

1. Review
2. Grading of your work
3. Discuss next assignment

## How to plan a letter...

- 10 mins planning
- 30 mins writing
- 5 mins checking

Understand	Choose	Organise						
<p>Critical questions:</p> <ol style="list-style-type: none"> <li>1. Reader? <b>Task?</b></li> <li>2. Reader knows patient?</li> <li>3. Writer? <u>Task before?</u></li> <li>4. Urgent?</li> <li>5. Why are we writing <u>today?</u></li> <li>6. Where is everyone? ■ Where is Pt going?</li> </ol> <p><b>Danger:</b> Do not <u>confuse</u> 1 and 3</p>	<p>Select <b>relevant</b> case notes from information:</p> <ol style="list-style-type: none"> <li>1. <b>Appropriate</b> (<u>not direct</u>): suitable, useful, handy, <i>might</i> be a good <b>SOME</b></li> <li>2. <b>Needed</b> (<u>direct connection</u>): essential, vital, paramount, etc. <b>ALL</b></li> </ol>	<p>Paragraphing:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="background-color: #ffff00;"><b>Introduction:</b></td></tr> <tr><td><b>Task</b></td></tr> <tr><td>?</td></tr> <tr><td>?</td></tr> <tr><td style="background-color: #ffff00;"><b>Requests:</b></td></tr> <tr><td>Tell reader what to <u>do</u></td></tr> </table> <p>OET say you should do it</p>	<b>Introduction:</b>	<b>Task</b>	?	?	<b>Requests:</b>	Tell reader what to <u>do</u>
<b>Introduction:</b>								
<b>Task</b>								
?								
?								
<b>Requests:</b>								
Tell reader what to <u>do</u>								

**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 11 February 2019.

You are a doctor in the Emergency Department of Newtown Hospital. You have been responsible for the care of Mr John Aloisius, recently admitted with breathing problems.

**PATIENT DETAILS:**

**Name:** John Aloisius  
**Marital status:** Single  
**Residence:** 39 Long Street, Bridgeford  
**DOB:** 04 Sep 1985 (33 y.o.)  
**Next of kin:** Brother (age 39)

**Social background:**

Occupation: archaeologist (recently returned from year-long visit to remote region of Latin America)

**Past medical history:**

No PMHx  
 No surgeries  
 No medication  
 NSAIDs allergy  
 Non smoker

**Family history:**

Mother: asthma (since childhood)  
 Father: dec. 1999 (lung cancer)

**01 Feb 2019: Admission to Emergency Department**

**Presenting problem:**

Night sweats & fevers, cough & sputum with some hemoptysis (over several weeks)  
 VS: BP: 114/72 mmHg, P: 90 beats/minute, T: 38.5°C,  
 RR: 18 breaths/minute, Oximeter: 92% saturation room air

**Physical examination:**

Notable for cachexia, chest with scattered rales, no consolidation

**Diagnosis:** Pulmonary tuberculosis

**Treatment & test results:**

Chest x-ray: apical infiltrate  
**01 Feb 2019** Pt. placed on respiratory isolation  
**03 Feb 2019:** Sputum acid-fast stain & mycobacterial culture positive for tuberculosis  
 Liver function (AST & ALT): normal  
 TB medications started: Isoniazid 5 mg/kg PO/IM qDay, Rifampin 10 mg/kg/day PO, Pyrazinamide 15-30 mg/kg PO, qDay, Ethambutol 2.8g PO twice weekly  
 HIV serology: negative  
 Vitamin B-6 50mg PO once daily  
**11 Feb 2019** Sputum acid-fast stain: negative

**Medical progress:**

Good  
 Pt: 'lonely & depressed' (isolation)

**Nursing management:**

Respiratory isolation (private room) with negative pressure  
 Normal diet  
 Follow anti-tuberculosis medication schedule: monitor side-effects  
 Weekly sputum analysis  
 Medical staff to wear high-efficiency disposable masks (for bacillus filtration)

**Discharge date:** 11 Feb 2019

**Discharge plan:** Continue 4-drug regimen (for 2 months)  
 Cease pyrazinamide & ethambutol after 2 months  
 Continue isoniazid + rifampin (daily or intermittent) for 4 mths  
 Monitor medication compliance: directly observed therapy (DOT) by nurse recommended (→ poss. reduction of above regimen to 2 / 3x wk after 2 wks at initial dose)  
 Monitor for toxicity (CBC, serum creatinine, baseline & periodic liver enzymes)  
 Baseline & periodic serum uric acid assessments  
 Periodic visual acuity & red-green color perception (Ishihara test)  
 Continue vitamin B-6 supplements

**Writing Task:**

Using the above information, write a letter of discharge to Dr Hodges, the patient's regular doctor, informing her of the treatment Mr Aloisius has received and advising on further management. Address the letter to Dr Christine Hodges, 2 Hill Forest Road, Newtown.

**In your answer:**

- Expand the relevant notes into complete sentences
- Do not use note form
- Use letter format

## Plan

<p><b>Introduction</b> <u>Timeline</u></p>	<ul style="list-style-type: none"> <li>• Further management</li> <li>• 1<sup>st</sup> February: <u>symptoms</u> suggestive of</li> <li>• Diagnosis: PT</li> <li>• <b>Test + Treatment details? – you can put some in if you want</b></li> <li>• Medication + <b>Isolated for 4 months</b></li> <li>• Condition: good</li> </ul> <p>Try as much as possible to <u>summarise</u></p> <p><a href="mailto:alain@set-english.com">alain@set-english.com</a></p>
<p><b>Medication</b></p>	<p>TB medications started: Isoniazid 5 mg/kg PO/IM qDay, Rifampin 10 mg/kg/day PO, Pyrazinamide 15-30 mg/kg PO, qDay, Ethambutol 2.8g PO twice weekly</p>
<p><b>Requests</b></p>	<p><b>Discharge plan:</b> Continue 4-drug regimen (for 2 months) Cease pyrazinamide &amp; ethambutol after 2 months Continue isoniazid + rifampin (daily or intermittent) for 4 mths Monitor medication compliance: directly observed therapy (DOT) by nurse recommended (-&gt;poss. reduction of above regimen to 2 / 3x wk after 2 wks at initial dose) Monitor for toxicity (CBC, serum creatinine, baseline &amp; periodic liver enzymes) Baseline &amp; periodic serum uric acid assessments Periodic visual acuity &amp; red-green color perception (Ishihara test) Continue vitamin B-6 supplements</p>

[alain@set-english.com](mailto:alain@set-english.com)

## What makes a good Introduction paragraph?

- Purpose (**further management**)
- Clear
- Concise (short – not too many details)

Original	Corrections
<p>Re: John Aloysius, aged ( 33)</p> <p>I am writing regarding Mr Aloysius, who was diagnosed with pulmonary tuberculosis . He is scheduled to be discharged from the hospital into your care for advice on further management.</p> <p>Dr Christine Hodges General Practitioner 2 Hill Forest Road Newtown</p> <p>11 February,2019</p> <p>Dear Dr Hodges</p> <p>Re: Ms John Aloysius,DOB:04/09/1985</p>	<p style="text-align: right;">BOTH: was diagnosed <u>has been</u> diagnosed</p> <p>Aloysius</p> <p>Re: John <u>Aloysius</u>,<sup>7</sup> aged 33</p> <p>I am writing regarding Mr <u>Aloysius</u>, who <b>has been</b> diagnosed with pulmonary tuberculosis. He is scheduled to be discharged from the hospital into <u>your care</u> for <u>advice on further management</u>.</p> <p>2 meanings:</p> <ol style="list-style-type: none"> <li>1. Into your facility</li> <li>2. Into your <b>responsibility</b></li> </ol> <p style="text-align: right;">‘Patient’ is regarded as COLD / UNFEELING</p> <p>Dr Christine Hodges General Practitioner 2 Hill Forest Road Newtown</p> <p>11<sup>th</sup> February 2019</p> <p>Dear Dr Hodges</p> <p>Re: Mr John Aloysius, DOB: 04/09/1985</p> <p style="text-align: right;">Usually we DO NOT say</p>

I am writing to update you regarding your patient "Ms John Aloisius", who is being discharged today from our facility after being diagnosed with pulmonary tuberculosis .She requires further management.

Quotation marks?

Dr Christine Hodges  
General practitioner  
2 Hill Forest Road  
Newtown

11<sup>th</sup> February 2019

Dear Dr Hodges,  
Re: Mr Jhon Aloisius

D.O.B:4/9/1985

I am writing regarding Mr Jhon Aloisius a 33-year- old gentleman , who is being discharged today to your care after treatment of pulmonary tuberculosis . your further assessment and management would be appreciated .

These days it sound informal

In the time of Sherlock Holmes (1870!)

She is **has been** discharged =

**The action of discharging is finished now. There are consequences in the present**

I am writing to update you regarding your **patient**, Mr **John Aloisius**, who is being discharged today from our facility after being diagnosed with pulmonary tuberculosis .She requires further management.

**Future:** I am going to cinema

**Update** = give new information

Only in this situation can we use 'patient' because we immediately use the name

Dr Christine Hodges  
General practitioner  
2 Hill Forest Road  
Newtown

11<sup>th</sup> February 2019

Dear Dr Hodges,

Re: Mr John Aloisius, D.O.B: 4/9/1985

I am writing regarding Mr John Aloisius, who is being discharged today to your care after treatment for pulmonary tuberculosis. Your further assessment and management would be appreciated.

Actually this is suggested by the discharge plan

<p>Dr ChristinAloisius General Practitioner 2 Hill Forest Road Newtown</p> <p>11/02/19</p> <p>Dear Dr Hodges,</p> <p>Re: Mr John Aloisius, 33 years old</p> <p>I am writing regarding Mr Aloisius, who has been admitted to the hospital due to signs and symptoms of tuberculosis. He is due to be discharged today and requires your further management.</p>	<p>Dr ChristinAloisius General Practitioner 2 Hill Forest Road Newtown</p> <p>11/02/19</p> <p>Dear Dr Hodges,</p> <p>Re: Mr John Aloisius, 33 years old</p> <p>I am writing regarding Mr Aloisius, who has been admitted to the hospital due to signs and symptoms of tuberculosis. He is due to be discharged today and requires your further management.</p> <p><b>Okay this good – you can detail later</b></p>
<p>Dr Christine Hodges 2 Hill Forest Road Newtown</p> <p>11th February 2019</p> <p>Re: Mr John Alcisius DOB: 4th September 2019</p> <p>Dear Dr Hodges,</p> <p>I am writing regarding Mr Alcisius who has been diagnosed with pulmonary tuberculosis. He is being discharged today, and now requires your advising on further management.</p>	<p>Dr Christine Hodges 2 Hill Forest Road Newtown</p> <p>11th February 2019</p> <p>Re: Mr John Alcisius DOB: 4th September 2019</p> <p>Dear Dr Hodges,</p> <p>I am writing regarding Mr <b>Alcisius</b> who has been diagnosed with pulmonary tuberculosis. He is being discharged today, and now requires your <del>advising on</del> further management.</p> <p>The letter is <u>advising</u> the doctor not the patient</p>

OR

I am writing regarding Mr Alcisius, who was diagnosed with pulmonary tuberculosis recently. He is due to be discharged today, and now requires your further management advices.

OR

I am writing regarding Mr Alcisius, who was diagnosed with pulmonary tuberculosis recently. He is due to be discharged today, and now requires your further management advices.