

TODAY:

1 Stages of planning

**2 Groups:** select and organise

3 *Decide on class plan* together

**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 17 February 2019

You are a doctor working in the Respiratory Unit at Bridgeford General Hospital. A patient, Mr James Smith, has been sent from the ED (Emergency Department) with acute respiratory symptoms.

**PATIENT DETAILS:**

**Name:** James Smith  
**DOB:** 26 Oct 2004  
**Next of kin:** Mother, Bridget (56 y/o)

**Social background:**

High school student. Sedentary - no sports, spends many hours at computer.

**Family history:**

Mother: hypothyroidism, rhinitis  
 Father: deceased (lung cancer 54 y/o)

**Medical history:**

Symptomatic focal epilepsy  
 Chronic sinus infections  
 Cystic fibrosis (2006) – poor growth  
 Healthy diet but overweight (BMI 28.5)  
 No allergies

**Current medications:**

Phenytoin 100 mg 3 x daily (anti-seizure)  
 Panadol Rapid (paracetamol 500 mg)/ 6h  
 Pulmozyme (dornase alfa), 2.5 mg b.i.d (breaks down sputum)  
 Creon (Lipase-Protease-Amylase), 4 x caps with food (pancreatic enzymes)

**Admission:** 02 Feb 2019

**Presenting factors:**

Severe dyspnoea (SOB), coughing, hypoxia (lack of oxygen), hemoptysis (coughing up blood) fever, headache, facial pain.

**Treatment record:**

**02 Feb 2019** VS: BP: 116/78 mmHg, HR: 82, RR: 18, T: 36.5 C

hydrated; O2 sats = 80%  
 Erythematous oropharynx (red tongue & throat)  
 ↑ breathing rate (30 breaths/minute)  
 Sonorous wheeze (indicates lung blockage) & bibasilar crackles (sound at base of lung – indicates mucus/fluid)  
 Treatment: Ampicillin sulbactam (antibiotic) – Lower respiratory tract infection (LRTI)? bacterial sinusitis?, and supplemental oxygen.

**03 Feb 2019**

Pt. stable  
 Chest x-ray: pleural effusion & pneumonia  
 CT scan: chronic sinusitis (paranasal sinus)  
 Treatment: azithromycin (500 mg p.o., q.d. (reduce to 250 mg)) (antibiotic), ciprofloxacin (500 mg p.o., 12 hourly) (antibiotic).

**17 Feb 2019**

Satisfactory clinical recovery  
 Antibiotics finished  
 ↑ likelihood lung infections & ↑ frequency  
 Discussion regarding ↓ time in school, ↑ hospital visits: home-schooling?

**Discharge plan:**

Physio – airway clearance technique (q.d./pm)  
 Dietitian - ↑ exercise, improve/discuss diet  
 Double lung transplant suitability - explore with surgeon

**Writing Task:**

Using the information in the case notes, write a letter to Dr Stark for review of Mr James Smith. Address the letter to Dr G Stark, Surgeon, Department of Thoracic Medicine, Smithtown Hospital, Smithtown.

**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.

UNDERSTAND	CHOOSE	ORGANISE
Critical questions: 1. Reader? <b>Task?</b> 2. Reader knows patient? No 3. Writer? (me!) Tasks? 4. Urgent letter? No 5. Why writing today?	Do I have time include everything?  No  What is this ↓ 2 <u>criteria</u> for selecting: <ul style="list-style-type: none"> <li>• <b>Needed</b> case notes: <b>directly</b> connected to <b>Task</b></li> <li>• <b>Appropriate</b>: not directly connected but <u>maybe the reader</u> might want to know</li> </ul>	Paragraphs:  INTRODUCTIONS: situation / <b>purpose</b>  REQUESTS: Telling the reader details about what is required

Usually a Discharge Letter in OET medicine is written to GP or care home person...

LETTER PLAN FOR ABOVE:

<p>INTRODUCTION</p>	<ul style="list-style-type: none"> <li>● <b>Purpose</b> = “review of condition”</li> </ul> <p>Assignment: write this and email to <a href="mailto:alain@set-english.com">alain@set-english.com</a></p>
<p>TIMELINE</p>	<p>Admission: 02 Feb 2019</p> <p><b>Presenting factors:</b> Severe dyspnoea (SOB), coughing, hypoxia (lack of oxygen), hemoptysis (coughing up blood), fever, headache, facial pain.</p> <p><b>Treatment record:</b></p> <p>02 Feb 2019 VS: BP: 116/76 mmHg, HR: 82, RR: 18, T: 36.5 C hydrated; O2 sats = 80% Erythematous oropharynx (red tongue &amp; throat) ↑ breathing rate (30 breaths/minute) Sonorous wheeze (indicates lung blockage) &amp; bibasilar crackles (sound at base of lung – indicates mucus/fluid) Treatment: <u>Amoxicillin, subactam</u> (antibiotic) – Lower respiratory tract infection (LRTI)? bacterial sinusitis?, and supplemental oxygen.</p> <p>03 Feb 2019 Pt. stable Chest x-ray: pleural effusion &amp; pneumonia CT scan: chronic sinusitis (paranasal sinus) Treatment: azithromycin (500 mg p.o., q.d. (reduce to 250 mg)) (antibiotic), ciprofloxacin (500 mg p.o., 12 hourly) (antibiotic).</p> <p>17 Feb 2019 Satisfactory clinical recovery Antibiotics finished ↑ likelihood lung infections &amp; ↑ frequency Discussion regarding ↓ time in school, ↑ hospital visits: home-schooling?</p> <p><b>Discharge plan:</b> Physio – airway clearance technique (q.d./pm) Dietitian – ↑ exercise, improve/discuss diet Double lung transplant suitability - explore with surgeon</p> <p style="text-align: right;">← Summarise – important / main ideas</p>
<p>BACKGROUND</p>	<p style="text-align: center;">We do need all of this... SOME</p> <p><b>Social background:</b> High school student. Sedentary - no sports, spends many hours at computer.</p> <p><b>Family history:</b> Mother: hypothyroidism, rhinitis Father: deceased (lung cancer 54 y/o)</p> <p><b>Medical history:</b> Symptomatic focal epilepsy Chronic sinus infections Cystic fibrosis (2006) – poor growth Healthy diet but overweight (BMI 28.5) No allergies</p> <p style="text-align: right;">←</p>
<p>REQUESTS</p>	<ul style="list-style-type: none"> <li>● Purpose = assessment of condition for...</li> <li>● Double lung transplant possibility <del>is</del> OET: “expand purpose”</li> <li>● Please note: physio &amp; <u>dietician</u> (<i>due to weight issues</i>)</li> </ul>