SET English

OET Medicine Writing Week

Richard McKie

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

180 – 200 Guideline word count

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 Richard McKie case notes:

1. Who is the reader?	Mary Bellamy, plastic surgery consultant
2. What is the reader's task?	Review & further management of blowout fracture
3. Does the reader know the patient?	No
4. Does the writer have any tasks?	Refer to surgeon
5. Why am I writing today?	Patient is haemodynamically stable after motorbike accident
6. Is it urgent?	no

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Occupational English Test PPP MEDSAMPLE07

WRITING SUB-TEST: MEDICINE
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 doctor in the Emergency Department at Shepton Hospital and are assessing a patient who has been involved in a motorcycle accident.

PATIENT DETAILS:

Name: Richard McKie (Mr)

DOB: 26 May 1998 (32 y.o.)

Residence: 24 Rose Avenue, Shepton (student accommodation - shared room)

Social background:

4th-year medical student (Westland University)
Interests: music (plays the flute), travel abroad, keen motorcyclist (no previous accidents)

Family background:

Mother – COPD, hyperlipidemia
Father – prostate cancer, alcoholic since 48 y.o.
Brother – allergic dermatitis

Past medical history:

R wrist fracture 7 y.o. (fall from bicycle)
Social drinker, mainly beer (approx. 6 units/wk)
Light smoker: 3-5 cigs/day
No allergies
No medications

Hospital Admission 21 May 2019:

Pt →Emergency Department after high-velocity motorcycle accident trauma

Treatment record:

21 May 2019 Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min,
Temp - 36.5°C
Respiratory distress
Cervical collar in situ
Diaphoretic & cyanotic,
Pulse-oximetry 88% (room air)
Glasgow Coma Scale (GCS): 15/15
Thorax examination: R distant breath sounds, hyper-resonance on percussion
R tension pneumothorax →prompt needle decompression
Insertion R chest tube & oxygen →pt. stabilised
Chest X-ray: 5th rib midline facture, no hemothorax

Medications: Oxygen nasal cannula 2L/min
Hydromorphone IV 0.5mg/every 4 hrs
Ampicillin-Sulbactam IV 1g/every 6 hrs
Omeprazole PPI IV 40mg/day
Enoxaparin IV 40mg SC (subcutaneous)/day

Secondary survey:
R periorbital ecchymosis & edema
↓visual acuity, mild enophthalmos
Diplopia (especially upgaze) →?blowout fracture
R hyperalgesia in distribution of infraorbital nerve
Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment

Diagnosis:
1. R Blowout fracture
2. LeFort type II fracture
3. R Tension pneumothorax (resolved)

Management: Monitoring of pt: normal vital signs √
no respiratory distress √
hemodynamically stable √
Chest tube in position, pain controlled
Pt to remain overnight then transfer to Plastic Surgery Dept.

Plan: Refer →plastic surgeon for management of blowout fracture
w. plastic or maxillofacial surgery

Writing Task:

Using the information in the case notes, write an internal letter of referral to Dr Bellamy, Plastic Surgery Consultant, for review and further management of Mr McKie's blowout fracture. Address the letter to Dr Mary Bellamy, Plastic Surgery Consultant, Shepton Hospital, Shepton.

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.

https://drive.google.com/file/d/1we_7OzzEmCePquNeNYQCXL1AoCvBnZw3/view?usp=share_link

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Letter Plan

Introduction	• Patient Name: • General Medical Context: • General Request:
Timeline / Accident & treatment	Summary of injuries & treatment **Treatment record:** **21 May 2019** Admission VS: BP - 88/60, HR - 110 beats/min, RR - 25 resp/min, Temp - 36.5°C Respiratory distress Cervical collar in situ✓ Diaphoretic & cyanotic, Pulse-oximetry 88% (room air)✓ ~~Glasgow Coma Scale (GCS): 15/15~~ Thorax examination: R distant breath sounds, hyper-resonance on percussion R tension pneumothorax →prompt needle decompression Insertion R chest tube & oxygen →pt. stabilised Chest X-ray: 5th rib midline facture, no hemothorax haemodynamically unstable summarise
Face Situation	Detail regarding face **Secondary survey:** R periorbital ecchymosis & edema ↓visual acuity, mild enophthalmos Diplopia (especially upgaze) →?blowout fracture R hyperalgesia in distribution of infraorbital nerve Head CT scan: LeFort type II fracture, blowout fracture w. inferior rectus entrapment
Medicine / Current Paragraph	**Medications:** Oxygen nasal cannula 2L/min Hydromorphone IV 0.5mg/every 4 hrs Ampicillin-Sulbactam IV 1g/every 6 hrs Omeprazole PPI IV 40mg/day Enoxaparin IV 40mg SC (subcutaneous)/day No dosages/ instructions Current condition – haemodynamically stable / Chest tube in position?
Request	Refer →plastic surgeon for management of blowout fracture w. plastic or maxillofacial surgery

Homework: Face/Secondary Survey paragraph – send to paul@set-english.com

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Introductions

- Content: Missing / inaccurate
- Conciseness: Too much content – timeline/request
- Purpose: missing
- Language: relative clause / passive / spelling

Student	Teacher
I am writing regarding Mr Richard McKie, who was admitted to our hospital today after a motorcycle accident. He is due to be referred to you and now requires review and further management ~~particularly~~ for a blowout fracture.	A good idea, style-wise, to full name the patient in the introduction and then surname in the remaining paragraphs.
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shrpton 21 May, 2019 Dear Dr Bellamy, Re: Mr Richard McKie, DOB: 26/05/1998 I am writing to refer Mr McKie, who has a right blowout fracture and a LeFort type 2 fracture and requires further management of the blowout fracture.	We have omitted the motorcycle accident but repeated blowout fracture
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy Re: Mr Richard McKie, 32 years old	

I am writing regarding Mr Richard McKie , who was admitted to the Emergency department earlier today due to a motor vehicle accident, is now being referred to you for a review and further management.	I am writing regarding Mr Richard McKie, who was admitted to the Emergency department earlier today due to a motor vehicle accident and is now being referred to you for a review and further management. general medical context: possibly the inclusion the type / location of injury would be helpful
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy, Re: Mr Richard McKie, 32 years old I am writing regarding Mr McKie, a fourth-year medical student, who has a LeFort type II fracture and blowout fracture after a high-velocity motorcycle accident ~~trauma~~. He is being referred to you for review and further management.	
21 May 2019 Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton Re: Mr Richard McKie, DOB: 26 May 1998 Dear Dr Bellamy, I am writing to refer Mr Richard McKie, who sustained a right blowout fracture and Lefort type II fracture in a motor accident, for a review and further management.	putting accident helps – don't you think?
Plastic Surgery Consultant Shepton Hospital Shepton 21/5/2019	

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Dear Dr Bellamy, Re: Richard McKie DOB: 26/5/1998 I am writing to refer Mr McKie, who has a blowout fracture as a result of a motorcycle accident. He requires review and further management.	
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21.05.2019 Dear Dr Bellamy Re:Mr Richard McKie DOB:26.05.1987 I am writing to refer Mr McKie, who has a blowout fracture following a motorcycle accident. He now requires your review and further management.	
Dr Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Dear Dr Bellamy, *Re: Richard McKie,* *DOB: 26th May 1998* *I am writing to refer to Mr McKie for review and further management of his blowout fracture, following a road traffic accident.*	
Dr Mary Bellamy Plastic Surgery consultant Shepton Hospital Shepton 21st May 2019	

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Dear Dr Bellamy Ref:Mr Richard McKie DOB:26th May 1998 I am writing regarding Mr McKie, who has a blowout fracture due to *a road traffic accident* and now requires review and further management.	
21st May 2019 Dr Mary Bellamy Plastic Surgery consultant Shepton Hospital Shepton, Dear Dr Bellamy Re: Mr Richard McKie DOB: 26th May 1998 I am writing regarding Mr McKie, who has been diagnosed with a right blowout and LeFort type II fracture. ~~Now I refer him to your facility for your~~ He requires review and further management.	
Dr: Mary Bellamy Plastic Surgery Consultant Shepton Hospital Shepton 21st May 2019 Re: Richard McKi DOB.26.May.2019 Dear Dr. Bellamy I am writing to refer Mr. Richard McKie, who now requires review and further management of his blowout fracture, following *a road traffic accident.*	

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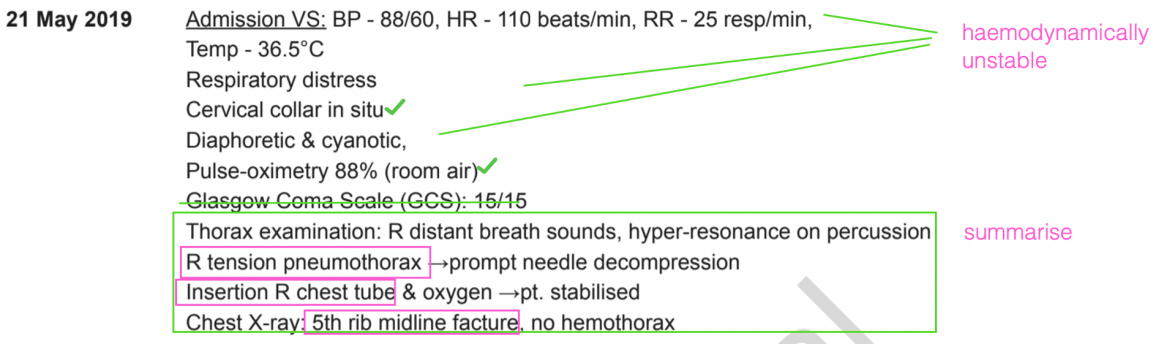
Summary of injuries & treatment

Treatment record:



Student	Teacher
Today, Mr McKie was admitted to the ED in a haemodynamically unstable condition due to a right tension pneumothorax. Needle decompression and chest tube insertion were performed, and oxygen was supplied. As a result, he stabilised. His chest X-ray showed no haemothorax but revealed a midline fracture.	
~~On 21st May 2019~~ Today, upon admission, Mr McKie's condition~~, haemodynamically,~~ was haemodynamically unstable but his Glasgow coma scale was normal. Examination revealed a right tension pneumothorax, which was promptly needle decompressed and chest tube was in positioned and was commenced on oxygen, and as result, patient was stabilised	adverbs • to describe verbs: eat quickly, walk slowly • to describe adjectives: very happy, extremely slow needle decompressed is an odd, unnatural verb – the sentence requires a rethink
Today, Mr McKie was admitted to our Emergency Department after motorcycle accident trauma. He was hemodynamically unstable and has a right tension pneumothorax. After insertion a chest tube his condition was stabilised.	and examination revealed a right tension pneumothorax After chest tube insertion, his condition stabilised.

	After being hit by a bus, Paul was taken to hospital
Earlier today, Mr McKie arrived hemodynamically unstable with his pulse oximetry being 88% on room air and a cervical collar ~~was~~ in situ. On thorax examination, a right tension pneumothorax was noted, for which needle decompression was done. Additionally, a chest tube ~~on his right side~~ was inserted and as a result, he became stable. *Having conducted* a chest x ray, a 5th rib fracture was detected with no sign of haemothorax ~~seen~~.	Does the cervical collar and 88% etc affect what the surgeon will do? Probably not. This *perfect participle* clause is a little strange A chest x ray revealed a rib fracture but no haemothorax.
On admission today, Mr McKie was ~~hemodinamically~~ hemodynamically unstable but his GCS was normal. ~~Having conducted the thorax~~ Upon examination, a right tension pneumothorax was found and needle decompression was performed. Consequently, after right chest tube insertion, he ~~was~~ stabilised. A chest X-ray revealed a 5th rib midline fracture with no sign of haemothorax.	
~~On 21st May~~ Today, Mr McKie was admitted to the ED, ~~as he was~~ due to being haemodynamically unstable after the accident. Examination revealed a tension pneumothorax and and a chest X ray showed a fifth rib fracture, *both of which were treated accordingly.*	*Nice summary!*
Today, Mr McKie was admitted conscious and alert at the Emergency Department but showing signs of respiratory distress and haemodynamically instability ~~unstable~~. He had a tension pneumothorax that was decompressed with a needle. He was supported with nasal oxygen and intravenous opioids and antibiotics, as well as subcutaneous anticoagulant and a gastric protector.	distress is a noun / unstable is an adjective OK – you have included a mention of the use of medications here. I'm not saying this is wrong – but we'll have to make a note of the medications later, so there might be some repetition?

Today, Mr. McKie was admitted to our emergency department in a hemodynamically unstable condition but with a GCS score of 15. Upon thoracic examination, a right tension pneumothorax was identified and managed appropriately. In addition, his chest X-ray revealed a midline fracture of the 5th rib, with no evidence of hemothorax.	Fantastic!
~~On 21st May 2019~~ Today, Mr McKie was admitted into the emergency department due to a motorbike accident. He was hemodynamically unstable with a Glasgow coma scale of 15/15. On thoracic examination, ~~hyperresonance sound was audible by percussion, which confirmed~~ right tension pneumothorax was confirmed. Consequently, ~~a~~ needle decompression was applied accordingly, ~~and~~ resulting in him ~~becoming stable~~ stabilising. Additionally, a chest x-ray revealed a 5th rib fracture with no hemothorax.	
On 21st May 2019, Mr McKie was admitted to the Emergency Department following the ~~an~~ aforementioned accident. Being ~~haemodinamically~~ hemodynamically unstable, and having respiratory distress with oxygen saturation 88%, Mr McKie was diagnosed with a right tension pneumothorax and a 5th rib midline fracture. As a result, the patient ~~had been~~ stabilised with ~~an urgent~~ needle decompression and oxygen, and in addition a right chest tube ~~had been~~ was inserted.	
Earlier today, Mr McKie was admitted to our emergency department hemodynamically unstable and with respiratory distress. His Glasgow coma scale was 15/15. A thorax examination revealed a right tension pneumothorax, which was managed with decompression and oxygen. Additionally, an x-ray showed a fifth-rib-midline fracture and no haemothorax.	Fantastic!

Initially, Mr McKie hemodynamically was unstable due to a right tension pneumothorax. Consequently, needle decompression was done ~~promoted~~ and a right chest tube was inserted, along with oxygen. After stabilizing, a chest X-ray confirmed a midline fracture of the 5th rib.	I think initially is a little vague – we should say 'today/earlier today' etc sounds like oxygen was inserted?
Today, Mr McKie was admitted to the Emergency Department due to having a motorcycle accident, and he was hemodynamically unstable. His oxygen saturation was 88%, and his Glasgow Coma Scale was normal. A cervical collar is in situ. His chest X-ray revealed a 5th rib midline fracture. Upon examination, a right tension pneumothorax was noted, for which a chest tube was inserted, and oxygen therapy was initiated.	The x-ray happened after the diagnosis and treatment of pneumothorax? Intra-paragraph organisation needs to be clearer.
Mr McKie is hemodynamically stable after respiratory distress, and his pulse oximetry is 88%. He has a chest tube in place due to ~~managed~~ pneumothorax management, and a cervical collar in situ. Additionally, he has a rib fracture and *hyper resonance sound on percussion.*	This is telling me how the patient is, rather than what happened. It's not a problem but it isn't an early timeline para. It's an interesting approach but it seems a bit jumbled. The respiratory distress – isn't that due to the pneumothorax? *this* is a sign which is indicative of a pneumothorax, so why include it here? All the parts in green are related to the pneumothorax – but they are not connected in the writing. This would be considered bad intra-paragraph organisation.