

Bilateral = adj.

Mobility = noun

Mobile = adj.

Mobilized = verb

Moderate = adj.

To moderate = verb

Moderation = noun

Unremarkable = adj.

Her test results were unremarkable

Her test results revealed unremarkable

Her test results revealed normal

I was green. – idiomatic meaning: inexperienced

TODAY

1 Planning

2 Case Notes – groups

3 Create group plan

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:

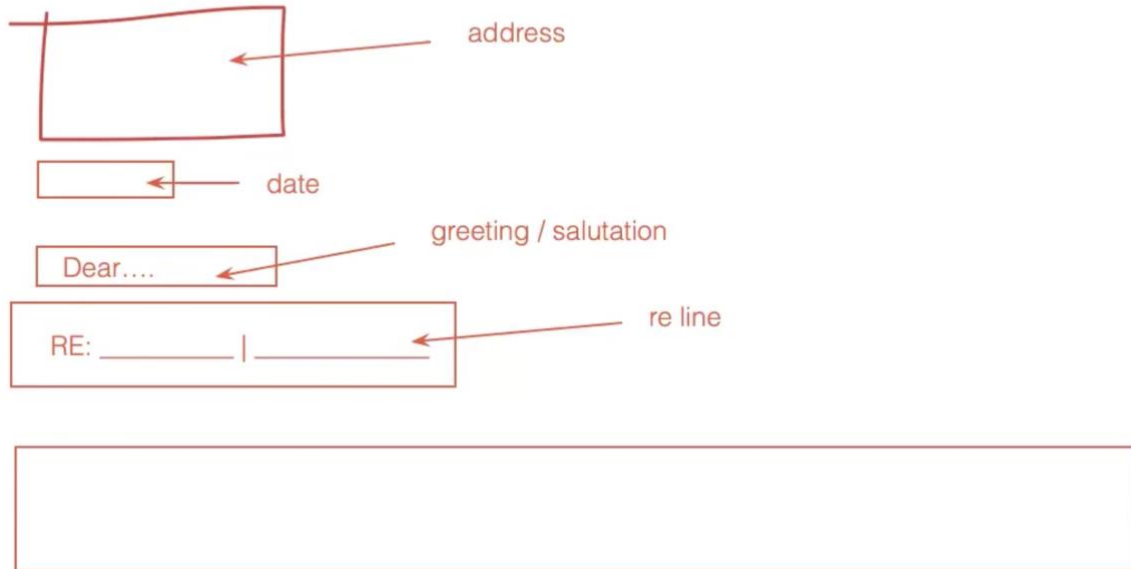
Using the information in the case notes, write a letter of referral to Dr Albury, audiologist, outlining the patient's symptoms, and requesting further investigation and management. Address the letter to Dr Danielle Albury, Audiologist, Newtown Hospital, 123 New Street, Newtown.

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.

LAYOUT:



Assignment: please email alain@set-english.com

<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</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>

18 th	<p><u>Discussion:</u></p> <p>Daughter – pt unable to hear questions/instructions if background noise (eg if radio on, in restaurants, when care home residents talk, etc.)</p> <p>Pt – uses 'home remedies' (loud radio & cotton wool to block out ringing sound, honey for pruritus, moisturiser 2x/day for flaky skin)</p> <p>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)</p> <p>Refer to audiologist for opinion & diagnosis w audiometry (pt consent given)</p>
Background	<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>
Requests	<p>g further investigation and management.</p> <p>Extra?</p> <p><u>Provisional diagnosis:</u></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>

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 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	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				