 8th July 2019, Mr Smith visited our clinic although he initially refused community transport. He reported that he has socially isolated from his friends. Following missing an appointment on 4th August, a telephone consultation was arranged on 6th September in which he reported fear and anxiety at the thought of leaving home. Today, a telephone appointment conducted because Mr Smith was not able to attend in person due to panic attack. He stated that he wants 'some social life back'.

**Very nice! No issues really here – unless I've missed something**

On 16<sup>th</sup> March, Mr Smith was admitted to the ED due to a paraplegia following a motor vehicle accident. He has a colostomy for a neurogenic bowel, in addition, a baclofen pump, which should be changed 4 times a year. He made good progress as a result he was discharged with a discharge plan

On 16th March, Mr Smith was admitted to ED with neurological lesion of spinal cord at T12 due to a car crash. He was treated accordingly, and he made a good progress, for which 3 weeks later he was discharged. Please note that he has been offered a wheelchair due to paraplegia.

On 16<sup>th</sup> March, Mr Smith was admitted to the ED severe injuries due to a motor vehicle accident resulting in paraplegia. He **had** a colostomy for a neurogenic bowel. In addition to a baclofen pump, which should be changed 4 times a year, he made good progress as a result he was discharged **on** \_\_\_\_\_ with a discharge plan

#### More dates?

We just little more emphasis on colostomy...?

### In the usual way

On 16th March, Mr Smith was admitted to ED with a neurological lesion of **his** spinal cord at T12 due to a car crash. He was treated **accordingly**, and he made good progress, **and** as a result 3 weeks later he was discharged **on 13<sup>th</sup> April**. Please note that he has been offered a wheelchair due to paraplegia.

Solution: meds / treat

On March 16th, Mr Smith had a motor vehicle accident which resulted in him being paraplegic, requiring a wheelchair, and having colostomy procedure. Subsequently, on 13<sup>th</sup> April, he was scheduled with a discharge plan to visit an occupational therapist, physiotherapy and community nurse to help him with increasing mobility and managing his daily activities.

On 16th March 2019, Mr. Smith had a motor vehicle accident, which resulted in paraplegia and neurogenic bladder. As a result, he has a urinary catheter and a baclofen pump, which requires changing four times a year. Subsequently, on 13th March 2019, he was scheduled with a discharge plan to visit a physiotherapist and occupational therapist because he now uses wheelchair and needs to increase his mobility.




On March 16th, Mr Smith had a motor vehicle accident which **resulted in** him becoming paraplegic, requiring a wheelchair, and having a colostomy procedure. **Subsequently**, on 13<sup>th</sup> April, he was **discharged** with a plan to visit an occupational therapist, **physiotherapist** and community nurse to help him with increasing mobility and managing his daily activities.

Appropriate

#### TIMELINE

On 16th March **2019**, Mr. Smith had a motor vehicle accident, which resulted in paraplegia and a neurogenic bladder. **As a result**, he had a urinary catheter and a baclofen pump, which **requires changing four times a year**. Subsequently, on 13th April, he **discharged with a plan** to visit a physiotherapist and occupational therapist.



<b>Introduction</b>	<ul style="list-style-type: none"> <li>• Provide definitive diagnosis / further treatment</li> </ul>	
<b>Timeline (short):</b>  	<ul style="list-style-type: none"> <li>• Admission to discharge</li> <li>• Heavily <u>summarised</u></li> </ul> <p style="text-align: center;">         Make shorter: Focusing <b>main ideas</b>        Only important info     </p>	
<b>More recent Timeline:</b>  	<p>8 July 2019: Community transport arranged for appt – pt. refused, parents brought pt &amp; attended appt w him Pain well managed Note: pt 'isolated' (won't allow girlfriend/friends to visit)</p> <p>4 August 2019: Pt missed appt, rescheduled Sept.</p> <p>6 September 2019: Telephone consultation (pt request) Fear &amp; anxiety at thought of leaving home</p> <p>8 October 2019: Missed appt, rescheduled Nov.</p> <p>10 November 2019: Missed face-to-face appt – pt admits ↑ anxiety at leaving home → panic attack in transit Telephone consultation conducted instead (diagnosis: agoraphobia (pt. requests referral to psychiatrist, 'I want some social life back'))</p> <p>Plan: Refer to psychiatrist</p>	<p>Do your own</p>
<b>Background:</b>  mix	<ul style="list-style-type: none"> <li>• Lawyer</li> <li>• Girlfriend <u>supportive</u> – 3 year relationship</li> <li>• Parents – <u>supportive</u></li> <li>• Alcohol</li> <li>• Bipolar – grandmother</li> <li>• Interests</li> </ul>	
<b>Request</b>	<ul style="list-style-type: none"> <li>• Provide definitive diagnosis / further treatment + <u>more details</u></li> <li>• Such as</li> </ul>	

Dr Lucy Besson

Psychiatrist

Newtown Hospital

111 High Street

Newtown

10<sup>th</sup> November 2019

Re: Mr Andreas Smith, DOB: 23<sup>rd</sup> October 1991

I am writing regarding Mr Andreas Smith, who is suspected of having agoraphobia and now requires a definitive diagnosis and further management.

Dr Lucy Besson

Psychiatrist

Newtown Hospital

111 High Street

Newtown

10<sup>th</sup> November 2019

**Dear Dr Besson**

Re: Mr Andreas Smith, DOB: 23<sup>rd</sup> October 1991

I am writing regarding Mr Smith, who is suspected of having agoraphobia and now requires a definitive diagnosis and further management.

Dr Lucy Besson  
Psychiatrist  
Newtown Hospital  
111 High Street  
Newtown

10.11.2019

Dear Dr Besson

Re: Mrs Andreas Smith DOB: 23/10/1990

I am writing to refer Mr Smith **a 29-year-old lawyer**, who is presenting with signs and symptoms suggestive of agoraphobia and he now requires your definitive diagnosis and further management.

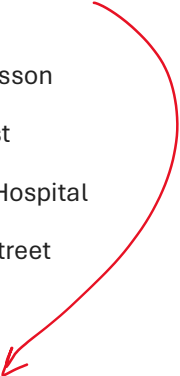
10<sup>th</sup> November 2019

Dr Lucy Besson  
Psychiatrist  
Newtown Hospital  
111 High street Newtown

RE: Mr Andreas Smith, DOB (23/Oct/1991)

Usually the exam date will be the same as the writing date

Dr Lucy Besson  
Psychiatrist  
Newtown Hospital  
111 High Street  
Newtown



**10.11.2019**

Dear Dr Besson

Re: Mr Andreas Smith, DOB: 23/10/1991

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<sup>th</sup> November 2019

Dr Lucy Besson  
Psychiatrist  
Newtown Hospital  
111 High Street  
Newtown

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.

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.

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

Dr Lucy Besson  
Pshychiatrist

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 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 suggestive of ...

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  
Psychiatrist  
Newtown Hospital  
111 High Street

Newtown hospital  
111High Street  
Newtown

Date:10.11.2019

Re:Mr Andreas Smith,DOB:23.10.1991

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.

Newtown

10.11.2019

Re: Mr Andreas Smith, DOB:23.10.1991

Dear Dr Besson,

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 [alain@set-english.com](mailto:alain@set-english.com)

<p><b>Hospital treatment record:</b></p> <p><b>16 March 2019:</b> Arrival at ED  MVA (motor vehicle accident): neurologic lesion of spinal cord at T12, resulting in paraplegia (wheelchair required)  Neurogenic bladder – intermittent urinary catheter  Colostomy for neurogenic bowel → Backlofen pump (change 4x/yr)  Transfer to general ward for recovery</p> <p><b>20 March 2019:</b> Good progress  Medications: corticosteroids, NSAIDs, anticonvulsants, mild opioids, antispasmodics, muscle relaxants  Mild infection at incision site → antibiotics</p> <p><b>13 April 2019:</b> Ready for discharge  Discharge plan: continue opioids &amp; NSAIDs 2 months (to be reviewed by family doctor)  OT &amp; physio visits (mobility, weight bearing exercises) &amp; wheelchair (unable to ambulate)  Community Nurse – help w ADLs</p>	<p><b>Timeline 1:</b></p> <p>CONTEXT: full picture</p> <p>On 16<sup>th</sup> March 2019, Mr Smith was admitted to our hospital due to... He was treated and then discharged.</p> <p><b>Extra</b></p>
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In general, how do we choose case notes:

**Important for the reader**

**More specific:**

d	Content	C
	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 n i n s a

**Needed for TASK:** 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 sauce**

+447577151245 ...