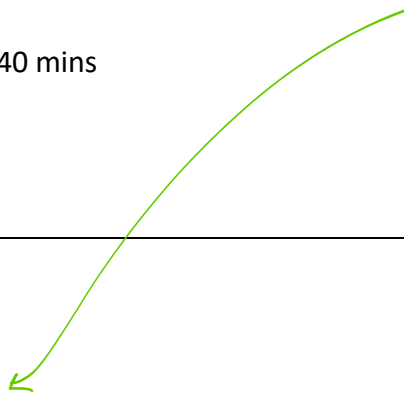


- 1 Review
- 2 Grading your work
- 3 Next assignment

## OET Writing

<p>Reading time: 5 mins at the start (no pens)</p> <p>Writing time: 40 mins</p>	<p><b>Better way:</b></p> <p><u>10 mins reading and planning</u></p> <p>30 mins to write the letter</p> <p>5 mins checking your work</p>
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10 Mins: Read Case Notes....

### Steps in Planning

1. UNDERSTAND	2. CHOOSE	3. ORGANISE				
<p>Understand the situation...</p> <p>1 Reader? <u>Task?</u></p> <p>2 Known?</p> <p>3 <u>Writer?</u> <u>Tasks?</u></p> <p>4 Urgent?</p> <p>5 Where is everyone?</p> <p>6 Why am I writing today?</p>	<p>How do I choose <b>relevant</b> case notes?</p> <p>1. <b>Needed:</b> must put in <b>everything</b> (Directly connected)</p> <p>2. <b>Appropriate:</b> helpful, useful, might be a good thing.... (Not directly connected)</p> <p>You <u>do not</u> have to put everything...</p>	<p>Paragraphs:</p> <table border="1" data-bbox="1013 1243 1385 1444"> <tr> <td>Introduction</td> </tr> <tr> <td> </td> </tr> <tr> <td> </td> </tr> <tr> <td>Requests: talk about the <u>TASKS</u></td> </tr> </table>	Introduction			Requests: talk about the <u>TASKS</u>
Introduction						
Requests: talk about the <u>TASKS</u>						

Read the case notes and complete the writing task which follows.

**Notes:**

Assume that today's date is 18 August 2019

You are a ward nurse working in the vascular unit of Ellesmere General Hospital. A patient, Mrs Rachel Brown, has been admitted with an infected venous leg ulcer.

**PATIENT DETAILS:**

**Name:** Rachel Brown  
**DOB:** 12 Dec 1943  
**Marital status:** Widow  
**Next of kin:** Daughter, Jane (48 y.o.)

**Social background:**

Occupation: retired florist  
Has lived in self-contained unit in retirement village for 7 years  
Not supported by any care workers  
Daughter lives nearby with husband and 3 children. Very supportive - visits regularly  
Active - does Pilates  
Interests: theatre, reading, watching football

**Past medical history:**

Hypercholesterolemia (8.9) → Atorvastatin (Lipitor)  
Hypertension (Verapamil 80mg 3 x daily)

**Admission date:** 16 Aug 2019

**Presenting factors:**

Swollen L leg, bleeding from venous ulcer, fever, pain, warmth; brown staining around wound, foul smell.  
Pt. confused  
Pt. noticed ulcer (01 Aug 19) - reluctant to have treatment at that time

**Assessment:**

BP (140/90), height 158cm, weight 83kg.  
Urinalysis (5.1) - normal  
Doppler ultrasound to establish ABI (ankle brachial index): (1.2) - normal  
No necrotic tissue, presence of epidermis reconstruction.

**Diagnosis:** Infected venous leg ulcer, L leg

**Medical treatment:**

Leg washed (normal saline, body temperature)  
Cadomexer iodine dressings  
Monitor vital signs  
Monitor cadomexer iodine dressing  
4-layer compression bandaging  
Leg elevation  
Antibiotic therapy (Oxacilin)  
Paracetamol

**Assessment:**

**18 Aug 2019** Good progress - vital signs within normal range  
Pt alert & aware

**Discharge plan:**

Discharge to self-contained unit with compression stockings  
Weight loss advised, review of diet (dietitian?) – reduce ulcer reoccurrence  
Pt. to take paracetamol p.r.n. (no more than 8/day, discontinue after 1 week), continue Oxacilin IM, 300 mg, every 4-6 hrs.  
Pt. informed of importance of compression stockings, and bed rest, with leg elevation.  
Dressings (daily): cadomexer iodine, triamcinolone ointment (topical steroid) – reduce irritation, bandaging.  
Community nurse to change dressings daily, monitor for infection/healing rate, help with ADLs (activities of daily living) & refer to OT if needed. Also monitor medication compliance.  
Progress review: 25.08.2019 at Community Clinic

**Writing Task:**

Using the information given in the case notes, write a referral letter to Ms Fiona McKie, Community Health Nurse, 101 Collins St, Ellesmere, outlining wound management for the patient.

**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.

Introduction	<p>Purpose: <u>wound management</u></p> <p>I am writing regarding ____, who was admitted to our hospital</p>
Timeline (context)	<p>16<sup>th</sup> August:</p> <ul style="list-style-type: none"> <li>• <b>Symptoms:</b> give <u>some</u> details (a little bit)</li> <li>• <b>Treatment:</b> “she was treated <u>accordingly</u>” (according to the protocol)</li> <li>• Mention <i>weight</i></li> </ul> <p>18<sup>th</sup> August:</p> <p><u>Good progress - vital signs within normal range</u></p> <p><u>Pt alert &amp; aware</u></p> <p>Write Timeline: <a href="mailto:alain@set-english.com">alain@set-english.com</a></p>
Background	<p>Social background:</p> <p>Has lived in self-contained unit in retirement village for 7 years  Not supported by any care workers  <u>Daughter lives nearby with husband and 3 children. Very supportive - visits regularly</u>  <u>Active - does Pilates</u></p> <p>Past medical history:</p> <p>Hypercholesterolemia (8.9)  Hypertension</p>
Requests	<p>Purpose: <u>wound management</u> (general)</p> <p>Details:</p> <p><b>Discharge plan:</b> Discharge to self-contained unit with compression stockings  Weight loss advised, review of diet (dietitian?) – reduce ulcer reoccurrence  Pt. to take paracetamol p.r.n.(no more than 8/day, discontinue after 1 week), continue Oxacillin IM, 300 mg, every 4-6 hrs.  Pt. informed of importance of compression stockings, and bed rest, with leg elevation.  Dressings (daily): cadomexer iodine, triamcinolone ointment (topical steroid) – reduce irritation, bandaging.  Community nurse to change dressings daily, monitor for infection/healing rate, help with ADLs (activities of daily living) &amp; refer to OT if needed. Also monitor medication compliance.  Progress review: 25.08.2019 at Community Clinic</p> <p>Most of this</p>

**What makes a good introduction? (in general)**

There is more than one good way:

- **Purpose in:** wound management (general request – details at the end)

- Short (concise)
- Clear (not confusing)

YOU HAVE FREEDOM!

Original	Corrections
<p>I am writing regarding Ms Brown, who was admitted to our hospital due to infected venous right leg ulcer. He has been scheduled for discharge and now required wound management.</p> <p>Incorrect details – you lose marks</p> <p><u>Exception</u> (breaking the rules)</p> <p>Ms Fiona McKie Community Health Nurse 101 Collins St Elmesmere</p> <p>18th August 2019</p> <p>Re: Mr Rachel Brown, DOB: 12th December 1943</p> <p>Dear Ms Mckie,</p>	<p>I am writing regarding Ms Brown, who was admitted to our hospital due to <b>an</b> infected venous <b>left</b> leg ulcer. She has been scheduled for discharge and now requires <b>wound management</b>.</p> <p>More natural phrase :</p> <p><i>...due to an infect venous ulcer on her left leg</i></p> <p>1st 2nd 3rd</p> <p>11th 12th 13th</p> <p>21<sup>st</sup> 22<sup>nd</sup> 23<sup>rd</sup></p> <p>31<sup>st</sup> 32<sup>nd</sup> 33<sup>rd</sup></p> <p>Ms Fiona McKie Community Health Nurse 101 Collins St Elmesmere</p> <p>18th August 2019</p> <p>Re: Mr Rachel Brown, DOB: 12th December 1943</p> <p>Dear Ms Mckie,</p>

I am writing regarding Mrs Rachel Brown who was admitted to our hospital due to an infected venous ulcer on her left leg. She is now ready to be discharged today and requires on-going care and monitoring of her wound.

18th August 2019  
Ms Fiona McKie  
Community Health Nurse  
101 Colins St.  
Elmesmere

Re: Rachel Brown, DOB: 12th December 1943

Dear Ms McKie,

I am writing regarding Ms Rachel Brown, who is recovering due to an infected venous leg ulcer. She is scheduled to be discharged today and now requires your further wound management.

I am writing regarding Mrs Rachel Brown, who was admitted to our hospital due to **an infected venous ulcer on her left leg**. She is now ready to be discharged today and requires on-going care and monitoring of her wound.

**Admit** (verb) = accept / allow / give permission to come inside

Non defining

Space

18th August 2019

Ms Fiona McKie  
Community Health Nurse  
101 Colins St.  
Elmesmere

Re: Rachel Brown, DOB: 12th December 1943

Dear Ms McKie,

I am writing regarding Ms Brown, who is recovering due to **an infected venous leg ulcer**. She is scheduled to be discharged today and now requires your further wound management.

Do we need to need to say which leg?  
You mention later if you want.

You can summarise the injury if you want

Mrs Fiona McKie  
Community Health Nurse  
101 Collins St  
Elmesmere

18 Aug 2019

Dear Mrs McKie,

Re: Mrs Rachel Brown, DOB: 12 Dec 1943

I am writing regarding Rachel Brown, who was admitted our hospital due to infected venous her left leg ulcer. She **was** discharged and requires follow up care in terms of wound management.

Ms Fiona McKie  
Community Health Nurse  
101 Collins St  
Elmesmere

18 August 2019

RE: Mr Rachel Brown  
DOB: 12 December 1943

I am writing to refer Mr Rachel Brown, who has been diagnosed with left sided leg infected venous ulcer. He is scheduled to be discharge today and will require ongoing assistance for his wound care.

Mrs Fiona McKie  
Community Health Nurse  
101 Collins St  
Elmesmere

18 Aug 2019

Dear Mrs McKie,

Re: Mrs Rachel Brown, DOB: 12 Dec 1943

I am writing regarding Mrs Brown, who was admitted **to** our hospital due to **an** infected venous her left leg **ulcer**. She **is scheduled to be** discharged and requires follow up care in terms of wound management.

Go to  
[Admit to](#)  
Visit ~~to~~  
Listen to

Ms Fiona McKie  
Community Health Nurse  
101 Collins St  
Elmesmere

18 August 2019

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DOB: 12 December 1943

I am writing to refer Mr Rachel Brown, who has been diagnosed with left sided leg infected venous ulcer. He is scheduled to be discharge today and will require ongoing assistance for his wound care.







## OET Listening

1 Format

2 Techniques (only)



3 Practice & Analyse Answers

## Format:

- Dialogue (patient + doctor/specialist)
- Questions 24
- 12 for each for audio
- Length of audio: approx. 5 mins
- Question: fill in the blanks
- Listening type: details
- Not listening for main ideas
- 30 seconds ("I believe it is...")
- Spelling: important / minor spelling is allowed but not major
- Time at end: 2 mins to check after Part C (paper)
- Time at end: 1 min at end of Part A (computer)
- What is a good score? ~~21 or 22~~/24

**Why do we need such a high score here?** To compensate for Part C

**Techniques:** methods or ways to do the test

<p><b>Signposts</b></p>	<p><b>What are they?</b></p> <p>Very simple: it tells me what is coming..</p> <p>Example</p> <p>Usually doctor says this</p> <p><b>Rules:</b> words on the same line are not sign posts – we cannot trust them they say the same in a different order</p>	<p><b>Part A</b></p> <p>In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient. For questions 1–24, complete the notes with information you hear.</p> <p>Now, look at the notes for extract one.</p>  <p><b>Extract 1: Questions 1–12</b></p> <p>You hear an ophthalmologist talking to a patient called Myra Sutborne. For questions 1–12, complete the notes with a word or short phrase that you hear.</p> <p>You now have thirty seconds to look at the notes.</p> <p><b>Patient:</b> Myra Sutborne</p> <p><b>Onset of condition:</b></p> <ul style="list-style-type: none"> <li>noticed (1) _____ in peripheral vision</li> <li>diagnosis of glaucoma</li> <li>prescribed eye drops (no improvement)</li> <li>led to frequent headaches and episodes of (2) _____ around lights</li> <li>now seeing a (3) _____</li> <li>believes her vision is deteriorating</li> </ul> <p><b>Family history:</b></p> <ul style="list-style-type: none"> <li>mother diagnosed with both glaucoma and (4) _____</li> <li>eventually total loss of vision</li> <li>maternal aunt had cataract surgery</li> <li>father wore (5) _____ for poor eyesight</li> </ul> <p><b>Medical history:</b></p> <ul style="list-style-type: none"> <li>(6) _____ (thirty years ago)</li> <li>COPD – heavy smoker until recently (since teens)</li> <li>recent (7) _____ infection (hospital admission)</li> <li>hearing aids – rarely wears them</li> <li>frequent (8) _____ (last twelve months)</li> </ul> <p><b>Current Medication:</b></p> <ul style="list-style-type: none"> <li>three courses of antibiotics (last six months)</li> <li>uses her (9) _____ regularly</li> <li>theophylline</li> <li>recently received (10) _____ vaccine</li> </ul> <p><b>Patient concerns:</b></p> <ul style="list-style-type: none"> <li>eyesight problems affecting ability to cope at home –</li> <li>no longer able to (11) _____</li> <li>feels generally vulnerable</li> <li>now considering (12) _____ (admits to feeling reluctant)</li> </ul>
<p><b>Selectors</b></p>	<p>Words on the same are not signposts but they help us a lot...</p> <p>Sometimes we will here 2 possible answers....</p> <p>I bought a _____ to drink</p>	<p><b>Part A</b></p> <p>In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient. For questions 1–24, complete the notes with information you hear.</p> <p>Now, look at the notes for extract one.</p>  <p><b>Extract 1: Questions 1–12</b></p> <p>You hear an ophthalmologist talking to a patient called Myra Sutborne. For questions 1–12, complete the notes with a word or short phrase that you hear.</p> <p>You now have thirty seconds to look at the notes.</p> <p><b>Patient:</b> Myra Sutborne</p> <p><b>Onset of condition:</b></p> <ul style="list-style-type: none"> <li>noticed (1) _____ in peripheral vision</li> <li>diagnosis of glaucoma</li> <li>prescribed eye drops (no improvement)</li> <li>led to frequent headaches and episodes of (2) _____ around lights</li> <li>now seeing a (3) _____</li> <li>believes her vision is deteriorating</li> </ul> <p><b>Family history:</b></p> <ul style="list-style-type: none"> <li>mother diagnosed with both glaucoma and (4) _____</li> <li>eventually total loss of vision</li> <li>maternal aunt had cataract surgery</li> <li>father wore (5) _____ for poor eyesight</li> </ul> <p><b>Medical history:</b></p> <ul style="list-style-type: none"> <li>(6) _____ (thirty years ago)</li> <li>COPD – heavy smoker until recently (since teens)</li> <li>recent (7) _____ infection (hospital admission)</li> <li>hearing aids – rarely wears them</li> <li>frequent (8) _____ (last twelve months)</li> </ul> <p><b>Current Medication:</b></p> <ul style="list-style-type: none"> <li>three courses of antibiotics (last six months)</li> <li>uses her (9) _____ regularly</li> <li>theophylline</li> <li>recently received (10) _____ vaccine</li> </ul> <p><b>Patient concerns:</b></p> <ul style="list-style-type: none"> <li>eyesight problems affecting ability to cope at home –</li> <li>no longer able to (11) _____</li> <li>feels generally vulnerable</li> <li>now considering (12) _____ (admits to feeling reluctant)</li> </ul>

## Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For **questions 1–24**, complete the notes with information you hear.

Now, look at the notes for extract one.



### Extract 1: Questions 1–12

You hear an ophthalmologist talking to a patient called Myra Sudborne. For **questions 1–12**, complete the notes with a word or short phrase that you hear.

You now have thirty seconds to look at the notes.

**Patient:** Myra Sudborne

- Onset of condition:**
- noticed (1) \_\_\_\_\_ in peripheral vision
  - diagnosis of glaucoma
  - prescribed eye drops (no improvement)
  - led to frequent headaches and episodes of (2) \_\_\_\_\_
  - now seeing a (3) \_\_\_\_\_ around lights
  - believes her vision is deteriorating

- Family history:**
- mother diagnosed with both glaucoma and (4) \_\_\_\_\_
  - eventually total loss of vision
  - maternal aunt had cataract surgery
  - father wore (5) \_\_\_\_\_ for poor eyesight

- Medical history:**
- (6) \_\_\_\_\_ (thirty years ago)
  - COPD – heavy smoker until recently (since teens)
  - recent (7) \_\_\_\_\_ infection (hospital admission)
  - hearing aids – rarely wears them
  - frequent (8) \_\_\_\_\_ (last twelve months)

- Current Medication:**
- three courses of antibiotics (last six months)
  - uses her (9) \_\_\_\_\_ regularly
  - theophylline
  - recently received (10) \_\_\_\_\_ vaccine

- Patient concerns:**
- eyesight problems affecting ability to cope at home –
  - no longer able to (11) \_\_\_\_\_
  - feels generally vulnerable
  - now considering (12) \_\_\_\_\_ (admits to feeling reluctant)

Part A

In this part of the test, you'll hear two different extracts. In each extract, a health professional is talking to a patient.

For questions 1–24, complete the notes with information you hear.

Now, look at the notes for extract one.



Extract 1: Questions 1–12

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- Patient:** Myra Sudborne
- Onset of condition:**
- noticed (1) \_\_\_\_\_ in peripheral vision
  - diagnosis of glaucoma
  - prescribed eye drops (no improvement)
    - led to frequent headaches and episodes of (2) \_\_\_\_\_
  - now seeing a (3) \_\_\_\_\_ around lights
  - believes her vision is deteriorating
- Family history:**
- mother diagnosed with both glaucoma and (4) \_\_\_\_\_
    - eventually total loss of vision
  - maternal aunt had cataract surgery
  - father wore (5) \_\_\_\_\_ for poor eyesight
- Medical history:**
- (6) \_\_\_\_\_ (thirty years ago)
  - COPD – heavy smoker until recently (since teens)
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- Patient concerns:** eyesight problems affecting ability to cope at home –
- no longer (11) \_\_\_\_\_
  - feels generally vulnerable
  - now considering (12) \_\_\_\_\_ (admits to feeling reluctant)

Listening Part A



Extract 1

**Ophthalmologist:** So, Mrs Sudborne, I've got your notes here, but as we haven't met before, it would be good to hear things from your perspective. Could you just talk me through the events leading up to your referral, please?

**Myra:** Yes, of course. Well, I don't know when my eye problems started exactly, but I tried to convince myself it was nothing for quite a while. Then, one day I realised that I was getting (1) blind spots around the edges of any objects I was looking at. That was the wake-up call really. Anyway, to cut a long story short, I was diagnosed with glaucoma and prescribed eye drops to take every day, not that they do much good. And I keep getting headaches – they're horrible and I'm sure it's the drops that are causing them. And lately I've had a few bouts of (2) nausea as well. And my son read online how that's actually one of the side effects people get. Another new thing I've just started to notice is that lights look funny – as if there's a (3) halo around them. So that's what made me come here really – I need to sort the headaches out and see what's going on with my eyesight.

**Ophthalmologist:** Sure. And is there a history of eye problems in the family?

**Myra:** Yes, you could say that. My mum was diagnosed with glaucoma when she was about fifty. She had (4) diabetes as well and eventually suffered a complete loss of vision. I don't think she had any treatment though – she just pretended it wasn't happening. Her sister, that's my aunt, had cataracts, but she was able to have the operation for those. My dad didn't have glaucoma, but I do remember him having (5) bifocals. He used to say they made him feel dizzy and I always thought of him as having terrible eyesight.

**Ophthalmologist:** And what about your own medical history?

**Myra:** Well, the really big thing that happened to me was I had to have a (6) mastectomy. It was pretty traumatic at the time, but it was thirty years ago – it's amazing how life moves on and you just get over these things. Now, I've got COPD, from smoking so heavily when I was young. I only gave up relatively recently, having started as a teenager. Er, what else? Oh, I was in hospital over the summer for four nights. Apparently, I had (7) ECG – I couldn't believe it! My husband blamed it on my cooking. The trouble is I can't see what I'm doing – or hear, come to think of it. I've got my hearing aids, but I don't wear them very often because they're so fiddly – and easy to lose – I mean, I can't see properly to look for them. Other than that, it's just the (8) urine infections. I don't know what's going on there, but I keep getting them. That's been going on for the last year or so.

**Ophthalmologist:** And what about medication?

**Myra:** I'm taking quite a bit actually. I've had three lots of antibiotics in the last six months – and I know that's not a good thing. I take the eye drops of course, and I've got my (9) crutches. I'm really struggling for breath without that – I use it about ten times a day. And tablets – theophylline to help with my breathing. Oh... and I don't know if it's relevant, but I was vaccinated against (10) shingles last month.

**Ophthalmologist:** And would you say that your eyesight's giving you cause for concern?

**Myra:** Well, yes, I am worried, to be honest. It is getting worse – managing the house is getting a bit beyond me I'm afraid. And even (11) just now and that's how I've always felt my spare time. Everything is so difficult. There are so many things I need to rely on other people for – you know, it knocks your confidence. People in the family keep going on at me about the (12) laser surgery – especially my daughter – and now the doctor wants me to talk to you about it. But I'm afraid I'm not really keen on the idea.

**Ophthalmologist:** OK – well, we can talk about that some more in a moment. What I'd like to do first is...