

TODAY

1 **Review**

2 **Grading – looking at work**

3 *Next assignment: Paragraph 3*

Beryl Smith 80

Hearing/ear problem

Letter type: *referral*

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 18 September 2018.

You are a family doctor examining an 80-year-old female who has been registered at your practice for 40 years.

PATIENT DETAILS:

Name: Beryl Smith (Mrs)
DOB: 19 May 1938 (80 y.o.)
Address: Rose Aged Care Home, 29 Rose Avenue, Newtown (moved there 2018)

Social background: Retired librarian
 Widow (husband died 2016)
 3 daughters: Mary (lives abroad), Yana (died 2000, drowning), Susan (visits 1x/mth)
 Interests: lawn bowls, playing cards, reading
 Note: support needed at external medical appts (Susan)

Family History: Mother died 65 y.o. (blood clot)
 Father died 58 y.o. (alcoholic liver disease)

Past medical history: 2010 BCC (excision, no recurrence)
 2014 hypertension (controlled w ACE inhibitors)
 2016 L total hip replacement
 2017 ?dementia – initial stage (↑ forgetfulness, confusion)
 No known allergies

18 Sept 2018: Pt accompanied by daughter
Presenting complaint: ringing in ears (bilateral), mild headache, pruritus R ear

Objective:
 Height: 153 cm, Weight: 55 kg, BMI: 23.5 kg/m² (normal)
 Bilateral otoscopy: normal tympanic membrane
 Rinne & Weber tests (normal)

Ear examination:

Definitive diagnosis:

— External configuration – R acute otitis externa (red, flaky, warm skin)

Provisional diagnosis:

?foreign bodies blocking R ear canal – ?cotton wool
 ?R otitis media (middle ear infection) – ?bacterial, ?fungal (request swab to confirm)
 ?bilateral hearing loss, ?tinnitus

Discussion:

Daughter – pt unable to hear questions/instructions if background noise (eg if radio on, in restaurants, when care home residents talk, etc.)

Pt – uses 'home remedies' (loud radio & cotton wool to block out ringing sound, honey for pruritus, moisturiser 2x/day for flaky skin)

Ceased social outings (cannot hear well outside)

Recommended: visual aids for use by care home staff (to communicate daily activities, instructions, etc)

Treatment: start antibiotic drops (potential otitis media to be confirmed by swab) & paracetamol 4x/day (headache)

Refer to audiologist for opinion & diagnosis w audiometry (pt consent given)

Plan:

Write to audiologist

Writing Task:

Using the information in the case notes, write a letter of referral to Dr Albury, audiologist, outlining the patient's symptoms, and requesting further investigation and management. Address the letter to Dr Danielle Albury, Audiologist, Newtown Hospital, 123 New Street, Newtown.

In your answer:

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

The body of the letter should be approximately 180–200 words.

<p>Introduction</p>	<p>Definitive diagnosis: External configuration – R acute otitis externa (red, flaky, warm skin)</p> <p>further investigation and management.</p> <p>I am writing regarding Mr _____, who has a _____ ear and now requires...</p>
<p>Visit: 18th</p> <p>Objective</p>	<p>Pt accompanied by daughter</p> <p><u>Presenting complaint:</u> ringing in ears (bilateral), mild headache, pruritus R ear</p> <p><u>Objective:</u> Height: 153 cm, Weight: 55 kg, BMI: 23.5 kg/m² (normal) Bilateral otoscopy: normal tympanic membrane Rinne & Weber tests (normal)</p> <p><u>Ear examination:</u></p> <p><u>Definitive diagnosis:</u> External configuration – R acute otitis externa (red, flaky, warm skin)</p>
<p>Visit: 18th</p> <p>Subjective</p>	<p><u>Discussion:</u> Daughter – pt unable to hear questions/instructions if background noise (eg if radio on, in restaurants, when care home residents talk, etc.) Pt – uses 'home remedies' (loud radio & cotton wool to block out ringing sound, honey for pruritus, moisturiser 2x/day for flaky skin) Ceased social outings (cannot hear well outside)</p> <p><u>Recommended:</u> visual aids for use by care home staff (to communicate daily activities, instructions, etc)</p> <p><u>Treatment:</u> start antibiotic drops (potential otitis media to be confirmed by swab) & paracetamol 4x/day (headache) Refer to audiologist for opinion & diagnosis w audiometry (pt consent given)</p>
<p>Background</p>	<p>3 daughters: Mary (lives abroad), Yana (died 2000, drowning), Susan (visits 1x/mth)</p> <p>Note: support needed at external medical appts (Susan)</p> <p>2014 hypertension (controlled w ACE inhibitors)</p> <p>2017 ?dementia – initial stage (↑forgetfulness, confusion)</p> <p>No known allergies</p>
<p>Requests</p>	<p>further investigation and management.</p> <p>Extra?</p> <p><u>Provisional diagnosis:</u> ?foreign bodies blocking R ear canal – ?cotton wool ?R otitis media (middle ear infection) – ?bacterial, ?fungal (request swab to confirm) ?bilateral hearing loss, ?tinnitus</p>

Today morning, Mrs Smith presented to our clinic accompanied by her daughter complaining of ear ringing, mild headache and pruritus in her right ear. Her bilateral otoscopy demonstrated normal tympanic membranes, in addition, her Rinne & Weber test was normal.

Earlier today, Mrs Smith presented to our clinic with her daughter due to experiencing ringing in ears, pruritus in the right ear, and a mild headache. During the physical examination, her vital signs were normal, as were the findings from bilateral otoscopy, Weber, and Rinne tests.

Earlier today, Mrs Smith presented with her daughter to our clinic, due to having a ringing sensation in both ears, right ear pruritus and mild headaches. On bilateral otoscopic examination, her tympanic membrane was normal and no abnormalities were found in her Weber and Rinne tests. Please note that Mr Smith's BMI is 23, 5.

Earlier today, Mrs Smith presented to our clinic with her daughter complaining of bilateral ear ringing, mild headache and right ear pruritus. On examination, bilateral otoscopy showed normal tympanic membranes and Rinne & Weber tests were unremarkable.

slightly judgemental

This morning; Mrs Smith presented to our clinic accompanied by her daughter **who reported** ear ringing, mild headache and pruritus in her right ear. Her bilateral otoscopy *showed* normal tympanic membranes. *In addition to that*, her Rinne and Weber tests were normal.

*Earlier today, Mrs Smith presented to our clinic with her daughter due to experiencing ringing in **her** ears, pruritus in the right ear, and a mild headache. During the physical examination, her vital signs were normal, **as were** the findings from a bilateral otoscopy, Weber, and Rinne tests.*

Earlier today, Mrs Smith presented with her daughter to our clinic due to having a ringing sensation in both ears, right ear pruritus and mild headaches. **On her bilateral otoscopic examination**, her tympanic membranes were normal, and no abnormalities were found in her Weber and Rinne tests. Please note that Mr Smith's BMI is 23.5.

Earlier today, Mrs Smith presented to our clinic with her daughter reporting bilateral ear ringing, a mild headache and right ear pruritus. On examination, **her** bilateral otoscopy showed normal tympanic membranes and Rinne and Weber tests were unremarkable.

<p>Today, Mrs Smith was brought to our clinic with symptoms of ringing in both ears, reported mild headache and pruritus in her right ear. On examination, in her right ear were present a red, flaky and warm skin, for which swab test was ordered for definitive diagnosis. Please note that bilateral otoscopy, Rinne and Weber tests were normal.</p> <p>On 18 September 2018, Mrs Smith visited our clinic accompanied by her daughter, due to having bilateral tinnitus right ear pruritus and mild headaches. On physical examination, her vital signs were normal and no tympanic membrane abnormalities were found in the bilateral otoscopy, additionally, her Weber and Rinne tests were normal.</p>	<p>I ate an apple</p> <p>As well as no S + v / O + v</p> <p>Today, Mrs Smith was brought to our clinic with symptoms of ringing in both years ears, reported a mild headache and pruritus in her right ear. On examination, in her right ear were present a red, flaky and warm skin was present in her right ear, for which a swab test was ordered for definitive diagnosis. Please note that bilateral otoscopy, Rinne and Weber tests were normal.</p> <p>Is this the DIRECT solution to the problem? A test? For which = the direct solution</p> <p>On 18 September 2018, Mrs Smith visited our clinic accompanied by her daughter, due to having bilateral tinnitus right ear pruritus and mild headaches. On physical examination, her vital signs were normal and no tympanic membrane abnormalities were found in the bilateral otoscopy, additionally, her Webre and Rinne tests were normal.</p> <p>Spelling issue here</p>
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<p>Introduction</p>	<p>Definitive diagnosis:</p> <p>External configuration – R acute otitis externa (red, flaky, warm skin)</p> <p>g further investigation and management.</p> <p>I am writing regarding Mr _____, who has a _____ ear and now requires...</p>
<p>Visit: 18th</p> <p>...</p>	<p>Pt accompanied by daughter</p> <p>Presenting complaint: ringing in ears (bilateral), mild headache, pruritus R ear</p> <p>Objective:</p> <p>Height: 153 cm, Weight: 55 kg, BMI: 23.5 kg/m² (normal)</p> <p>Bilateral otoscopy: normal tympanic membrane</p> <p>Rinne & Weber tests (normal)</p>
<p>Visit: 18th</p> <p>...</p>	<p>_____</p> <p>_____</p>
<p>Background</p>	<p>3 daughters: Mary (lives abroad), Yana (died 2000, drowning), Susan (visits 1x/mth)</p> <p>Note: support needed at external medical appts (Susan)</p> <p>_____</p> <p>_____</p> <p>2014 hypertension (controlled w ACE inhibitors)</p> <p>2017 ?dementia – initial stage (↑forgetfulness, confusion)</p> <p>No known allergies</p>
<p>Requests</p>	<p>g further investigation and management.</p> <p>Provisional diagnosis:</p> <p>?foreign bodies blocking R ear canal – ?cotton wool</p> <p>?R otitis media (middle ear infection) – ?bacterial, ?fungal (request swab to confirm)</p> <p>?bilateral hearing loss, ?tinnitus</p>

Audiologist, Newtown Hospital,
123 New Street, Newtown

18th September 2016

Dear Dr Albury

Ref: Beryl Smith, DOB 19 May 1938

Thank you for seeing a long term patient of mine, Mrs Smith, who is presenting with symptoms suggestive of otitis media, I am referring her to you for further investigation and management.

Comma splice:

I like cheese, _____ I eat it regularly

Email: alain@set-english.com

Patient = cold and unfeeling

Dr Daniela Albury
Newtown Hospital
123 New Street
Newtown

Ref: Beryl Smith, DOB 19 May 1938

Dear Dr Albury

Not usually allowed

Thank you for seeing a long-term patient of mine, **Mrs Smith**, who is presenting with symptoms suggestive of otitis media. **She is being referred** to you for further investigation and management.

If you immediately use the name after, then its okay.

Dr Danielle Albury
Audiologist
Newton Hospital
123 New Street
Newton

18th September 2018

Dear Dr Albury,

RE: Mrs Beryl Smith
DOB: 19th May 1938 (80 years old)

I am writing regarding my patient Mrs Albury, who presented to me today with acute external otitis of the right ear. Apart from this, she has signs and symptoms suggestive of a more severe condition. Therefore, she is being referred to you for your further investigation and management.

Newtown Hospital
123 New Street
Newtown

18/09/2018

Dear Dr Danielle Albury
Re: Mrs Beryl Smith
DOB: 19/05/1938

I am writing regarding Mrs Smith who visited our clinic recently due to acute otitis externa on her right ear. She is being referred to your facility and now requires your further investigation and management.

Dr Danielle Albury
Audiologist
Newton Hospital
123 New Street
Newton

18th September 2018

Dear Dr Albury,

RE: Mrs Beryl Smith, DOB: 19th May 1938

I am writing regarding my patient, Mrs Smith, who presented to me today with acute external otitis of the right ear. Additionally, she has signs and symptoms suggestive of a more severe condition. Therefore, she is being referred to you for your further investigation and management.

NAME?

Newtown Hospital
123 New Street
Newtown

18th September 2018  Alain opinion

Dear Dr Danielle Albury

Re: Mrs Beryl Smith, DOB: 19/05/1938

I am writing regarding Mrs Smith, who visited our clinic recently due to acute otitis externa **in** her right ear. She is being referred to your facility, and now requires your further investigation as well as management.

as well as + noun / noun phrase / pronouns / verb

REMEMBER after 'as well as' we should not write a S
and verb

I have eaten as well as ~~s~~ drank
S ✓

Dr. Daniella Albury
Audiologist
Newtown Hospital
123 New Street
Newtown

16th April 2024

Dear Dr. Albury,

RE: Mrs. Beryl Smith, Aged 80 years old

I am writing regarding my patient, Mrs. Smith, who presented at our practice today complaining of symptoms and signs suggestive of right acute otitis externa and possible right otitis media. She is being referred to you and now requires further investigation and management.

I am writing to refer Mrs Beryl Smith, who was provincial diagnosed of Rt otitis media. Now she

Dr. Daniella Albury
Audiologist
Newtown Hospital
123 New Street
Newtown

16th April 2024

Dear Dr. Albury,

RE: Mrs. Beryl Smith, Aged 80 years old

I am writing regarding my patient, Mrs. Smith, who presented at our practice today complaining of symptoms and signs suggestive of right acute otitis externa and possible right otitis media. She is being referred to you and now requires further investigation and management.

requires for your further investigation and management.

Dr Danielle Albury
Audiologist
Newtown hospital
123 New Street
Newtown

Re:Mrs Beryl Smith ,DOB :19.04.1938

Date:18.09.2018

Dear Dr Albury ,

I am writing regarding Mrs Smith, who attended our clinic with symptoms suggestive of right acute otitis media .She has been referred to you for further investigation and management plan .

I am writing to refer Mrs Beryl Smith, who was provincial diagnosed of Rt otitis media. Now she requires for your further investigation and management.


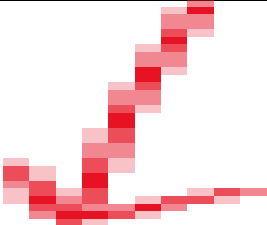
Dr Danielle Albury
Audiologist
Newtown hospital
123 New Street
Newtown

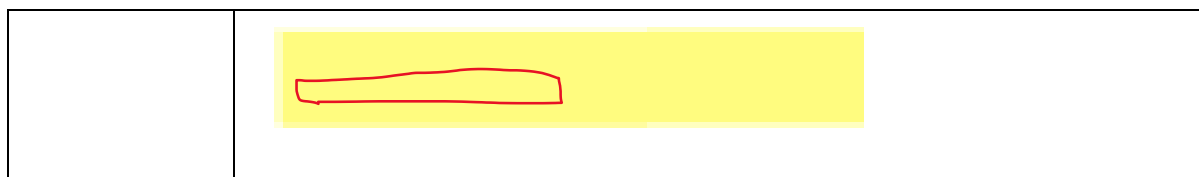
Re:Mrs Beryl Smith ,DOB :19.04.1938

Date:18.09.2018

Dear Dr Albury ,

I am writing regarding Mrs Smith, who attended our clinic with symptoms suggestive of right acute otitis media .She has been referred to you for further investigation and management plan .

<p>Introduction</p> 	<p>Definitive diagnosis: External configuration - R acute otitis externa (red, flaky, warm skin)</p> <p>g further investigation and management.</p> <p>I am writing regarding Mr _____, who has a _____ ear and now requires...</p>
<p>18th</p>	<p>Pt accompanied by daughter Presenting complaint: ringing in ears (bilateral), mild headache, pruritus R ear</p> <p>Objective: (Height: 153 cm, Weight: 55 kg, BMI: 23.5 kg/m² (normal)) Bilateral otoscopy: normal tympanic membrane Rinne & Weber tests (normal)</p> <p>You write your own: alain@set-english.com</p>
<p>18th</p>	
<p>Background</p>	
<p>Requests</p>	<p>g further investigation and management.</p> <p>Extra?</p>



How do I choose case notes?

See who is reader and the task

RELEVANT =

1. **Needed:** essential, crucial = ALL IN – **directly connected to his job**
2. **Appropriate:** useful, helpful, might want it (not crucial / essential) = PUT SOME IN

OET Criteria

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 <u>appropriate</u> to intended reader and addresses what is <u>needed</u> 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				
			Content does not				