

TODAY:

- 1 Review
- 2 Grade and comment on your work
- 3 Next assignment

**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

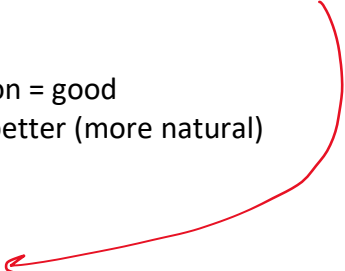
The body of the letter should be approximately 180-200 words.

**Three stages of planning:**

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?  Other ones!	Relevant + not relevant...  No  What is this ↓ 2 <b>criteria</b> 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 <b>maybe the reader</b> might want to know</li> </ul> I will show you a letter from OET...	Paragraphs:  INTRODUCTIONS: situation / <b>purpose</b> ? ? ? REQUESTS: Telling the reader <b>details</b> about what is required

LETTER PLAN FOR ABOVE:

<p><b>INTRODUCTION</b></p>	<ul style="list-style-type: none"> <li>• <b>Purpose = "review of condition"</b></li> </ul> <p>OET say </p> <p>Symptoms? Diagnosis? Condition?</p>
<p><b>TIMELINE</b></p>	<p>Admission: 02 Feb 2019</p> <p>Presenting factors: Severe dyspnoea (SOB), coughing, hypoxia (lack of oxygen), hemoptysis (coughing up blood), fever, headache, facial pain.</p> <p>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 &amp; throat) ↑ breathing rate (30 breaths/minute) Sonorous wheeze (indicates lung blockage) &amp; bibasilar crackles (sound at base of lung – indicates mucus/lung) Treatment: <u>Amoxicillin</u>, <u>subclaxam</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>07 Feb 2019 Satisfactory clinical recovery Antibiotics finished ↑ likelihood lung infections &amp; ↑ frequency Discussion regarding ↓ time in school, ↑ hospital visits: home-schooling?</p> <p>Discharge plan: Physio – airway clearance technique (q.d./pm) Dietitian – ↑ exercise, improve/discuss diet Double lung transplant suitability - explore with surgeon</p> <p><b>Summarise – remove some</b> Combine together: symptoms suggestive of </p> <p>Write this paragraph: <a href="mailto:alain@set-english.com">alain@set-english.com</a></p>
<p><b>BACKGROUND: medical &amp; social history</b></p>	<p>We do need all of this... SOME</p> <p>Social background: High school student. Sedentary - no sports, spends many hours at computer.</p> <p>Family history: Mother: hypothyroidism, rhinitis Father: deceased (lung cancer 54 y/o)</p> <p>Medical history: Symptomatic focal epilepsy Chronic sinus infections Cystic fibrosis (2006) – poor growth Healthy diet but overweight (BMI 28.5) No allergies</p> <p></p>
<p><b>REQUESTS</b></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> (due to weight issues)</li> </ul>

Original	Corrections
<p>Re: James Smith, DOB 26/ 10/2004</p> <p>I am writing to refer Mr Smith, who has deteriorating cystic fibrosis, for a review of his suitability for double lung <u>transplantation</u>.</p>	<p>Re: James Smith, DOB 26/10/2004</p> <p>I am writing to refer Mr Smith, who has <u>deteriorating</u> cystic fibrosis, for a <u>review</u> of his suitability for <u>a double lung transplant</u>.</p> <p>Transplantation = good Transplant = better (more natural)</p> <p>Many doctors might save this detail about transplant for the end because OET the purpose should be "Expanded"</p> <p>But she can use other details to expand</p> 

<p>17 february 2019</p> <p>Dr G Stark Thoracic Medicine Smithtown hospital Smithtown</p> <p>Dear Dr Stark</p> <p>Re:MrJames Smith.D.O.B 26/10/2004 I am writing to refer Mr Smith,who has been admitted to our department with acute respiratory symptoms, and he has been diagnosed with Cystic Fibrosis since 2006, further assessment.</p> <p><u>Capitalise</u> conditions only for a NAME: Parkinson's</p> <p><b>Purpose:</b> I am honestly not sure if correct? He will make an assessment for lung transplant... don't we want a review?</p> <p>Dangerous to paraphrase the <u>purpose</u></p>	<p>F = capital f = lower case</p> <p>17 February 2019</p> <p>Dr G Stark Thoracic Medicine Smithtown hospital Smithtown</p> <p>Dear Dr Stark</p> <p>Re: Mr James Smith; D.O.B 26/10/2004</p> <p>I am writing to refer Mr Smith, who has been admitted to our department with acute respiratory symptoms, and he has had <u>cystic fibrosis</u> since 2006, <u>for further assessment.</u></p> <p>What's wrong?</p> <p>Since / for = action (V3) is unfinished</p> <p>Action = finished State is not finished</p> <p>I have <u>had</u> an apple since 1997</p>
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Dr G Stark  
 Surgeon  
 Department of Thoracic Medicine  
 Smithtown Hospital  
 Smithtown

17 th February 2019

Dear Dr G Stark,

Re: Mr James Smith,

DOB: 26th October 2004

I am writing regarding Mr Smith, who has been diagnosed with pleural effusion and pneumonia and now requires your further review.

Thank you for seeing James Smith, a 15 year old high school student who was presented to our hospital recently complaining shortness of breath. He is being referred to you for further review and assessment of his condition.

Dr G Stark  
 Surgeon  
 Department of Thoracic Medicine  
 Smithtown Hospital  
 Smithtown

17th February, 2019

Dear Dr G Stark,

Re: Mr James Smith, DOB: 26th October 2004

I am writing regarding Mr Smith, who has been diagnosed with a pleural effusion as well as pneumonia, and now requires your **further** review.

Re: Mr James Smith, DOB: **26th October 2004**

Compound adj.

Thank you for seeing James Smith, a **15-year-old** high school student, who presented to our hospital recently **complaining** of shortness of breath. He is being referred to you for further **review** and assessment of his condition.

This sounds a little bit judgement

Dr G Stark  
Surgeon  
Department of Thoracic  
Medicine  
Smithtown Hospital  
Smithtown

17 February,2019

Dear Dr Stark,

Re: Mr James Smith  
DOB:26/10/2004

I am writing to refer Mr James Smith, who is ready for discharge from our facility following treatment for pneumonia .He requires a follow \_up review of his condition.

Dr G stark surgeon  
Department of thoracic Medicine  
Smithtown Hospital  
Smithtown

17th February 2019

Dear Dr stark,

Re: Mr James smith  
DOB: 26th October 2004

Dr G Stark  
Surgeon  
Department of Thoracic  
Medicine  
Smithtown Hospital  
Smithtown

17 February,2019

Dear Dr Stark,

Re: Mr James Smith, DOB:26/10/2004

I am writing to refer Mr James Smith, who is ready for discharge from our facility following treatment for pneumonia. He requires a follow-up review of his condition.

**Overall this is good**

Dr G stark surgeon  
Department of thoracic Medicine  
Smithtown Hospital  
Smithtown

17th February 2019

Dear Dr Stark,

Re: Mr James smith  
DOB: 26th October 2004

I am writing regarding Mr Smith, who was admitted to our hospital accident and emergency department due severe chest infection and recuperated well .He requires further review for his condition. He is being referred.

I am writing regarding Mr Smith, who was admitted to our hospital accident and emergency department due **to a** severe chest infection. He requires further review for his condition.

**No need for a lot of what you write originally**

Dr G Stark  
 Thoracic Surgeon  
 Department of Thoracic Medicine  
 Smithtown Hospital  
 Smithtown

Dr G Stark  
 Thoracic Surgeon  
 Department of Thoracic Medicine  
 Smithtown Hospital  
 Smithtown

17th February 2019

17th February 2019

Dear Dr Stark,

Dear Dr Stark,

Re: Mr James Smith  
 DOB: 26 Oct 2004

Re: Mr James Smith, DOB: 26 Oct 2004

I am writing regarding James Smith, who was admitted to hospital with pleural effusion and pneumonia. He is now ready for discharge and requires your assessment for lung transplantation.

I am writing regarding James Smith, who was admitted to hospital with **a** pleural effusion and pneumonia. He is now ready for discharge and requires your assessment for **a possible** lung transplantation.

Needs to be 'possible' here