

TODAY:

- 1 **Review**
- 2 Grading
- 3 Question

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</b> (context)  <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>  Please note that + medication
<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.</u> Very supportive - visits regularly <u>Active - does Pilates</u>  Past medical history:   Hypercholesterolemia (8.9)   Hypertension
<b>Requests</b>    <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. <del>Pt. informed of importance of compression stockings, and bed rest, with leg elevation.</del> 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  Hard

Understand	Choose	Organise
	Some case are:  1. Needed 2. Appropriate	

<p>Today, Mrs Brown is being discharged to self-contained unit. She was informed about importance of wearing compression stockings as well as resting in bed with the leg elevated. Currently, Mrs Brown is taking paracetamol when needed, <b>no more than 8 per day</b>, and Oxacillin IM, 300 mg, every 4-6 hrs. She was advised to loss weight and review her diet in order to reduce <b>ulcer reoccurrence</b> [unnatural phrasing]. Mrs Brown needs assistance with ADLs, daily dressings using cadomexer iodine and triamcinolone ointment along with bandaging. She requires monitoring regarding her wound healing and medication compliance. Additionally, Mrs Brown might be referred to an Occupational Therapist if necessary. Please note that Mrs Brown has a follow-up appointment on 25th August at Community Clinic.</p> <p>If you require any further information please let me know.</p> <p>Regards, Nurse.</p> <p>B level</p>	<p>Today, Mrs Brown is being discharged to a self-contained unit. She was informed about importance of wearing compression stockings as well as resting in bed with the leg elevated.</p> <p><b>OET</b> say: you can use note form with it not practical to write the full thing</p> <p><b>Currently, Mrs Brown is taking paracetamol when needed for no more than 8 days, and Oxacillin IM, 300 mg, every 4-6 hours. She was advised to lose weight and review her diet in order to reduce the possibility of reoccurrence.</b></p> <p>Loss = noun Lose = verb</p> <p>Mrs Brown needs assistance with ADLs, daily dressings using cadomexer iodine and triamcinolone ointment along with bandaging. <b>She requires monitoring regarding her wound healing and medication compliance.</b> Additionally, Mrs Brown might be referred to an Occupational Therapist if necessary. Please note that Mrs Brown has a follow-up appointment on 25th August at Community Clinic.</p> <p>If you require any further information please let me know.</p> <p>Regards, Nurse.</p>
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During hospitalisation, She has been advised on weight loss, the importance of compression stockings, leg elevation during bed rest, and strategies to reduce wound recurrence.

It would be appreciated if you could manage Mr. Brown's ongoing wound care, ensure medication compliance, and monitor her infection rate, healing progress, and support with activities of daily living. She may benefit from daily wound dressing with cadexomer iodine and triamcinolone ointment. Additionally, she has been prescribed paracetamol as needed. And continue Oxacillin 300 mg IM every 4–6 hours. Please ensure she attends her scheduled review on 25 August at the community clinic.

If you have any queries, please do not hesitate to contact me.

Capital / lowercase

During hospitalisation, she has been advised on weight loss, the importance of compression stockings, leg elevation during bed rest, and strategies to reduce wound recurrence.

Advised on + noun / noun phrase

Advised to + verb (bare infinitive)

It would be appreciated if you could manage Mrs. Brown's ongoing wound care, ensure medication compliance, and monitor her infection rate, healing progress, and support with activities of daily living. She may benefit from daily wound dressing with cadexomer iodine and triamcinolone ointment. Additionally, she has been prescribed paracetamol as needed. **Please also** continue Oxacillin 300 mg IM every 4 to 6 hours. Please ensure she attends her scheduled review on 25<sup>th</sup> August at the community clinic.

**If you have any queries, please do not hesitate to contact me.**

Yours sincerely  
Ward Nurse.

And at the beginning of a sentence is  
informal ()

It would be greatly appreciated if you could assist Mrs Brown with **dressing daily**, using cadomexer iodine, applying triamcinolone ointment to reduce irritation, and bandaging her dressing. Kindly monitor her medication compliance and wound healing rates. Please note that she takes paracetamol when required for one week and should not consume more than eight tablets per day. She should also receive intramuscular 300 mg oxacillin injections every four to six hours. Please assist with her daily activities and refer her to occupational therapy if required. The importance of compression stocking and bed rest with leg elevation has been noted. Please note that her progress review is scheduled for 25<sup>th</sup> August 2019 at the Community Clinic.

**Do OET pay attention to this?**  
**No need for this (but not wrong)**

Yours sincerely  
Ward Nurse.

Please monitor  
Kindly monitor

  
No comma

It would be greatly appreciated if you could assist Mrs Brown with daily dressings, using cadomexer iodine, applying triamcinolone ointment to reduce irritation, and bandaging her dressing. Kindly monitor her medication compliance and wound healing rate.

Please note that she takes paracetamol when required for one week and should not consume more than eight tablets per day. She should also receive **oxacillin, 300 mg, intramuscular injections,** every four to six hours.

If you require any further information, please do not hesitate to contact me.

Thank you.

Yours sincerely,

Ward Nurse

How to write medication?

1 Separate everything with commas and start the name, then dosage :

oxacillin, 300 mg, intramuscular injections, every four to six hours.

2 300 mg of oxacillin, intramuscular injections, every four to six hours

3 oxacillin (300 mg, intramuscular injections, every four to six hours) .

If you have 2 medication, just use the commas. But if you have more – why put some variety in paragraphs

**The medication list is enclosed with the letter**

Please assist with her daily activities and refer her to occupational therapy if required. The importance of compression stocking and bed rest with leg elevation has been noted. Please note that her progress review is scheduled for 25<sup>th</sup> August 2019 at the Community Clinic.

If you require any further information, please do not hesitate to contact me.

Thank you.

Yours sincerely,

Ward Nurse



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 Review

2 Practice

3 Analyse (transcript)

**REVIEW: Part C Listening**

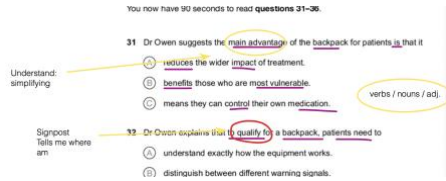
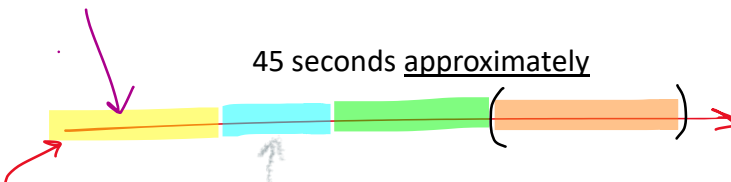
- **12 questions / 6 question per audio**
- **Audio:** 5 mins approx. (4 ---- 6)
- **2 audios**
- **Type:** multiple choice (3 options)
- **90 seconds at start**
- **End:** paper based (2 mins) / computer based (1 min)
- You have 2 mins in the paper at the END: Part A

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

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

Are all the questions the same level of difficulty... NO

## REVIEW:

<p>90 seconds...</p> <p><b>READ &amp; UNDERLINE</b></p>	<ol style="list-style-type: none"><li>1. Read approximately 3 or 4 <u>totally</u></li><li>2. Underline for 2 reason:<ol style="list-style-type: none"><li>a. to help <b>understanding</b> / remember</li><li>b. Look for <b>signposts</b> (presentation)</li></ol></li></ol>  <p>You now have 90 seconds to read questions 31–36.</p> <p>31 Dr Owen suggests the <u>main advantage</u> of the backpack for patients is that it</p> <p>Understand: simplifying</p> <ul style="list-style-type: none"><li>(A) reduces the wider impact of treatment.</li><li>(B) benefits those who are <u>most vulnerable</u>.</li><li>(C) means they can control their own medication.</li></ul> <p>Signpost: Tells me where am</p> <p>32 Dr Owen explains <u>that to qualify for</u> a backpack, patients need to</p> <ul style="list-style-type: none"><li>(A) understand exactly how the equipment works.</li><li>(B) distinguish between different warning signals.</li></ul> <p>verbs / nouns / adj.</p>
<p><b>QUESTION STRUCTURE</b></p> <p>Helpful...</p>	<p><b>Important:</b> They mention the option in the preamble</p>  <p>45 seconds <u>approximately</u></p> <ol style="list-style-type: none"><li>1. <b>Preamble:</b> <u>introduction</u> (not answering) – <b>focus on question</b> “blah blah blah vulnerable blah blah...”</li></ol> <p><i>Start to answer...</i></p> <ol style="list-style-type: none"><li>2. Mention an <b>OPTION</b></li><li>3. Mention an <b>OPTION</b></li><li>(4. Mention <b>OPTION</b>)</li></ol> <p><b>re-read options</b></p> <p><b>MUST</b> read and listen</p>

### 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.

**35** For the patient called Jessica, the main advantage of having a chemotherapy backpack was that

- (A) she could limit the time she spent away from home.
- (B) she felt well enough to do some domestic chores.
- (C) she was able to avoid relying on childcare.

**36** Dr Owen hopes that in the future, the backpack will

- (A) be used for a wider range of conditions.
- (B) gain greater popularity amongst patients.
- (C) become more cost effective for hospitals.



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.
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- A she could limit the time she spent away from home.
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- A be used for a wider range of conditions.
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#### Extract 1

Hi. My name's Hannah Owen. I'm an oncologist and today I'd like to talk about an innovation that's having a positive effect on patients with cancer – it's called the chemotherapy backpack. Basically, it's a kit that comprises a small pump attached to a container which holds the patient's medication that's delivered through a pine line in the arm. The backpack's currently being used for patients with certain types of blood or bone cancer, conditions that (31) usually require visits to a specialist hospital, treatment – something that can cause huge upheaval for both patients and their families. But this could eventually become a thing of the past, as the backpack allows patients to have their therapy in the comfort of their own home, or even whilst they're out and about. The pumps are set to deliver treatment at specific times, and should any problems arise, medical staff are on hand twenty-four hours a day.

So, who qualifies for a backpack? As you'd expect, there are certain conditions that must be met before the decision is made to issue one. The patient must live within one hour of the hospital – mainly in case they need to get in urgently if there's a problem. Also, we need to be sure that patients recognise how extremely important this is. The backpacks are fitted with alarms that alert patients if anything goes wrong. (32) The other condition we set is that there must be someone at home with the patient twenty-four hours a day – whether that's a family member or a professional carer. We give these people lots of education and assistance, as they carry a huge responsibility. And we've had largely positive feedback from patients. Although some initially felt that hospital was the safest place for them, and seriously ill patients may still need to be admitted at some point, paradoxically there's actually less chance of picking up infections at home – and most patients see that. What's more, being in a familiar environment, often surrounded by friends and family, has a positive impact generally.

(33) Patients appreciated not having to face the restrictions that come with staying in hospital – they reported that being able to have a lie-in, use their own bathroom and make their own food choices was empowering. So overall, having a backpack does seem to reduce the emotional impact of a cancer diagnosis because it demands fewer compromises on quality of life.

Let me tell you about one of my patients, let's call him Kieran. Kieran's a thirty-year-old computer technician, who was diagnosed with acute myeloid leukaemia. Happily, he took the first round of chemo quite well and as he was young and fit, a backpack was suggested. He found that there were a few minor inconveniences, for example, he mentioned that his wife has to help him to get dressed, but the backpack has meant that he's been able to stay at home, work online and play with his 11-month-old son. He actually witnessed the boy's first steps – something he'd have missed if he'd been confined to hospital. Not only that, but (34) being responsible for his own treatment has also encouraged him to become more aware of his condition than if he'd been in hospital under the constant observation of doctors and nurses. This increase in patient autonomy is exactly the kind of progress we need.

Another of my patients, let's call her Jessica, has children at primary school. The idea of having to stay in hospital for a prolonged period was making her incredibly nervous. Ensuring her kids' peace of mind during the therapy was actually more important to her than ensuring her own. (35) Although professional support was available to her, she was reluctant to hand over any day-to-day responsibility for them to others. She's now had three cycles of chemotherapy via the backpack and that's meant her family life hasn't been interrupted. What's more, the kids have seen her coping at home, and they too have learnt to live with her condition. It's been a game changer for the whole family.

So, looking ahead, what can we hope for in the future? We can't possibly treat all cancer patients in hospital – the number living with blood cancers is rising – so the strain would be too great. But now we have the potential to completely transform care. (36) I see no reason why recipients of bone-marrow or stem-cell transplants shouldn't also be able to receive their antibiotics via a backpack. I'm optimistic that it'll soon be common for more cancer patients to be treated at home and so reduce pressure on hospital beds. But it's going to be critical to look at investment in staff training and patient education so that we're able to make adequate provision as the technology develops – and that's what I'd like to look at next.

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

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



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