

- 1. Review
- 2. Grade Introduction Paragraphs
- 3. Next assignment







| Understand | Choose | Organise |
|---|--|--|
| 1. Reader? Task? 2. Known Pt? 3. Writer? Task? 4. Urgent 5. Why am I writing today? | Choose What do OET say about choosing? They say choose 'relevant' information: 1 Needed: directly connected 2 Appropriate: indirectly connected | Paragraphs: Introduction: PURPOSE Current Condition imeline: Past Simple Medication |
| | Maybe useful / maybe helpful | Requests: Tell details what to do EXPAND |

| Band | Purpose | Band | Content | Conciseness & Clarity | Genre & Style | Organisation & Layout | Language |
|------|---|------|--|---|--|--|---|
| 3 | Purpose of document is immediately apparent and sufficiently expanded as required | 7 | Content is appropriate to intended reader and addresses what is needed to continue care (key information is included; no important details missing); content from case notes is accurately represented | Length of document is appropriate to case and reader (no irrelevant information included); information is summarised effectively and presented clearly | Writing is clinical/factual and appropriate to genre and reader (discipline and knowledge); technical language, abbreviations and polite language are used appropriately for document and recipient | Organisation and paragraphing are appropriate, logical and clear, key information is highlighted and sub- sections are well organised; document is well laid out | Language features (spelling/punctuation/vocabulary/ grammar/sentence structure) are accurate and do not interfere with meaning |
| | | 6 | | | erformance shares features | | |
| 2 | Purpose of document is apparent but not sufficiently highlighted or expanded | 5 | Content is appropriate to intended reader and mostly addresses what is needed to continue care; content from case notes is generally accurately represented | Length of document is mostly appropriate to case and reader, information is mostly summarized effectively and presented clearly | Writing is clinical/factual and appropriate to genre and reader with occasional, minor inappropriacies; technical language, abbreviations and polite language are used appropriately with minor inconsistencies | Organisation and paragraphing are generally appropriate, logical and clear; occasional lapses of organisation in sub- sections and/or highlighting of key information; layout is generally good | Minor slips in language generally do not interfere with meaning |
| | | 4 | Performance shares features of bands 3 and 5 | | | | |
| 1 | Purpose of document is not immediately apparent and may show very limited expansion | 3 | Content is mostly appropriate to intended reader; some key information (about case or to continue care) may be missing; there may be some inaccuracies in content | Inclusion of some irrelevant information distracts from overall clarity of document; attempt to summarise only partially successful | Writing is at times inappropriate to the document or target reader; over-reliance on technical language and abbreviations may distract reader | Organisation and paragraphing are not always logical, creating strain for the reader; key information may not be highlighted; layout is mostly appropriate with some lapses | Inaccuracies in language, in particular in complex structures, cause minor strain for the reader but do not interfere with meaning |
| | | 2 | | | erformance shares features | | |
| 0 | Purpose of document is partially obscured/unclear and/or misunderstood | 1 | Content does not provide intended reader sufficient information about the case and what is needed to continue care; key information is missing or inaccurate | Clarity of document is obscured by the inclusion of many unnecessary details; attempt to summarise not successful | The writing shows inadequate understanding of the genre and target reader; mis- or over-use of technical language and abbreviations cause strain for the reader | Organisation not logical, putting strain on the reader, or heavy reliance on case note structure; key information is not well highlighted and the layout may not be appropriate | Inaccuracies in language cause considerable strain for the reader and may interfere with meaning |
| | | 0 | Performance below Band 1 | | | | |





Notes:

Assume that today's date is 4 July 2020.
You are a hospital doctor on a geriatric ward and an elderly patient is now ready for discharge.

PATIENT DETAILS

Mr John Beattie Name: 23 March 1930 (90 y.o.) DOB: 20 New Street, Newtown Address:

Social Background: Labourer (retired)

> Widowed (wife died 2 yrs ago), now lives alone 2 sons: Bob, 46 y.o. - lives 500 km away, w 2 children Sean, 42 y.o. - divorced, lives 10 km away, has M.S. (walks w cane - wheelchair used sometimes)

Care-giver visits 3x/wk (help w ADLs)

Cleaner visits 1x/wk

Interests: watching sport on TV (partic. football)

Allergies: Peanuts Family History:

Past medical history: 1982: hypertension

2008: osteoarthritis R hip 2010: osteoarthritis both knees 2015: coronary artery disease (CAD)

Current medications: Enalapril 1x/day (hypertension)

Paracetamol 2x/day (osteoarthritis)

ACE inhibitor (benazepril) 30 mg/day (CAD)

Hospital treatment record:

1 July 2020 Admission to ED

Admission to ED

<u>Subjective</u>: pain (7/10) L side (fall n kitchen, found on floor by care-giver)

<u>Objective</u>: BP normal (120/80), party 78 bpm, BMP (basic metabolic panel) normal Height: 163cm, Weight: 75kg, BMI. 28 (healthy)

Diagnosis: minor trauma (bruising) L hip & L arm, laceration above L eye

Hip/arm fractures ruled out - plain X-rays No sutures required, current meds continued 2 July 2020 Transfer to geriatric ward

Recovering well

Discussion w pt: wishes to live w either son (lost confidence living alone)

3 July 2020 Discussion w sons:

Father = ↑fall risk → ?care home

Bob: cannot care for father (distance & children), suggests local care home for immediate care (long-term residential solution to be arranged later)

Sean: wants to care - prevented by MS, eventually agrees to care home

4 July 2020 Pt agrees to care home

Immediate care plan:

Monitor medication compliance

Wash laceration w soap & water only (to stop infection)

es TROM L hip & arm)

Note: geriatric ward outpatient clinic appt. 15 July, transport to be arranged by care home staff

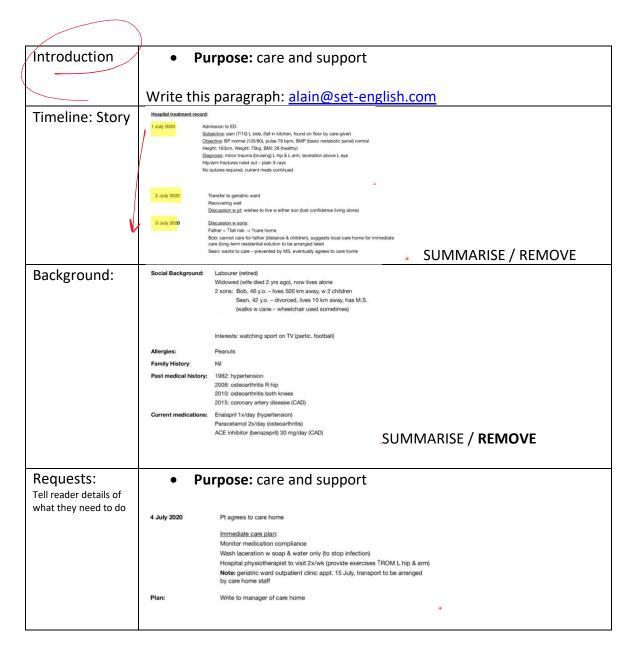
Writing Task:

Using the information in the case notes, write a transfer letter to Ms Keller, Care Home Manager, outlining Mr Beattie's relevant medical history, hospital treatment and ongoing care needs. Address the letter to Ms Barbara Keller, Manager, Green Acres Care Home, 200 Green Street, Newtown.

- . 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.







What makes a good Introduction?

- Clear
- <u>Concise</u> (short)
- Must give <u>PURPOSE</u>

4th July 2020 Ms Barbara Keller Manager Green Acres Care Home 200 Green Street Newtown

RE: Mr John Beattie, Age: 90

Dear Ms Keller,

I am writing regarding Mr Beattie, who was admitted to geriatric ward due to his left side trauma following a fall. he is now scheduled to be discharged today. Please provide him ongoing care and monitoring.

C+ / B level

GMC = 350 in Writing

alain@set-english.com

4th July, 2020

Ms Barbara Keller Manager Green Acres Care Home 200 Green Street Newtown

RE: Mr John Beattie, Age: 90

Dear Ms Keller,

I am writing regarding Mr Beattie, who was admitted to **our** hospital due to **a** left side trauma following a fall. He is scheduled to **be** discharged *today* and requires ongoing care and monitoring.

Do I really need 3 sentence?.



Ms Keller

Care Home Manager Green Acres Care Home, 200 Green Street, Newtown

04/07/2020

Dear Ms Keller,

Re: Mr John Beattie, DOB: 23/03/1930

I am writing regarding Mr Beattie, who was admitted to our hospital with minor trauma on his left side. He is now ready for discharge and requires your ongoing care

B level

OET do not say if the diagnosis, or symptoms need to in Introduction

Ms Barbara Keller

Manager

Green Acrees Care Home

200 Green street

Newtown

4th July 2020

Re: Mr John Beattie DOB: 23th March 1930 Ms Barbara Keller
Care Home Manager
Green Acres Care Home,

200 Green Street, ____commas only for address

Newtown

4th July 2020

Dear Ms Keller,

Re: Mr John Beattie, DOB: 23/03/1930

I am writing regarding Mr Beattie, who was admitted to our hospital with a minor trauma on his left side. He is scheduled for discharge and requires ongoing care.

Ready to discharge = incorrect

Ready to be discharged = correct

Ready for discharge = correct

Ms Barbara Keller Care Home Manager Green Acres Care Home 200 Green Street Newtown

4th July 2020

Re: Mr John Beattie, DOB: 23th March 1930

Dear Ms Keller,



Dear Ms Keller,

I am writing regarding Mr Beattie, who was admitted to our hospital recently with **a** minor trauma due to **a fall**. He is ready to **be** discharge**d** today, and requires ongoing care.

I am writing regarding Mr Beattie, who was admitted to our hospital recently with minor trauma due to falling down at home. He is ready to discharge today, and requires ongoing care.

We don't normally:

He had a fall down
He had a falling down ← not natural

Natural:

He had a fall

Ms Barbara Keller Manager Green Acres Care Home, 200 Green Street, Newtown Ms Barbara Keller Manager Green Acres Care Home 200 Green Street, Newtown

4th July 2020

4th July 2020

Dear Ms Keller,

Dear Ms Keller,

Re: Mr John Beattie, DOB: 23rd March 1930

Re: Mr John Beattie, DOB: 23rd March 1930

I am writing regarding Mr John Beattie, who was admitted to our Emergency Department after falling. He is being discharged today and requires ongoing care.

I am writing regarding Mr John Beattie, who was admitted to our Emergency Department after a fall. He is being discharged today and requires ongoing care.



This look good – no errors or issues

Ms Barbara Keller Care Home Manager Green Acres Care Home 200 Green Street Newtown 4 July,2020

Dear Ms Keller,

Re: Mr John Beattie D.O.B: 23/03/1930

I am writing to refer Mr John Beattie, who has agreed to transfer to your care following his recovery from a fall related injury at home. He requires further follow up. Ms Barbara Keller Care Home Manager Green Acres Care Home 200 Green Street Newtown 4 July,2020

Dear Ms Keller,

Re: Mr John Beattie D.O.B: 23/03/1930

I am writing to refer Mr John Beattie, who has agreed to transfer to your care following his recovery from a fall related injury at home. He requires further follow up.

Okay this is a different style to what I usually see but its good! I see no issues.



Dr Barbara Keller Manager Green Acres Care Home 200 Green Street Newtown

04 July 2020

Dear Dr Barbara,

Re: Mr John Beattie DOB: 23 /03/1930

I am writing regarding Mr Beattie, a 90 year old widow, who was admitted to our hospital following a fall. He is now being discharged to you for ongoing care requirements.

Dr Barbara Keller Manager Green Acres Care Home 200 Green Street Newtown

04 July 2020

Dear Dr Barbara,

Re: Mr John Beattie, DOB: 23 /03/1930

I am writing regarding Mr Beattie, who was admitted to our hospital following a fall. He is now being discharged to you for ongoing care requirements.

Very good. Age not needed as we already have it here



| Introduction | • Pu | rpose: care and support |
|---|--|--|
| Timeline: Story | Subscription Subsc | mission to ED sective; pan (7/10) L. side, (fall in kitchen, found on floor by care-giver) sective; pan (7/10) L. side, (fall in kitchen, found on floor by care-giver) sective; pan formal (120/80), pulse 78 bpm, BMP (basic metabolic panel) normal ght: 165.cm, Weight: 75kg, BML 28 healthy) gnoise; minor transing flowing L. but pan, sucreation above L. eye simm fractures ruled out – plain X-rays sultures required, current medis continued fransfer to geniatric ward Recovering well Bascussion vs. gr.; whehe to live w either son (lost confidence living alone) |
| | , 3 July 2020 E F B S | Discussion xx sons: Father of Tall risk 7care home Box cannot care for father (distance & children), suggests local care home for immediate care (long-term residential solution to be arranged later) Bean: wants to care prevented by MS, eventually agrees to care home C-english.com |
| Background: | Social Background: | Labourer (retired) Widowed (wife died 2 yrs ago), now lives alone 2 sons: Bob, 46 y.o. – lives 500 km away, w 2 children Sean, 42 y.o. – divorced, lives 10 km away, has M.S. (walks w cane – wheelchair used sometimes) |
| | | Interests: watching sport on TV (partic. football) |
| | Allergies: | Peanuts |
| | Family History: | Nil |
| | Past medical history: | 1982: hypertension 2008: osteoarthritis R hip 2010: osteoarthritis both knees 2015: coronary artery disease (CAD) |
| | Current medications: | Enalapril 1x/day (hypertension) Paracetamol 2x/day (osteoarthritis) ACE inhibitor (benazepril) 30 mg/day (CAD) SUMMARISE / REMOVE |
| Requests: Tell reader details of what they need to do | • Pu | rpose: care and support |
| , | 4 July 2020 | Pt agrees to care home Immediate care plan: Monitor medication compliance Wash laceration w soap & water only (to stop infection) Hospital physiotherapist to visit 2x/wk (provide exercises ↑ROM L hip & arm) Note: geriatric ward outpatient clinic appt. 15 July, transport to be arranged by care home staff |
| | Plan: | Write to manager of care home |