

OET Medicine Writing Week

Sandra Green

The task is: *Write a letter to a healthcare professional requesting continuation of care for a patient.*

Planning

10 - 15 minutes:

- Find the purpose
- Identify the case notes you will use
- Organise the case notes into logical paragraphs

What is the situation after the above steps?

I can focus on writing = Perfect circumstances in which to write a letter

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Sandra Green case notes:

1. Who am I writing to?	A psychiatrist
2. What is the reader's task	Further management
3. Do they know the patient?	No
4. Does the writer have any extra tasks?	No
5. Why am I writing <u>today</u> ?	Pt requested support
6. Is it urgent?	

<https://drive.google.com/file/d/1CwloLoYM7ImnlV9ZpvKUU3MIRGCJ-hs8/view?usp=sharing>

Case Notes

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 March 2019.

Ms Sandra Green is a regular patient of yours at your general practice.

PATIENT DETAILS:

Name: Ms Sandra Green
DOB: 08 February 2000 (19 y.o.)
Address: 132 Nutwood St, Newtown

Social background: Saleswoman, IT company (= stressful job)
Limited socialising (long work hours)
Non-smoker & non-drinker
Only child, lives alone
Tennis practice/matches 2x/wk

Family History: Father – recurring gout (managed w. diet plan)
Mother – hypercholesteroliema (low cholesterol diet)

Medical history: Nil significant, no surgeries
2015: Anorexia Nervosa (A.N.), BMI =15.2
Pt. taken by parents to outpatient clinic appts
Pt. recovered w psychotherapy & nutritional support

Current medication: Herbal supplements from naturopath: ginkgo biloba & ginseng (both to ↓stress)
Over-the-counter laxatives

Treatment record

20 Feb 2019: Presenting complaint: constipation (last 2 wks)
Subjective: fatigue, bloating, no menstrual irregularities
Objective: no distention visible, BP = 80/60, weight = 55 kg, height = 173 cm, BMI = 18.4
Discussion: pt. requests strong laxatives, OTC laxatives ineffective
Wants to 'look her best', role is 'very image focused'
Pt. admitted to counting calories to maintain weight (approx. 1700/day)
Laxative request refused; suspected A.N. relapse
Advice: ↑fibre in diet (e.g. oats, vegetables & legumes) & ↑calories (sport levels)
CBC & BMP (Basic Medical Panel) ordered

20 March 2019: Blood test results: low FE, calcium, potassium, T3 & T4 = ?low nutrient level in diet
Subjective: tearfulness, depressed mood, ↓energy
Repeated request for laxatives
Objective: BP = 80/60, weight = 53 kg, BMI = 17.7
Discussion:
Explained possible complications re long-term laxative use = IBS, colon infection & liver damage
Pt. admits: laxatives for weight loss & may be 'slipping into old habits' = Calorie intake = approx. 1500/day
Pt. requests A.N. support

Plan: Refer to psychiatrist
Multidisciplinary team (psychiatrist to organise): GP, psychiatrist & nutritionist

Writing Task:

Using the information in the case notes, write a letter of referral to Dr Smith, Psychiatrist, summarising Ms Green's relevant medical history, outlining your concerns and requesting further management. Address the letter to Dr John Smith, Psychiatrist, Newtown Hospital, 123 High 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.

Paragraph Plan

Make a paragraph plan using the planning and discussions in class, using any of the below paragraph functions:

Introduction	<p>Patient name:</p> <p>General Medical Context:</p> <p>General Request:</p>
Background	<p>Medical history: Nil significant, no surgeries</p> <p>✓ 2015: Anorexia Nervosa (A.N.), BMI = 15.2</p> <p>Pt. taken by parents to outpatient clinic appts</p> <p>✓ Pt. recovered w psychotherapy & nutritional support</p> <p>Social background: Saleswoman, IT company (= stressful job) (+ image focussed?)</p>
20 th Feb	<p>Treatment record</p> <p>20 Feb 2019:</p> <p>Presenting complaint: constipation (last 2 wks) ✓</p> <p>Sum → Subjective: fatigue, bloating, no menstrual irregularities</p> <p>Objective: no distention visible, BP = 80/60, weight = 55 kg, height = 173 cm, BMI = 18.4</p> <p>Discussion: pt. requests strong laxatives, OTC laxatives ineffective ✓</p> <p>✓ Wants to "look her best", role is "very image focused"</p> <p>✓ Pt. admitted to counting calories to maintain weight (approx. 1700/day)</p> <p>Laxative request refused; suspected A.N. relapse</p> <p>Sum → Advice: ↑ fibre in diet (e.g. oats, vegetables & legumes) & ↑ calories (sport levels)</p> <p>Sum → CBC & BMP (Basic Medical Panel) ordered</p>
20 th March	<p>20 March 2019: Sum → Blood test results: low FE, calcium, potassium, T3 & T4 = ?low nutrient level in diet</p> <p>✓ Subjective: tearfulness, depressed mood, ↓energy</p> <p>✓ Repeated request for laxatives</p> <p>✓ Objective: BP = 80/60, weight = 53 kg, BMI = 17.7</p> <p>Discussion:</p> <p>✓ Explained possible complications re long-term laxative use = IBS, colon infection & liver damage</p> <p>✓ Pt. admits: laxatives for weight loss & may be 'slipping into old habits' = Calorie intake = approx. 1500/day ✓</p>
Request	<p>Pt. requests A.N. support</p> <p>Plan:</p> <p>Refer to psychiatrist</p> <p>Multidisciplinary team (psychiatrist to organise): GP, psychiatrist & nutritionist</p>

Homework: Write your **Request** paragraphs and send to paul@set-english.com

Introductions

Student	Teacher
<p>Dear Dr John Smith Psychiatrist Newtown Hospital 123 High Street Newtown</p> <p>10 March 2019</p> <p>Dear Dr Smith,</p> <p>Re: Ms Sandra Green, Age 19</p> <p>I am writing regarding Ms Green, who has presented with signs and symptoms of anorexia nervosa. She is being referred to you and now requires further management.</p>	<p>Although not inaccurate, mention of the suspected relapse would paint a more rounded picture.</p>
<p>Dr John Smith Psychiatrist Newtown Hospital 123 High Street Newtown</p> <p>10th March 2019</p> <p>Dear Dr Smith,</p> <p>Re: Ms Sandra Green, DOB: 8th February 2000</p> <p>I am writing regarding Ms Green, who has relapsed anorexia nervosa. She is being referred to you and now requires further management.</p>	
<p>Dr John Smith Psychiatrist Newtown Hospital 123 High Street Newtown</p> <p>10th March 2019</p>	

<p>Dear Dr Smith,</p> <p>Re: Ms Sandra Green, DOB:8th February 2000</p> <p>I am writing regarding Ms Green, who has anorexia nervosa and has requested A.N. support. She is being referred to you for further management.</p>	<p>There's nothing wrong with including patient request in intro – but danger of repetition in request.</p>
<p>Dr John Smith Psychiatrist Newtown Hospital 123 High Street Newtown</p> <p>20 March 2019</p> <p>Dear Dr Smith,</p> <p>Re: Sandra Green, DOB: 8th February 2000</p> <p>I am writing regarding Ms Green, who has been having anorexia nervosa. She now requires your specialised further management.</p>	
<p>I am writing this letter to refer this 19 year old young woman , who had admitted to our clinic with sings and symptoms of A.N relapse.</p>	<p>I am writing to refer Ms Sandra Green, who has signs and symptoms of anorexia nervosa relapse.</p> <p><i>What are we asking for? What is the purpose?</i></p>
<p>Dr Smith Psychiatrist Newtown Hospital 123 High Street, Newtown</p> <p>10th March 2019</p> <p>Ref: Ms Sandra Green, DOB 8th February 2019</p>	

<p>Dear John Smith</p> <p>I am writing regarding Ms Green Sandra, who has anorexia nervosa, and due to the worsening of her condition she is being referred to you for further management.</p>	<p>Always title + family name</p>
<p>I am writing regarding Ms Sandra Green, who is suspected of anorexia nervosa relapse and requires further management of her condition.</p>	
<p>Dr Smith Newtown Hospital 123 High Street Newtown</p> <p>20 / 03/2019</p> <p>Dear Dr Smith,</p> <p>Re: Sandra Green, DOB :8th February 2000</p> <p>I am writing regarding Ms Green, who visited our clinic due to signs and symptoms of recurrent anorexia nervosa and requires specialised further management.</p>	
<p>Dr John Smith Psychiatrist Newtown Hospital 123 High Street Newtown</p> <p>10th March 2019</p> <p>Re: Ms Sandra Green, DOB: 8th February 2000</p> <p>Dear Dr Smith,</p> <p>I am writing regarding Ms Green, whose clinical features are suggestive of anorexia nervosa and she is now being referred to you for further assessment.</p>	

Background & 20th Feb

Medical history:	<p>Nil significant, no surgeries</p> <p>✓ 2015: Anorexia Nervosa (A.N.), BMI = 15.2</p> <p>Pt. taken by parents to outpatient clinic appts</p> <p>✓ Pt. recovered w psychotherapy & nutritional support</p>
Social background:	Saleswoman, IT company (= stressful job) (+ image focussed?)
Treatment record	
20 Feb 2019:	<p>Presenting complaint: constipation (last 2 wks) ✓</p> <p>Subjective: fatigue, bloating, no menstrual irregularities</p> <p>Objective: no distention visible, BP = 80/60, weight = 55 kg, height = 173 cm, BMI = 18.4</p> <p>Discussion: pt. requests strong laxatives, OTC laxatives ineffective ✓</p> <p>Wants to 'look her best', role is 'very image focused'</p> <p>✓ Pt. admitted to counting calories to maintain weight (approx. 1700/day)</p> <p>Laxative request refused; suspected A.N. relapse</p> <p>Advice: ↑fibre in diet (e.g. oats, vegetables & legumes) & ↑calories (sport levels)</p> <p>CBC & BMP (Basic Medical Panel) ordered</p>

Student	Teacher
<p>Regarding her social and medical background, Ms Green lives alone. Her job is stressful, she works as a saleswoman. , and in an IT company. In 2015, she had been was diagnosed with as Anorexia Nervosa, but she recovered with psychotherapy, and nutritional support. Additionally, she has no family history of same condition.</p> <p>On 20th February 2019, Ms Green presented with constipation for the last two weeks, as well as fatiguability, and bloating. Her menstrual cycle was regular. On examination, her blood pressure was low (80/60 mmHg), with no any visible distention. Her weight was 55 kg, height was 173 cm, and BMI was 18.4. She requested strong laxatives, in which OTC laxatives were ineffective. She discharged on counting calories to maintain weight approximately ,1700 calories per day. Her request for laxatives were refused, because of suspecting of relapse in her condition. Also she had been advised to take high fibre in diet as oats, vegetables, and legumes, with high calories. CBC and BMP were ordered.</p>	<p>a two-week history of</p> <p>when we discuss time periods up to a point in the past we cannot use 'last' – that is up to the present</p> <p>The main point is – does it matter how long?</p> <p>I think we can halve the number of words by removing unnecessary/irrelevant content</p>
<p>Ms Green had experienced Anorexia Nervosa since 2015, and her BMI was 15.2.</p> <p>On 20th February 2019, Ms Green presented to our clinic with a 2-week history of 2-weeks of constipation, fatigue, and bloating. On physical examination, her BP was 80/60, and her BMI was 18.4. Ms Green requested strong laxatives</p>	<p>This is confusing and probably inaccurate – check the use of tense here. Past simple would be appropriate with a time stamp: In 2015.</p> <p>Does 2 weeks matter? We also don't know how long fatigue & bloating.</p> <p>admit to</p>

<p>because OTC laxatives were ineffective, but her request was refused due to a suspected A.N. relapse. She was admitted to counting calories to maintain her weight at approximately 1700/day. She was advised to include fibre in her diet, and CBC and Basic Medical Panel were ordered.</p>	<p>passive: accepted to stay in a place active: confess – say yes, I did something wrong</p> <p>The style is professional, direct and concise. Good writing.</p>
<p>Ms Green was diagnosed with anorexia nervosa for the first time in 2015 with a BMI of 15.2, which was treated successfully with psychotherapy and nutritional support. Additionally, she has a stressful and image-focused job.</p> <p>On 20th February 2019. Ms Green presented with a two-week history of constipation, for which she had taken OTC laxatives that were ineffective. In addition, she reported experiencing fatigue, bloating, and no menstrual irregularities. On discussion, she requested strong laxatives which were refused due to a suspected relapse of A.N. On examination, abdominal distention was not detected and her BMI was 18.4. As a result, she admitted to counting calories, approximately 1700 per day, to maintain her weight. Additionally, she advised a high-fibre and calorie-rich diet was advised.</p>	<p>Organisation and content feel a bit strange. Intra-paragraph organisation could be clearer for the reader.</p> <p>Please note,</p>
<p>On 20th February, Ms Green presented with a 2-week history of constipation. Additionally, she reported that she had been experiencing fatigue and bloating. On examination, her vitals were within a normal range but her BMI was 18,4. Ms Green admitted to counting calories to maintain weight, approximately 1700 per day. Consequently, she was advised on a high-fibre and calorie diet, and CBC and BMP were ordered. Please note that Ms Green requested strong laxatives, which she was refused due to suspected anorexia nervosa relapse.</p>	<p>hypotension?</p> <p>Except for hypotension – great writing. Concise and direct.</p>
<p>Regarding Ms Green's medical background, she was diagnosed with anorexia nervosa in 2015 and recovered with psychotherapy and nutritional support. Ms Green works long hours and described her job as very stressful and image focused.</p> <p>On 20th February, Ms Green reported that she had experienced constipation for the previous 2 weeks along with fatigue. On examination, her</p>	<p>I advised Mr Smith + to + verb</p> <p>Mr Smith was advised to increase....</p> <p>Subsequently, a high fibre and calorie rich diet was advised.</p>

<p>BMI was 18.4 and no distention was observed. During our discussion, Ms Green admitted that she had been counting her calories to maintain weight and requested strong laxatives , which was refused due to a likely relapse of anorexia nervosa. Subsequently, she was advised to follow a high fibre diet and calorie rich diet.</p>	<p>I assume hypotension will be mentioned in following paragraph.</p>
<p>On 20th February 2019, Ms Green reported that she had been experiencing constipation for two weeks. Her blood pressure was 80/60, and her BMI was 18.4. Having taken OTC laxatives, which were ineffective, she requested for a prescription. This request was refused, and she was given dietary advice. A suspected diagnosis of anorexia relapse was made, and blood tests were ordered.</p> <p>Regarding Ms Green's medical history, a diagnosis of anorexia nervosa was made in 2015, for which, from which she recovered with psychotherapy and nutritional support. In terms of her medical history, she has a stressful job as a saleswoman. Being very image focussed, she admits to counting her calories.</p>	<p>Nice past perfect!</p> <p>requested a prescription for what?</p> <p>Nice conciseness.</p> <p>Good try – but we recover <i>from</i> something, not for something</p> <p>Generally really good writing here – well done!</p>
<p>Ms Green has a demanding job and lives alone. She had has a history of anorexia nervosa, for which she was treated with psychotherapy and nutritional support. Additionally , she is currently on laxatives and herbal supplements due to anxiety.</p> <p>Initially, on 20th February 2019, Ms Green attended at our clinic and reported a two-week history of constipation. Examination revealed a BP of 80/60 and BMI of 18.4 .Despite her request for taking a strong laxatives, I refused and advised her to increase fibre and calories in her diet regimen.</p>	<p>This is a well constructed sentence. However, we don't need the contrast – wouldn't it be easier to say 'Her request for strong laxatives was refused and an increase in fibre and calorie intake was advised.' It is also more professional to avoid 'first person'.</p> <p>What about suspected relapse?</p>
<p>Socially, Ms Green works in an IT company as a saleswoman and focused her image for which she used to take 1700 calories per day. In terms of her medical history she has had anorexia nervosa since in 2015 and was treated accordingly.</p>	<p>'Socially' – unnecessary</p> <p>What if we try to be a bit more concise here:</p> <p><i>Ms Green works in an IT company in an image focused sales role and as a result she restricts her calorie intake to 1700 daily.</i></p>

<p>On 20th February 2019, Ms Green attended our elinie reported a constipation, and requested strong laxatives which are being was turned down. Consequently, a balanced diet and proper exercise has been were advised. On examination, her vital signs were: (BP: 80/60, and BMI 18.4). Additionally, CBC and the Basic Medical Panel were ordered.</p>	<p>No mention of suspected AN relapse – that would explain turning the laxatives down?</p> <p>There is an issue with present perfect here. Use past simple at finished times in the past.</p>
<p>On 20th February, Ms Green presented with a 2 week history of constipation, fatigue and bloating. On examination, her BP was 80/60, BMI was 18.4. A discussion regarding her request of strong laxatives was conducted. Additionally, she admitted to counting calories to maintain weight. Consequently, she was advised appropriately regarding her diet and calorie intake.</p> <p>in terms of her medical background, Ms Green was diagnosed with anorexia nervosa in 2015, which was treated with psychotherapy and nutritional support.</p> <p>Socially, she is a saleswoman and her job is very stressful.</p>	<p>No mention of suspected AN relapse? Also we don't say laxatives were refused.</p> <p>Is her job really 'socially'? I think it is not appropriate here and we can leave it out without changing any meaning.</p>
<p>She Ms Green had been was diagnosed with A.N in 2015, when worked as a saleswoman in a IT company and thought that related to her stressful job. She recovered with psychotherapy and nutritional support.</p> <p>Ms Green presented to our clinic on 20/02/2019 with complaint of constipation for last 2 weeks. On physical examination, she had no distension visible , BP80/60, weight 55kg , height 173cm, BMI 18.4. I have learned that the patient admitted to counting calories to maintain weight (approximately 1700/day). Although she requested strong laxatives and mentioned OTC laxatives ineffective. I refused her laxative request but advised increase fibre in diet and calorie intake as well. In addition, I ordered some blood tests(CBC&BMP).</p>	<p>She wasn't working as a saleswoman when she was 15?</p> <p>Do I need her height and weight when I have her BMI?</p> <p>Although requires two clauses!</p> <p>Suspected AN relapse?</p>

20th March Paragraph

20 March 2019: ~~SMM~~ – Blood test results: low FE, calcium, potassium, T3 & T4 = ?low nutrient level in diet

✓ Subjective: tearfulness, depressed mood, ↓energy

✓ Repeated request for laxatives

✓ Objective: BP = 80/60, weight = 53 kg, BMI = 17.7

Discussion:

✓ Explained possible complications re long-term laxative use = ~~IBS, colon infection & liver damage~~

✓ Pt. admits: laxatives for weight loss & may be 'slipping into old habits' = Calorie intake = approx. 1500/day ✓

Student	Teacher
<p>Today, Ms Green's blood test.....</p> <p>stated that she is tearful, has a depressed mood and declining energy, requesting again for laxatives. Having educated her on of the likely complications of long-term laxatives, she admitted using it for weight loss and the possibility of 'slipping into old habits' with a calorie intake of approximately 1500/day, and requested for A.N. support.</p>	<p>and has requested laxatives again.</p> <p>appraised her of</p> <p><i>she admitted using it for the possibility that she was experiencing anorexia again, with a calorie intake of approximately 1500/day. She requested A.N. support.</i></p> <p>Where is the objective information? I think we should begin with objective and move through the subjective</p>
<p>Today, Ms. Green reported experiencing low energy, depressed mood, and tearfulness. Her blood test revealed a low FE, calcium, potassium, T3, and T4, which indicate a low nutrient in her diet. Due to her repeated request of for laxatives, the complications of long-term laxative use were explained. Additionally, she counts limits/restricts her calorie intake to 1500 a day. Please note her BMI is now 17.7.</p>	<p>may indicate malnutrition</p> <p>which indicates a low level of nutrients in her diet.</p> <p>verb: request + object nouns: request for + object</p> <p>Where is BP?</p>
<p>Today, Ms Green complained about of being tearful and depressed, and having low energy levels. Her BMI was 17.7 and BP was 80/60. Her blood test results showed low FE, calcium, potassium, T4 and T3 levels, which can be as a result of low nutrient levels in her diet. She repeatedly asked for laxatives and admitted taking them for weight loss. In addition, she had tried decreased calorie intake. Long term laxative complications were explained to her.</p>	<p>She repeated her request for laxatives</p> <p>Why choose not to include the calorie details?</p>
<p>On 20th March, Ms Green's blood tests revealed that her iron (FE), calcium, potassium, and T3 and T4 levels were all in the low range. She</p>	

<p>reported feeling tearful, depressed, and low in energy. Her blood pressure remained the same, and her BMI had decreased to 17.7, which could be a possible complication of long-term laxative use. During our discussion, she admitted that she has been using laxatives for weight loss and her caloric intake is approximately 1500 per day.</p>	<p>There's no indication in the case notes that the weight loss is a complication of long-term laxative use. This is a misinterpretation of the case notes – we discussed the long term complications.</p>
<p>Today, Ms Green reported a lack of energy with and depression. In addition to this, she repeated her request for taking some strong laxatives. Upon examination, a low level of BMI(17.7) and some nutrients, including calcium, T3 and T4 were detected. Therefore, I discussed complications of long-term laxative use with her and referred to you due to her request.</p>	<p>The blood tests revealed low levels of..... We did not detect any nutrients during examination today</p>
<p>Earlier today Today, Ms Green's blood test results revealed a low level of FE, Calcium and potassium as well as T3 and T4, possibly due to a deficiency of nutrients in her diet. Objectively, Her BP was 80/60 and her BMI was 17,7. Ms Green said that she had been experiencing tearfulness, a depressed mood and a lack of energy, and the request for laxatives was repeated. Please note, the possible complications of long-term usage of laxatives were explained, and as a result, Ms Green admitteds to using them for weight loss. Additionally, she still counts the calories to maintain her weight, approximately 1500 per day. It is also important to know that she told me that she might be slipping into her old habit and asked about AN support.</p>	
<p>Today, Ms Green visited my practice and reported tearfulness, depressed mood and low energy. Her blood test revealed low levels of calcium, iron, potassium, T3 and T4. Her body mass index has dropped to 17.7, and her blood pressure remains low. Due to her repeated request for laxatives, possible complications regarding long-term use were explained. She admitted to using laxatives for weight loss and possibly slipping into old habits. Additionally, she admitted to a daily intake of 1500 calories and requested support for anorexia nervosa.</p>	<p>Excellent!</p>
<p>Today, Ms Green's test results revealed low iron Fe, calcium, potassium, T3, and T4 levels. She has experienced tearfulness, a depressed mood, and a lack of energy. She repeatedly requested laxatives, and the complications of long-term laxative use, which might cause IBS, colon</p>	<p>She repeated her request for laxatives Very good!</p>

<p>infection, and liver damage, were explained to her.</p> <p>Ms Green's blood pressure is 80/60, and her BMI is 17.7. She admits that using laxatives for weight loss may be a relapse into old habits, and her calorie intake is approximately 1500/day.</p>	
<p>Today, Ms Green's blood test results exhibited low nutrient levels in her diet. Her BP was low and her BMI has decreased to 17.7. She reported feeling tearful and depressed, with a lack of energy. She requested strong laxatives but was refused. The complications of taking the laxative long time were explained. However, Please note, Ms Green admitted that she had slipped into her old habits, and was taking laxatives to reduce her weight. Consequently, and her calorie intake has dropped changed to 1500 per day.</p>	
<p>After one month, on today's visit, Ms Green reported with symptoms of tearfulness, depressed mood and lack of energy. On examination, her BP and BMI were 80/60 mmhg and 17.4 17.7 respectively. Her test results depicted revealed reduced levels of calcium, potassium, T3, T4 and FE, which indicate low nutrients levels in her diet. The worth mentioning is that her laxatives request again refused by counselling and possible complications. Consequently she was managed accordingly. ??</p>	<p>This phrasing doesn't work – not professional and slightly confusing? See above for ideas.</p>
<p>Today, Ms Green returned to our clinic with a depressed mood, tearfulness, and lack of energy. Her Blood results showed a decrease of FE, calcium, potassium, and T3 and T4 as well as her nutrient level in diet. Ms Green's weight has also dropped by 2kg to 53kg. She disclosed counting calories, approximately 1500 per day and using laxative for weight loss. Consequently, the possible complications of long-term use of laxatives is being explained.</p>	<p>These results are indicative of low nutrient level in her diet</p> <p>Mention BMI / BP?</p> <p>No admission of old habits?</p>