

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 <u>today</u> ?	Patient is haemodynamically stable after motorbike accident
6. Is it urgent?	no

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 fracture, 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.

Letter Plan

Introduction	<ul style="list-style-type: none"> • Patient Name: • General Medical Context: • General Request:
Timeline	<p>Summary of injuries & treatment</p> <p><u>Treatment record:</u></p> <p>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</p> <p>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 fracture, no hemothorax</p> <p>haemodynamically unstable</p> <p>summarise</p> <p>Current condition – haemodynamically stable?</p>
Face Situation	<p>Detail regarding face</p> <p><u>Secondary survey:</u></p> <p>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</p>
Medicine Paragraph	<p><u>Medications:</u> 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</p> <p>No dosages/ instructions</p> <p>Current condition – haemodynamically stable?</p>
Request	<p>Refer → plastic surgeon for management of blowout fracture w. plastic or maxillofacial surgery</p>

Homework: Introduction paragraph – send to paul@set-english.com