

- 1 Review
- 2 Grading of your work
- 3 Next assignment (discuss)

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 (Oxacillin)  
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 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) & 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.

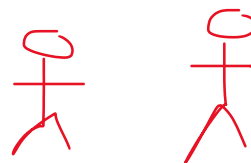
**In your answer:**

- 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.

<b>Introduction</b>	Purpose: <u>wound management</u>  I am writing regarding ____, who was admitted to our hospital
<b>Timeline (context)</b>  <b>PAST + NOW</b>	16 <sup>th</sup> August: <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) + <b>management</b></li> <li>• Mention <i>weight</i></li> </ul> 18 <sup>th</sup> August: <u>Good progress - vital signs within normal range</u> <u>Pt alert &amp; aware</u>
<b>Background</b>	Social background: 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>  Past medical history: Hypercholesterolemia (8.9) Hypertension
<b>Requests</b>  <b>FUTURE</b>	Purpose: <u>wound management</u> (general)  Details: <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) & refer to OT if needed. Also monitor medication compliance. Progress review: 25.08.2019 at Community Clinic  Most of this

I am writing regarding Mr Jones, who was admitted



C+ grade?

Regarding Mrs Brown social situation, she lives an active life alone, while her relatives live nearby with whom, she ~~visits~~ regularly. She has a medical history that includes hypercholesterolemia and hypertension for which she takes prescribed medication.

2 types of **relative clause**

1 **Defining** = no comma

Meaning: **it helps choose between 2**

2 **Non defining** = comma

Meaning: extra information

*I went to the hospital, **which is near my house***

Here there no confusion about which one

Defining

I went to the hospital **which is near my house**

Here this clause tells which one

Apostrophe s = belonging

Regarding Mrs Brown's social situation, she lives an active life alone, while her relatives live nearby, with whom she visits regularly. She has a medical history that includes hypercholesterolemia and hypertension, for which she takes prescribed medication.

Non defining relative

Do we use a commas after 'that' in a relative clause?

I like pizza, **that is hot**

I am here, **which is nice**

If you need a comma, we use 'which'

Can I say kg?

~~Dec / Jan~~

~~Physio~~

Mrs Rachel has being had hypertension and hypercholesterolemia for which she takes verapamil and lipitor. She is 83 kilogram and lives active by doing pilates. Although she has lived in self-contained unit, her daughter, who lives nearby will regularly support her.

Present Perfect:

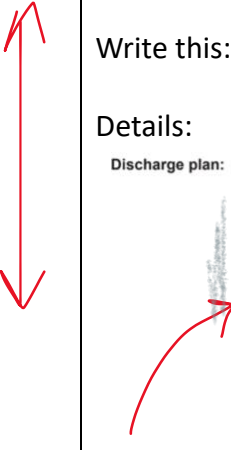
Actions / states

I have closed the window

Is it still closed?

Mrs Brown has been diagnosed with hypertension and hypercholesterolemia, for which she takes verapamil and lipitor. She is 83 kg and lives an active lifestyle. Although she lives in a **self-contained unit**, her daughter, who lives nearby, will regularly support her.

Flats all together where old people live and someone checks on them

Introduction	I am writing regarding Mrs Brown, who was admitted to our hospital due to an infected venous ulcer on her left leg. She is scheduled to be discharge today and now requires ongoing care and monitoring.
Timeline (context)	Having developed a discoloured and swollen wound on her left leg, Mrs Brown was admitted to our hospital on 16th August, resulting in her being diagnosed with the aforementioned condition. After being treated accordingly with effective wound, pain and infection management, she has responded well to the treatment. Although she was confused on admission, she is alert and aware at present and has made good progress.
Background	Mrs Brown <u>has hypertension</u> and hypercholesterolemia, for which she takes verapamil and lipitor. She is 83 kg and lives an active lifestyle. Although she lives in a <b>self-contained unit</b> , her daughter, who lives nearby, will regularly support her.
Requests	<p>Purpose: <u>wound management</u> (general)</p> <p>Write this: <a href="mailto:alain@set-english.com">alain@set-english.com</a></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> 



- 1 Format
- 2 Techniques
- 3 Practice 3 questions only



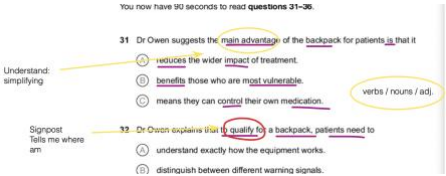
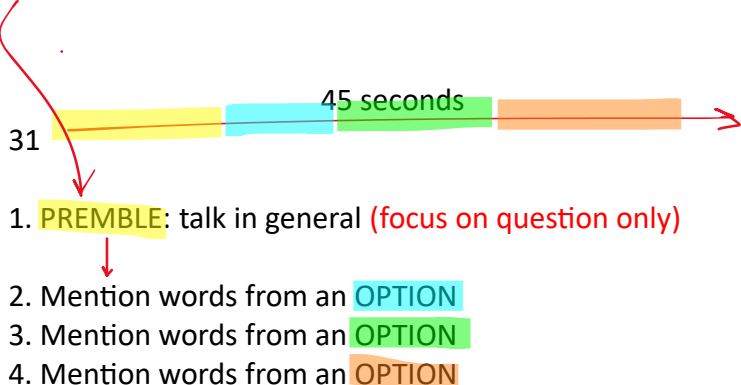
## Format of Part C:

- **12 questions / 6 question per audio**
- **Audio:** 5mins (4 or 6)
- **2 audios**
- **Type:** multiple choice (3 options)
- **90 seconds at start**
- **End:** paper based (2 mins) / computer based (1 min)
- You have 2 mins in the paper at the END: Part A
- Computer-based does not allow you this. It gives 1 mins after each section.  
Therefore, you actually less time to check your spelling.

What is a good score in Part C? **7/12**

Each audio out of 6 I want **3 or 4**

## Technique:

<p>90 seconds...</p> <p><b>READ &amp; UNDERLINE</b></p>	<ol style="list-style-type: none"> <li>1. Read the first 4 ... everything</li> <li>2. Underline</li> </ol> 
<p><b>QUESTION STRUCTURE</b></p>	<p><b>Important point:</b> they can mention options inside the preamble</p>  <ol style="list-style-type: none"> <li>1. <b>PREMABLE:</b> talk in general (focus on question only)</li> <li>2. Mention words from an <b>OPTION</b></li> <li>3. Mention words from an <b>OPTION</b></li> <li>4. Mention words from an <b>OPTION</b></li> </ol>

	Our job is to match the option on paper to the <u>paraphrase of it</u>
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### Part C

In this part of the test, you'll hear two different extracts. In each extract, you'll hear health professionals talking about aspects of their work.

For **questions 31–42**, choose the answer (A, B or C) which fits best according to what you hear. Complete your answers as you listen.

Now look at extract one.



Fill the circle in completely. Example:



#### Extract 1: Questions 31–36

You hear an oncologist called Dr Hannah Owen giving a presentation about a new treatment method called a chemotherapy backpack.

You now have 90 seconds to read **questions 31–36**.

31 Dr Owen suggests the main advantage of the backpack for patients is that it

- (A) reduces the wider impact of treatment.
- (B) benefits those who are most vulnerable.
- (C) means they can control their own medication.

32 Dr Owen explains that to qualify for a backpack, patients need to

- (A) understand exactly how the equipment works.
- (B) distinguish between different warning signals.
- (C) have full-time support in place at home.

33 Patient feedback on the backpack has suggested that it

- (A) allows most patients to become more active.
- (B) motivates patients to maintain their independence.
- (C) helps patients to deal with side effects of their treatment.

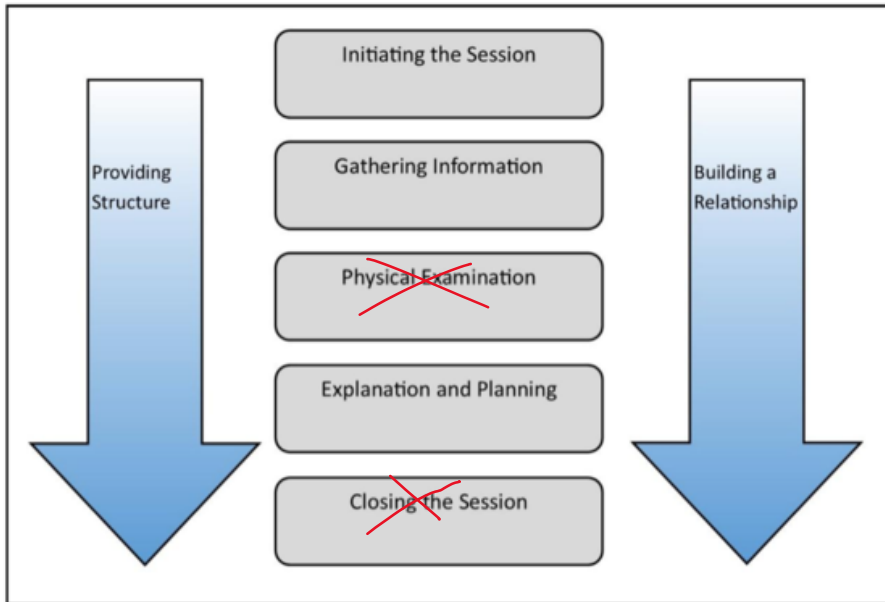
34 Dr Owen mentions a patient called Kieran to show how using a backpack can

- (A) take the pressure off other family members.
- (B) help develop the patients' understanding of the illness.
- (C) convince employers to allow patients to continue working.

**Relationship Building = OET Scoring System**

- Empathy / Reassurance





Mine

First time: <https://us06web.zoom.us/j/83816988904>

<https://us06web.zoom.us/j/6888612469>

<https://us06web.zoom.us/j/6888612469>