

- 1 Format
- 2 Planning - Groups
- 3 Produce a class plan



5 mins to read case notes (pen on table)
40 mins to write OET Letter

How long should we spend planning the letter?

7 – 15 minutes of **planning** time

What are the stages of planning?

STEP 1: Understand	STEP 2: Choose Case Notes	STEP 3: Organise
<p>You should ask some important questions:</p> <ol style="list-style-type: none"> 1. Reader? Task? Possible task 2. Reader knows patient? <small>(If patient is known, then no background)</small> 3. Writer? Task? 4. Urgent? 5. Why am I writing today? 	<p>How do I choose case notes?</p> <p>Relevant ones.</p> <p>RELEVANT = 2 THINGS:</p> <ol style="list-style-type: none"> 1. Appropriate: helpful, useful, the reader MIGHT like to know SOME 2. Needed: necessary, essential, crucial, vital, etc. ALL 	<p>Paragraphing...</p>

WE ARE GOING TO APPLY THIS....



WRITING SUB-TEST: NURSING

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 21 May 2019.

You are a ward nurse working in the internal medicine unit of Leigh General Hospital. A patient, Mr Edward Tidyman, was admitted to your unit for planned application of a LINX device for gastro-oesophageal reflux disease (GERD).

PATIENT DETAILS:

Name: Edward Tidyman

DOB: 30 April 1965 (54 y.o.)

Residence: 57, Valley Road, Leigh.

Marital status: Married

Next of kin: Wife, Mary, 48 y.o., 4 children from 7-16 y.o.

Social Background:

Restaurant owner, works long hours, stressful job
Symptoms prevent pt 'fully enjoying life'
Few hobbies or interests outside work & family.
Overweight (BMI 29.6) - often eats in the restaurant: high calorie intake
Smoker (15 x day)
V little exercise (sometimes cycles 1km to work)
Aware of unhealthy lifestyle – motivated to correct bad habits

Admission date: 20 May 2019

Discharge date: 21 May 2019

Diagnosis: Chronic GERD

Treatment:

20 May 2019: Laparoscopic application of LINX device

Past medical history:

14 Oct 2018 Dr appt. (chronic chest pain 2 yrs), difficulty swallowing, sour taste in mouth, laryngitis, heartburn, chronic cough (?GERD).
Pt self-treating with antacids (Tums).
Ranitidine (Zantac) prescribed

20 Dec 2018 Dr appt: symptoms still present, commenced proton pump inhibitors (PPI) 2x/day – lansoprazole (Prevacid)→minimal relief.
Pt unwilling to continue medication (side effects – diarrhea, headaches, nausea)
Pt aware that medication effective but wants surgery
Dr referral → hospital endoscopy

15 Mar 2019 Hospital: upper endoscopy – 2cm hiatal hernia,
Irregular Z-line
Non intestinal metaplasia

20 May-21 May 2019

Hospital: laparoscopic LINX implant
Esophageal motility test– normal peristalsis (resting pressure 5 mmHg)
24-hr impedance PH study on medication – ↑ frequency of non-acid reflux events – good symptom correlation.

Assessment

21 May 2019: Good progress
Vital signs (normal limits)
ECG (normal range)

Discharge plan: Pt given LINX Implant Card
Instructed in diet – normal as tolerated,
If dysphagia: sip water before/during eating, small mouthfuls of food, chew well,
avoid bread, pasta, rice, meat
Contact Dr if fever, pain, vomiting, difficulty breathing
Pt to avoid MRI procedures
Pt aware of need to lose weight, ↓quit smoking

Writing Task:

Using the information given in the case notes, write a discharge letter to the patient's doctor, Dr. Berkeley, 65 Lime Square, Leigh.

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.

UPDATE LETTER: the reader is being updated only

<p>Introduction</p>	<p>I am writing to _____ you on</p> <ul style="list-style-type: none"> • <u>He may</u> / <u>He might</u> require further <u>support</u> <p>General word: many things included</p> <p>Assignment: write the Introduction only alain@set-english.com</p>
<p>Timeline</p>	<p>20 Dec 2018 Dr appt: symptoms still present. commenced proton pump inhibitors (PPI) 2x/day – lansoprazole (Prevacid) → minimal relief. Pt unwilling to continue medication (side effects – diarrhea, headaches, nausea) Pt aware that medication effective but wants surgery Dr referral → hospital endoscopy</p> <p>15 Mar 2019 Hospital: upper endoscopy – 2cm hiatal hernia, Irregular Z-line Non intestinal metaplasia</p> <p>As you are aware, Mr Tidyman was referred to our hospital on 20th December due to + SUMMARY</p>
<p>Timeline 2</p>	<p>20 May-21 May 2019</p> <p>Hospital: laparoscopic LINX implant Esophageal motility test – normal peristalsis (resting pressure 5 mmHg) 24-hr impedance PH study on medication – ↑ frequency of non-acid reflux events – good symptom correlation.</p> <p>Assessment 21 May 2019: Good progress Vital signs (normal limits) ECG (normal range)</p>
<p>Requests</p>	<p>: Pt given LINX Implant Card Instructed in diet – normal as tolerated, If dysphagia: sip water before/during eating, small mouthfuls of food, chew well, avoid bread, pasta, rice, meat Contact Dr if fever, pain, vomiting, difficulty breathing Pt to avoid MRI procedures Pt aware of need to lose weight, ↓quit smoking</p> <p>Please note that he has been advised about MRI</p>

This is the plan. We will use summarising to make it shorter