

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> <p>✓ MVA (motor vehicle accident): neurologic lesion of spinal cord at T12, resulting in paraplegia (wheelchair required)</p> <p>✓ Neurogenic bladder – intermittent urinary catheter</p> <p>✓ Colostomy for neurogenic bowel → Baclofen pump (change 4x/yr)</p> <p>Transfer to general ward for recovery</p> <p>20 March 2019: 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 introduction to paul@set-english.com