

1. What is summarising?
2. Practice 1 type together
3. Vocabulary

What is summarising?

Making the writing smaller

How do we do that in OET?

Methods:

- ✓ • **Main idea** – we will return this. Its paraphrasing but shorter
- **Listing** – Mr Green had a cough, a sore throat, and a headache
- ✓ • **Vocabulary**: accordingly / aforementioned
- **Nominalisation*** alain@set-english.com

He was treated by the doctor = Treatment was provided by the doctor

When do we summarise in OET?

When the reader ***doesn't need*** the full detail

Not directly related to the person's job


That person is affect by it
They need it to do their job

MAIN IDEA SUMMARY:

Case Notes:

19th May: blurred vision, watery eyes, itchy eyeballs, and blood shot eyes

Mr Green had eye issues



Main Idea = **GROUPING**

Always good to summarise? No

Alain

- management of dysphagia, for which he was advised to sip water before and during meals, and he needs to eat well chewed small mouthful of food.

dysphagia management was advised

Class together

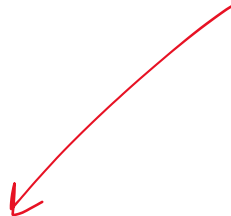
- It is important to note that Mr Johnson has been instructed about diet such as avoiding eating bread, pasta, rice and meat.

He was advised to avoid carbohydrates

You!

- Postoperatively, a LINX implant card has been provided for Smith, and instruction regarding his diet and about avoiding MRI procedures has been given.

Postoperatively, he was advised appropriately



The needed / expected way

MORE PRACTICE

Note: I will tell you about the reader

1.

- Nursing Management:**
- Observations – T: 37°C, P: 88, BP: 145/95 (notified Dr), R: 16
 - Pathology – FBE, U&Es, LFTs (will receive results pre-procedure)
 - Wt: 80kg, Ht: 190cm

On physical examination, her vital signs were normal except BP (145/ 95).

The aforementioned tests were unremarkable , apart from BMI

2.

Current medications:

- Phenytoin 100 mg 3 x daily (anti-seizure)
- Panadol Rapid (paracetamol 500 mg)/ 6h
- Pulmozyme (dornase alfa), 2.5 mg b.i.d (breaks down sputum)
- Creon (Lipase-Protease-Amylase), 4 x caps with food (pancreatic enzymes)

3.

- 22.04.11 Ceased Cerazette to conceive child 1
- 26.09.12 Menorrhagia and dysmenorrhea worse than pre-pregnancy
Combined pill Cilest prescribed
- 02.06.13 Ceased Cilest to conceive child 2
- 10.04.15 Menorrhagia returns with menstrual cycle
IUD Mirena coil inserted



Vocabulary for summary:

Treatment	<p>Appropriately Accordingly</p> <p>In the normal way</p>	<p>Postoperatively, he was advised <u>appropriately</u> He was treated accordingly</p>
Symptoms	<p>Clinical features suggestive of Signs and symptoms suggestive of Signs and symptoms indicative of Issues / Problems [synonyms]</p> <p>Normal symptoms expected</p>	<p>She had signs and symptoms suggestive</p>
Medication	<p>Appropriate</p> <p>Analgesics / antibiotics [synonyms]</p>	<p>Appropriate medication was prescribed</p> <p>Analgesics medication was prescribed</p>
Test results	<p>Normal Unremarkable Confirmed</p>	<p>His results were within range His results were unremarkable Tests confirmed diabetes.</p>
Avoid repeating (in general)	<p>Aforementioned</p> <p>We said it before / mentioned</p>	<p>He was admitted with the aforementioned symptoms</p>

Admitting Officer
Emergency Department
Children 's Hospital
Newtown
Re: Joshua Vance, DOB: 17.11.13
18.01.14

Dear Admitting Officer,

I am writing to refer my patient Joshua Vance to you for an assessment of his gastrointestinal function and further management of his dehydration.

Joshua is an 8 ½ week old baby, who came in with his mother on the 31st December, 2013, for a 6 week check-up. There were some small issues with his stools which have worsened over time. Currently, he is still having difficulties.

In light of the above, it would be greatly appreciated if you could provide an assessment and further management of Joshua 's condition.

If you have any questions, please do not hesitate to contact me.

Yours sincerely,

Dr Daniel Quines.

RULE:

Initially, on 11th December 2013, Ms Hoffmann presented for check-up and reported that she ~~had~~ had fainted and vomited once, following several alcohol consumption. However, she has no history of seizures and incontinence but she reported that she had been feeling stressful and wozzy. HR examination were unremarkable, for which blood tests were ordered which were normal. Subsequently, on 2nd September 2014, she presented with a complaint of anxiety regarding the possibility of EBV infection, for which she was reassured and her blood test revealed absence of infectious mononucleosis.