

OET Medicine Writing Week

Andreas Smith

The task is: *Write a letter to a healthcare professional requesting continuation of care for a patient. (sometimes providing an update)*

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 Andreas Smith case notes:

1. Who is the reader?	Psychiatrist
2. What is the reader's task?	Diagnosis & Management
3. Does the reader know the patient?	No
4. Does the writer have any tasks?	No
5. Why am I writing <u>today</u> ?	Symptoms build up to provisional diagnosis agoraphobia
6. Is it urgent?	No

Case Notes

Test 4 Writing (45 minutes)

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 November 2019.

You are a family doctor and have been caring for a young patient following his discharge from hospital.

PATIENT DETAILS:

Name: Andreas Smith (Mr)
DOB: 23 Oct 1991 (29 y.o.)
Address: Apartment 1 (ground floor), 194 Springhall Parade, Newtown

Social Background: Lawyer (graduated in Jan 2018)
 Girlfriend of 3 yrs, supportive, visits 2-3x/wk
 Parents, supportive, visit 1x/wk
 Non-smoker
 Alcohol intake approx. 12 units/wk (mainly beer)
 Interests: reading, music, TV

Allergies: Nil

Family History: Mother – osteoarthritis
 Father – gout
 Maternal grandmother – bipolar disorder, died 80 y.o. (stroke)
 Maternal grandfather – died 75 y.o. (heart attack)
 Paternal grandmother & grandfather – unknown

Past medical history: Childhood chickenpox & measles
 1993 hyperopia, glasses given
 2015 L Rotator cuff injury

Hospital treatment record:

16 March 2019: Arrival at ED
 MVA (motor vehicle accident): neurologic lesion of spinal cord at T12, resulting in paraplegia (wheelchair required)
 Neurogenic bladder – intermittent urinary catheter
 Colostomy for neurogenic bowel → Baclofen pump (change 4x/yr)
 Transfer to general ward for recovery

20 March 2019: Good progress
 Medications: corticosteroids, NSAIDs, anticonvulsants, mild opioids, antispasmodics, muscle relaxants
 Mild infection at incision site → antibiotics

13 April 2019: Ready for discharge
Discharge plan: continue opioids & NSAIDs 2 months (to be reviewed by family doctor)
OT & physio visits (↑mobility, weight bearing exercises) & wheelchair (unable to ambulate)
Community Nurse – help w ADLs

General practice appointment record:

12 June 2019: Medication review
Pain well managed
Continue opioids & NSAIDs prn
Baclofen pump changed
Pt coping well
Reviews w dr approx. 1x/month

8 July 2019: Community transport arranged for appt – pt. refused, parents brought pt & attended appt w him
Pain well managed
Note: pt ↑isolated (won't allow girlfriend/friends to visit)

4 August 2019: Pt missed appt, rescheduled Sept.

6 September 2019: Telephone consultation (pt request)
Fear & anxiety at thought of leaving home

8 October 2019: Missed appt, rescheduled Nov.

10 November 2019: Missed face-to-face appt – pt admits ↑anxiety at leaving home → panic attack in transit
Telephone consultation conducted instead
?diagnosis: agoraphobia (pt. requests referral to psychiatrist, 'I want some social life back')

Plan: Refer to psychiatrist

Writing Task:

Using the information in the case notes, write a letter of referral to Dr Besson, psychiatrist, outlining your concerns about the patient and requesting definitive diagnosis and further management. Address the letter to Dr Lucy Besson, Psychiatrist, Newtown Hospital, 111 High Street, Newtown.

Link: <https://www.dropbox.com/scl/fi/30kz1fr0nqdngetvu1153/Medicine-Andreas-Smith.pdf?rlkey=tw6q1k2r42o1arx33wxbd1hj6&dl=0>

Paragraph Plan

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

Introduction	<ul style="list-style-type: none"> • Patient Name: • General Medical Context: • General Request:
Early Timeline / Accident & Treatment	<p>Hospital treatment record:</p> <p>7 <u>March 2019:</u> Arrival at ED</p> <ul style="list-style-type: none"> ✓ MVA (motor vehicle accident): neurologic lesion of spinal cord at T12, resulting in paraplegia (wheelchair required) ✓ Neurogenic bladder – intermittent urinary catheter ✓ Colostomy for neurogenic bowel → Baclofen pump (change 4x/yr) Transfer to general ward for recovery <p>20 March <u>March 2019:</u> Good progress</p> <p>Medications: corticosteroids, NSAIDs, anticonvulsants, mild opioids, antispasmodics, muscle relaxants</p> <p>Mild infection at incision site → antibiotics</p> <p>4 <u>April 2019:</u> Ready for discharge</p> <p>Discharge plan: continue opioids & NSAIDs 2 months (to be reviewed by family doctor)</p> <p>OT & physio visits (↑ mobility, weight bearing exercises) & wheelchair (unable to ambulate)</p> <p>Community Nurse – help w ADLs</p>
Late Timeline / Psychiatric	<p>General practice appointment record:</p> <p>12 June 2019: <u>Medication review</u></p> <p>Pain well managed</p> <p>Continue opioids & NSAIDs prn</p> <p>Baclofen pump changed</p> <p>Pt coping well</p> <p>Reviews w dr approx. 1x/month</p> <p>8 July 2019: Community transport arranged for appt – <u>pt. refused</u>, parents brought pt & attended appt w him</p> <p><u>Pain well managed</u></p> <p>Note: <u>pt ↑ isolated (won't allow girlfriend/friends to visit)</u></p> <p>4 August 2019: <u>Pt missed appt, rescheduled Sept.</u></p> <p>6 September 2019: <u>Telephone consultation (pt request)</u></p> <p><u>Fear & anxiety at thought of leaving home</u></p> <p>8 October 2019: <u>Missed appt, rescheduled Nov.</u></p> <p>10 November 2019: <u>Missed face-to-face appt – pt admits ↑ anxiety at leaving home → panic attack in transit</u></p> <p><u>Telephone consultation conducted instead</u></p>

Summary

Background	<p>Social Background: Lawyer (graduated in Jan 2018) ? ✓ Girlfriend of 3 yrs, supportive, visits 2-3x/wk ✓ Parents, supportive, visit 1x/wk Non-smoker ? Alcohol intake approx. 12 units/wk (mainly beer) Interests: reading, music, TV</p> <p>Allergies: Nil</p> <p>Family History: Mother – osteoarthritis Father – gout ? Maternal grandmother – bipolar disorder, died 80 y.o. (stroke) Maternal grandfather – died 75 y.o. (heart attack) Paternal grandmother & grandfather – unknown</p> <p>Past medical history: Childhood chickenpox & measles 1993 hyperopia, glasses given 2015 L Rotator cuff injury</p>
Request	<p>?diagnosis: agoraphobia (pt. requests referral to psychiatrist, 'I want some social life back')</p> <p>Plan: Refer to psychiatrist</p>

Homework: Send background/request to paul@set-english.com

Introductions

- Incorrect content – dates / name spelling / incorrect paraphrase
- Missing content – no purpose / no medical context
- Unnecessary content – for other paragraphs
- Grammar / Language

Student	Teacher
<p>2/9/2024 10th November 2019</p> <p>Dr Lucy Besson Psychiatrist Newtown Hospital 111 High Street Newtown</p> <p>Dear Dr Besson,</p> <p>Re: Mr Andreas Smith, D.O.B:23/10/1991</p> <p>I am writing regarding Mr Andreas Smith, who has clinical features suggestive of agoraphobia. He is now being referred and requires definitive diagnosis and further management.</p>	<p>I am writing to refer Mr Andreas Smith, who has clinical features suggestive of agoraphobia. He requires definitive diagnosis and further management.</p>
<p>10th November 2019 Dr Lucy Besson Psychiatrist Newtown Hospital 111 High Street Newton</p> <p>Re: Mr Andreas Smith DOB: 23.10.1991</p> <p>Dear Dr Besson,</p>	

<p>I am writing to refer Mr Andreas Smith, who requests assessment, diagnosis and treatment by your specialty due to a provisional diagnosis of agoraphobia, which was triggered by a recent onset of paraplegia.</p>	
<p>Dr Lucy Besson Psychiatrist Newtown Hospital 111 High Street Newtown</p> <p>10 November, 2019</p> <p>Dear Dr Besson,</p> <p>Re: Mr Andreas Smith , D.O.B: 23/10/1991</p> <p>I am writing to refer Mr Smith, who has been diagnosed with possible agoraphobia and requires further investigation and management.</p>	
<p>Dr Lucy Besson, Psychiatrist, Newtown Hospital, 111 High Street, Newtown</p> <p>10th November 2019</p> <p>Dear Doctor Besson,</p> <p>Re: Mr Andreas Smith DOB: 23rd Oct 1991</p> <p>I am writing regarding Mr Smith, who has signs and symptoms suggestive of agoraphobia. He is now being referred to you for further evaluation and management.</p>	<p>I am writing to refer Mr Andreas Smith, who has clinical features suggestive of agoraphobia. He requires definitive diagnosis and further management.</p>

10th November 2019
 Dr Lucy Besson,
 Psychiatrist
 Newtown Hospital
 111 high street, Newtown

Dear ~~Doctor,~~ Dr Besson,

Re: Mr Andreas Smith DOB: 23rd October 1991

I am writing to refer Mr Smith, who was diagnosed ~~with possibly-possible~~ agoraphobia, now I am requesting him for definitive diagnosis and further management.

No name: Yours Faithfully,

Name: Yours Sincerely,

My mum, who lives in Spain, is a nice person.

My mum lives in Spain, which is nice and is a very inexpensive place.

I am writing to refer Mr Smith, who was diagnosed ~~with possible~~ agoraphobia. Now I am requesting definitive diagnosis and further management.

I am writing to refer Mr Smith, who has been diagnosed ~~with possible~~ agoraphobia ~~and~~ requires definitive diagnosis and further management.

10th November 2019

Dr Lucy Besson
 Psychiatrist
 Newtown Hospital
 111 High Street
 Newtown

Re: Mr Andreas Smith, DOB: 23rd Oct 1991

Dear Dr Besson,

I am writing to refer Mr Smith, who has signs and symptoms suggestive of agoraphobia, for a definitive diagnosis and further management.

I am writing regarding Mr. Smith, who has been experiencing symptoms suggestive of agoraphobia, and request further management.

I am writing regarding Mr. Smith, who has been experiencing symptoms suggestive of agoraphobia and requires further management.

A bit more attention required for language.

Dr Lucy Besson
Psychiatrist
Newtown Hospital
111 High Street
Newtown

10/11/2019

Dear Dr Besson,

Re: Mr Andreas Smith
DOB: 23/10/1991

I am writing to refer Mr Smith, who has symptoms suggestive of agoraphobia. He requires diagnosis and further management.

<p>Dr Lucy Besson Psychiatrist Newtown Hospital 111Street Newtown</p> <p>10th November 2019</p> <p>Re: Mr Andreas Smith</p> <p>Dear Dr Doctor Besson,</p> <p>I am writing regarding my patient , Mr Smith, who is paraplegic due to a spinal cord lesion following a motor vehicle accident. He is in my general practice and experiencing fear and anxiety to leave home, and now requests your definitive diagnosis and further management.</p>	<p>The choice to put lots of detail in this introduction probably means I have to spend time paraphrasing later in the letter – keep the intros simple.</p>
<p>2/9/2024 10th November 2019</p> <p>Dr Lucy Besson Psychiatrist Newtown Hospital 111 High Street Newtown</p> <p>Dear Dr Besson</p> <p>Re :Mr Andreas Smith, D.O.B:23/10/1991</p> <p>I am writing regarding Mr Andreas Smith, who has clinical features suggestive of agoraphobia. He is now being referred and requires definitive diagnosis and further management.</p>	
<p>I am writing regarding Mr Smith ,whose signs and symptoms are suggestive of agoraphobia. and He now requires definitive diagnosis and further management</p>	
<p>10th November 2019</p> <p>Dr Lucy Besson</p>	

Psychiatrist
Newtown Hospital
Newton

Re: Andreas Smith
DOB:23.10.1991

Dear Dr Besson ,

I am writing to refer Mr Andreas Smith, who has a possible diagnosis of agoraphobia. He now requires further management and definitive diagnosis.

I am writing to refer Mr Smith, who has signs and symptoms of agoraphobia, and requires your further management and a definitive diagnosis.

10/11/2019

Dr Lucy Besson
Psychiatrist
Newtown Hospital
111 High street
Newtown

Dear Dr Besson,

Re: Mr Andreas Smith
DOB: 23/10/1991

I am writing to refer Mr Smith, a 29-year-old lawyer, who has been experiencing signs and symptoms of a possible agoraphobia. He requires your definitive diagnosis and management.

Dr Lucy Besson
Psychiatrist
Newtown Hospital
111 High Street
Newtown

10th November 2019

Dear Dr Lucy,

Re: Mr Andreas Smith, DOB: 23rd October 1991

I am writing regarding Mr Smith, who is suspected of having agoraphobia, and requires a definitive diagnosis and further management.

10 November 2019

Dr Lucy Besson
Psychiatrist
Newtown Hospital
111 High Street
Newtown

Dear Dr ~~Besson~~ Besson,
Re : Andreas Smith, D.O.B. 23/09/2019??

I am writing to refer Mr Andreas Smith, a 29-year-old man who **is** displaying signs and symptoms suggesting agoraphobia . He requires your further assessment and management.

Some strange content inaccuracy?

Early Timeline / Accident

Hospital treatment record:

- ~~16~~ 16 March 2019: ~~Arrival at ED~~
- ✓ MVA (motor vehicle accident): neurologic lesion of spinal cord at T12, resulting in paraplegia (~~wheelchair required~~)
 - ✓ Neurogenic bladder – intermittent urinary catheter
 - ✓ Colostomy for neurogenic bowel → ~~Baclofen pump (change 4x/yr)~~
 - ~~Transfer to general ward for recovery~~
- 20 March 2019: ~~Good progress~~
- ~~Medications: corticosteroids, NSAIDs, anticonvulsants, mild opioids, antispasmodics, muscle relaxants~~
- ~~Mild infection at incision site → antibiotics~~
- ~~14~~ 14 April 2019: ~~Ready for discharge~~
- ~~Discharge plan: continue opioids & NSAIDs 2 months (to be reviewed by family doctor)~~
- ~~OT & physio visits (↑mobility, weight-bearing exercises) & wheelchair (unable to ambulate)~~
- ~~Community Nurse – help w ADLs~~

Content: Over-summarise – miss important content / inaccurate content

Conciseness: Too much unnecessary content

Organisation: Content from other paragraphs

Student	Teacher
<p>In March 2019, Mr Smith was admitted to the hospital due to a spinal cord injury at T12 following a motor vehicle accident, which resulted in paraplegia and a neurogenic bladder managed with an intermittent urinary catheter, as well as a neurogenic bowel, requiring a colostomy. He was discharged after one month with routine painkillers, including opioids, and a wheelchair following a good progress. Additionally, visits from an occupational therapist and a physiotherapist were arranged.</p>	<p>which resulted in paraplegia, associated with a neurogenic bladder and bowel, managed with an intermittent urinary catheter and colostomy.</p> <p>He was discharged in April with painkillers and a wheelchair. Additionally, visits from an occupational therapist and a physiotherapist were arranged.</p>

<p>In March 2019, Mr Smith was admitted to the hospital due to a neurologic lesion of the spinal cord at T12, resulting in paraplegia, which was caused by following a motor vehicle accident. An intermittent urinary catheter and colostomy were applied.</p> <p>In April 2019, Mr Smith has made good progress, and he is ready to be discharged with a plan. The plan includes the continuation of opioids and NSAIDs for two months, occupational therapy and physiotherapy visits for wheelchair management, and support from a community nurse to assist with activities of daily living.</p>	<p>Would the psychiatrist assume bladder/bowel issues? Do they need to be mentioned?</p> <p>Be careful with tense – this should be in the past. We need to be more concise too.</p> <p><i>In April, he was discharged with</i></p> <p>What is wheelchair management? This is not in the case notes – content issue.</p>
<p>Last March, Mr Smith sustained a dorsal spinal cord lesion after suffering a motor vehicle accident. This resulted in paraplegia, and neurogenic bladder and bowel. Consequently, he has a permanent colostomy and requires intermittent catheterisation, as well as the use of a wheelchair. He was discharged home with + pain management a month later, and since then has been receiving home visits by a physiotherapist, an occupational therapist and a community nurse to assist him with his activities of daily living.</p>	<p>In March this year / In March 2019,</p>
<p>On 16th March 2019, Mr Smith has been involved in a motor vehicle accident, which resulted in paraplegia due to spinal cord injury. After that, neurogenic bladder and neorejenik bowel occurred leading to perform colostomy.</p>	<p>Should be in the past</p> <p>We shouldn't make spelling mistakes for words in the case notes!</p> <p>What about discharge?</p>

<p>On 16th March, Mr Smith was admitted to the hospital due to having a spinal cord injury after a motor vehicle accident, resulting in his paraplegia that requires a wheelchair. On admission, He underwent a colostomy as a result of a neurological neurogenic bowel . Mr Smith showed good progression On 20th March and was discharged with a plan On 13th April. Subsequently, an Occupational therapist and physiotherapist were arranged.</p>	<p>paraplegia, which requires a wheelchair.</p> <p>Missing content – catheter / pain drugs</p> <p>Unnecessary content – Progress / 20th March?</p>
<p>From In March, Mr Smith has paraplegia resulting from a neurologic lesion of the spinal cord at T12 because of a motor vehicle accident. Due to a neurogenic bladder and bowel, a colostomy and an intermittent urinary catheter were applied. One month later, he was discharged home with opioids and NSAIDs for 2 months. Occupational therapy, physio visits and community nurse support for his ADLS were arranged as well as a wheelchair for his mobility.</p>	<p>Genre & style – not great tense – should be past</p> <p>See above for alternatives</p> <p>Very good summarising</p>
<p>Having had a motor vehicle accident, which resulted / resulting in him having paraplegia, Mr Smith was admitted to our hospital in March. Following being provided with an intermittent urinary catheter and a colostomy for neurogenic bowel and bladder, Mr Smith was discharged with a discharge plan including a wheelchair, opioids and NSAIDs in April. Additionally, physiotherapy visits and Occupational therapy, as well as a community nurse appointments were arranged for Mr Smith.</p>	<p>The grammar for the first two sentences is pretty good – great sentence architecture.</p> <p>However, native speakers probably wouldn't have used such complex phrasing / some of the language</p> <p>Less is more!</p>
<p>In March 2019 ,Mr Smith was admitted after a motor vehicle accident which caused a neurological spinal lesion at the level of T12. At that time he had an intermittent</p>	<p>He still has them?</p>

<p>urinary catheter for a neurogenic bladder and a colostomy for a neurogenic bowel. Later in April 2019 ,Mr Smith was discharged with a plane which included continuing opioids and NSAIDs for two months and receiving physiotherapy visits .He also had In addition, he was provided with a wheelchair and visits from a community nurse to help him with activities of daily living.</p>	<p>OK, he was provided with a wheel chair – but this sounds like the nurse only came a few times at the beginning.</p>
<p>In March 2019, Mr Smith was admitted to the emergency department due to a motorcycle vehicle accident. On admission he had a lesion of the spinal cord at T12, resulting in complicated to paraplegia and a neurogenic bladder and bowel. In April 2019, He is now ready for he was discharged with the continuation of opioids and NSAIDs for 2months. Please note that he requires OT and physio visits as well as a community nurse to help with ADLs.</p>	<p>This whole section is in the present tense – but April 2019 is in the past!</p>
<p>On 16th March 2019, Mr Smith had a neurologic lesion, which resulted in him paraplegia, a neurogenic bowel and a neurogenic bladder . Consequently, he was provided with a wheelchair , a baclofen pump and was inserted intermittent urinary catheter. He made good progress. Therefore, he was discharged on 13th April and was continued on opioid and Nasid NSAIDs for 2-months . Occupational therapist and physio visits were recommended .Community nurse helped her him with daily activities</p>	<p>Classic passive error – you have to focus on the ‘direct object’ with insert. And ask yourself, do you think the psychiatrist really needs to hear about a catheter insertion at this stage of recovery?</p>
<p>In March 2019 Mrs Smith reported neurologic lesion of spinal cord at T12 and paraplegia, due to a MVA as a result, she was experiencing neurologic bladder and bowel, consequently she underwent for intermittent catheter and colostomy, resulting in she progressed well and her mobility has increased. She has become</p>	<p>Mr Smith – did he report something? Seems strange to say about a patient who has become paraplegic? See above for correct ways of phrasing</p> <p>Unfortunately, the grammar of this sentence is not controlled. I like the attempt</p>

<p>ready for was discharged with continuation of opioids and NSAIDs for 2 months in April. A physio session and OT visit were arranged and a community nurse is going to help her with ADLs on wheel chair.</p> <p>A physio session and OT visit were arranged and a community nurse is going to help her with ADLs on wheel chair.</p>	<p>at using the linkers but you need to review the rules. You can find them on the website.</p> <p>April is in the past – you should be using past tense.</p>
<p>In March, Mr Smith presented with a spinal cord injury due to having a motor vehicle accident. Consequently, he has been experiencing resulting in paraplegia and neurological a neurogenic bladder. Additionally, colostomy was attached as a result of neurological a neurogenic bowel.</p> <p>In April, Mr Smith was discharged with a wheelchair. Opioids and NSAIDs were prescribed and occupational therapist, and physiotherapist and community nurse visits were arranged. In addition, a community nurse will be helped with activities of daily living.</p>	<p>If you say ‘he has been experiencing’ it sounds like something that isn’t permanent</p> <p>Just add them to the list, no need to explain why community nurse visits?</p>
<p>On 16th March 2019, Mr Smith was admitted to our emergency department due to an accident, as a result of which he became paraplegic. Consequently, he underwent a colostomy procedure for a neurogenic bowel. Having a good recovery, he was scheduled with a discharge plan to visit a physiotherapist and occupational therapist because he uses a wheelchair and needs to increase his mobility.</p>	<p>Three issues with this:</p> <ol style="list-style-type: none"> 1) Strange phrasing – ‘scheduled with’ 2) He didn’t visit the OT and physio – they visited him! 3) The case notes doesn’t connect being in a wheelchair and mobility exercises
<p>In March this year, Mr. Smith suffered a neurological lesion of his spinal cord at the T2 level due to a motor vehicle accident, resulting in paraplegia. He was appropriately managed and discharged in April with a continuation of opioids and NSAIDs for 2 months, the use of a</p>	<p>Perfection!</p>

<p>wheelchair, regular physiotherapy visits, and community nurse assistance for his activities of daily living</p>	
<p>In October ? 2019 Mr Smith ,following a motor vehicle accident , he was injured with neurologic lesion of spinal cord . As a result, he has had paraplegia and suffered with a neurogenic bladder and bowel. Being hospitalised, he had been He was treated accordingly and a colostomy and urinary catheter were done for Mr Smith due to the aforementioned problem. A-One month later he had been was discharged with recommendation to continue painkillers and a wheelchair was provided for Mr Smith.</p>	<p>Usually we don't separate a subject from its verb:</p> <p>In March 2019, following a motor vehicle accident, <u>Mr Smith was</u>.....</p> <p>Some language issues here. Additionally, some content – such as OT / Physio/Nurse visits - missing</p>