

TODAY

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**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/m<sup>2</sup> (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><b>Introduction</b></p>	<p>Definitive diagnosis: External configuration – R acute otitis externa (red, flaky, warm skin)</p> <p><b>further investigation and management.</b></p> <p>I am writing regarding Mr _____, who has a _____ ear and now requires...</p>
<p><b>Visit: 18<sup>th</sup></b></p> <p><b>Objective</b></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/m<sup>2</sup> (normal) Bilateral otoscopy: normal tympanic membrane Rinne &amp; Weber tests (normal)</p> <p><u>Ear examination:</u></p> <p><u>Definitive diagnosis:</u> External configuration – R <u>acute otitis</u> externa (red, flaky, warm skin)</p>
<p><b>Visit: 18<sup>th</sup></b></p> <p><b>Subjective</b></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 &amp; 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) &amp; paracetamol 4x/day (headache) Refer to audiologist for opinion &amp; diagnosis w audiometry (pt consent given)</p>
<p><b>Background</b></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><b>Requests</b></p>	<p><b>further investigation and management.</b></p> <p><b>Extra?</b></p> <p><u>Provisional diagnosis:</u> ?foreign bodies blocking R ear canal – ?cotton wool <u>?R otitis media (middle ear infection) – ?bacterial, ?fungal (request swab to confirm)</u> ?bilateral hearing loss, ?tinnitus</p>

<p><b>Background</b></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>
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Original	Corrections
<p>According to her medical history Mrs Smith has been diagnosed with hypertension in 2014. Additionally, she had a hip replacement in 2016. Socially Mrs Smith lives in a care home and her daughter visits her once a month.</p> <p>In view of the above, Mrs Smith is being referred to you for further investigation and management. Please note that a provisional diagnosis has been conducted and suspected a foreign body blocking in the right ear and a bilateral hearing Impairment. Please be aware that a swab test has been requested to confirm the middle ear infection.</p> <p>Socially, Mrs Smith is a retired widow, she lives in a care home and her daughter visits her once a month. Regarding her interests, she likes playing cards and reading.</p>	<p>According to her medical history, Mrs Smith <b>was</b> diagnosed with hypertension in 2014. Additionally, she had a hip replacement in 2016. Socially, Mrs Smith lives in a care home and her daughter visits her once a month.</p> <p>In view of the above, Mrs Smith is being referred to you for further investigation and management. <b>Kindly</b> note that a provisional diagnosis has been <b>made</b> and a <b>possible</b> foreign body <b>blockage</b> in the right ear <b>or a</b> bilateral hearing impairment <b>has been</b> suspected. Please be aware that a swab test has been requested to confirm the middle ear infection.</p> <ul style="list-style-type: none"> <li>• Hypotension – controlled? relevant to audiologist?</li> <li>• Hip replacement – relevant to audiologist?</li> <li>• No mention of dementia and allergies – would this be important for the audiologist to know?</li> <li>• Support from daughter at medical appointment – useful for audiologist to know?</li> <li>• What is the provisional diagnosis? Was this mentioned in the introduction?</li> </ul> <p>Socially, Mrs Smith is a retired widow, she lives in a care home and her daughter visits her once a month. Regarding her interests, she likes playing cards and reading.</p>

In light of the above, I am referring Mrs Smith for further investigation and management with audiometry, for which consent was given. The provisional diagnosis is that she may have a middle ear infection and a swab has been requested to confirm. Please provide further opinion and diagnosis. Note that bilateral hearing loss and foreign bodies are suspected.

Should you have any queries, do not hesitate to contact me.

Yours sincerely,  
Dr

In terms of Mrs Smith's background, she lives in care home and has been diagnosed with hypertension, for which she takes ACE inhibitor. In 2017, she was diagnosed with possible case of dementia. she has no known allergies

In view of the above, it would be appreciated if you could provide further investigation for possible otitis media and management. Please note that the provisional assessment suggested the possibility of a middle ear infection, and a swab has been requested to confirm. please provide additional opinion and diagnosis, particularly regarding audiometry.

Bilateral hearing loss and foreign bodies are suspected.

Mrs Smith is a widow, she lives in a care home and additionally, her daughter visits her once a month. Regarding Mrs Smith's interests, she likes playing cards and reading. Her daughter reported that Mrs Smith needed an appointment for her external ears. Please note she has unknown allergies.

In light of the above, I am referring Mrs Smith for further investigation and management with audiometry, for which consent was given. The provisional diagnosis is that she may have a middle ear infection and a swab has been requested to confirm. Please provide **your** further opinion and diagnosis. Note that bilateral hearing loss and foreign bodies are suspected.

Should you have any queries, do not hesitate to contact me.

Yours sincerely,  
Dr

- **Interests – relevant for this case and for the reader?**
- **Medical background – relevant and should be included?**
- **At the beginning of the requests, it might be more polite to say "It would be appreciated..."**

In terms of Mrs Smith's background, she lives in **a** care home and **was** diagnosed with hypertension **in 2014**, for which she takes ACE inhibitors. In 2017, she was diagnosed with **a** possible case of dementia. **She** has no known allergies.

In view of the above, it would be appreciated if you could provide further investigation for possible otitis media and management. Please note that the provisional assessment suggested the possibility of a middle ear infection, and a swab has been requested to confirm. **Please provide your further** opinion and diagnosis, particularly **with** audiometry. Bilateral hearing loss and foreign bodies are suspected.

- **Hypertension – relevant for this case and reader?**
- **No mention of the daughter who visits and provides support - relevant?**
- **Nice request paragraph!**

Mrs Smith is a widow, she lives in a care home and **additionally**, her daughter visits her once a month. Regarding Mrs Smith's interests, she likes playing cards and reading. ~~Her daughter reported that Mrs Smith needed an appointment to examine her external ears.~~ Please note, she has **no known** allergies.

In view of the above, Mrs Smith is being referred to you for your further investigation and management. She has signs and symptoms suggestive of a middle ear infection. Please provide further opinion and diagnosis with regards to audiometry. Bilateral hearing loss and foreign bodies are suspected.

Yours sincerely,

In terms of medical background, Mrs Smith has no known allergy and was diagnosed with hypertension in 2014, which has been controlled with ACE inhibitors. Please note that Mrs Smith's widow, living in a care home. She has been suspected to be in an initial stage of dementia over the last year.

In view of the above, it would be great, if you could provide Mrs Smith with a definitive diagnosis along with audiometry for which consent was given, and further management. Please note a middle ear swap has been requested to confirm the diagnosis.

please do not hesitate to contact me if you need further information.

Yours sincerely,

Mrs Smith has been experiencing dementia since 2017, and her allergies are currently unknown. She resides in a care home, and her daughter visits her monthly to provide support, including attending medical appointments.

In view of the above, Mrs Smith is being referred to you for your further investigation and management. She has signs and symptoms suggestive of a middle ear infection. Please provide **your** further opinion and diagnosis with **regards to** audiometry. Bilateral hearing loss and foreign bodies are suspected.

Yours sincerely,

- **Interests – relevant for this case and for the reader?**
- **No mention of daughter providing support– relevant and should be included?**
- **No mention of swab to confirm otitis media – was this mentioned before?**

In terms of medical background, Mrs Smith has no known **allergies** and was diagnosed with hypertension in 2014. **This condition is** controlled with ACE inhibitors. Please note that Mrs Smith **is a widow who lives** in a care home. **It is** suspected **that she has started the** initial stage of dementia over the last year.

In view of the above, it would be **appreciated** if you could provide Mrs Smith with a definitive diagnosis along with audiometry, for which consent was given, and further management. Please note a middle ear **swab** has been requested to confirm the **provisional** diagnosis.

Please do not hesitate to contact me if you need **any** further information.

Yours sincerely,

- **No mention of daughter visiting and providing support– relevant and should be included?**
- **No mention of foreign objects or bilateral hearing loss – is this relevant for the audiologist to know?**

Mrs Smith has **potentially** been experiencing dementia since 2017, and **she has no known allergies**. She resides in a care home, and her daughter visits her monthly to provide support, including attending medical appointments.

Mrs Smith's potential otitis media will be confirmed by **a** swab, and bilateral hearing loss and foreign bodies are

Mrs Smith's potential otitis media will be confirmed by swab, and bilateral hearing loss and foreign bodies are suspected. She is being referred to you for further opinion and diagnosis regarding audiometry. Please do not hesitate to contact me if you have any queries.

suspected. She is being referred to you for **your** further opinion and **a definitive** diagnosis **with** audiometry.

Please do not hesitate to contact me if you have any queries.

- In the request paragraph, it might be more polite to say "It would be appreciated..."