

TODAY:

- 1 Review
- 2 Paragraphs 2 Examples (*Homework*)
- 3 Assignment for Para 3



Mrs Doreen Atkins / 65 / chest pains / maybe stable angina

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 23 March 2019

You are a doctor at Eastham Hospital treating a woman admitted with chest pain.

PATIENT DETAILS:

Name: Doreen Atkins (Mrs)
DOB: 12 Mar 1953 (65 y.o.)
Residence: 29 Oldberry Road, Eastham

Social Background:

Widow (3 yrs), no children
Retired office administrator
Interests: reading, watching TV, socialising w. friends
Sedentary lifestyle

Family history:

Mother – diabetes mellitus, hypothyroidism (dec. 70 y.o.)
Father - lung cancer, heavy smoker, coronary artery disease (dec. 59 y.o.)
Sister – hypothyroidism

Medical history:

1997 R radius fracture → osteosynthesis
2000 gall bladder removal
2002 dyspepsia
2014 hypertension
2014 hyperlipidemia
NSAIDs allergy
Ex-smoker: quit 1 yr ago (20 cigs/day 18 → 64 y.o.)
Excessive alcohol consumption (last 5 yrs: 30-35 units/wk)

Current medications:

Losartan 50mg PO 1x/day (hypertension)
Atorvastatin 40mg PO 1x/day (hyperlipidemia)
Aspirin 100mg PO 1x/day (hypertension)
Omeprazole 20mg PO 1x/day (dyspepsia)

Presentation at Emergency Dept. 14 Mar 2019

Presenting problem:

Atypical chest pain (<10 min): 1st episode, diaphoresis, dizziness

Treatment record:

Oxygen, morphine, aspirin, nitroglycerin (sublingual) → pt. reports ↓ pain/symptoms

Test results:

EKG: normal (monitored during admission)
Troponin: negative (repeated pre-discharge: negative)
Chest X-ray: normal
Pt. discharged same day w. aspirin follow-up with regular Dr 1 wk.

21 Mar 2019

Re-presentation at ED: new episodes of chest pain reported (>2 to <10 min) regular Dr phone call advice → ED
w. physical activity → need to rest to ↓ pain
No pain at rest, no other symptoms
Test results: CBC - total cholesterol 250mg/dl (↑), LDL 160 (↑), HDL 35 (↓), glycemia & renal function normal
EKG monitoring

Actions taken: ↑ atorvastatin to 40mg/day, continue aspirin
Pt given dietary advice to stop hypertension (DASH): ↓ alcohol/salt consumption
Exercise tolerance test ordered
Pt. admitted for observation

23 Mar 2019

Pt. still experiencing ↑ chest pain w. stress/physical activity
pain presents w. mild dyspnea (<10 min), no fainting
Ex. tolerance test result: ↓ ST on EKG in V1, V2 & V3 (reversible ischemia detected)

Provisional diagnosis:

Stable angina

Plan:

Refer to cardiologist for angiography/?angioplasty

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr Gaffney, consultant cardiologist, requesting further investigation of Mrs Atkins' chest pain. Address the letter to Dr Sarah Gaffney, Consultant Cardiologist, Eastham Hospital, Eccleston Lane, Eastham.

Introduction

- **General Purpose:** “Further investigation”

Timeline:
1st admission

- 14th March:

Presentation at Emergency Dept. 14 Mar 2019

Presenting problem:

Atypical chest pain (<10 min): 1st episode, diaphoresis, dizziness

Treatment record:

Oxygen, morphine, aspirin, nitroglycerin (sublingual) →pt. reports
pain/symptoms

Test results:

EKG: normal (monitored during admission)
Troponin: negative (repeated pre-discharge: negative)
Chest X-ray: normal
Pt. discharged same day w. aspirin - follow-up with regular Dr 1 wk.

Summarise a little bit

What do OET say about choosing case notes?

Put in the letter:

Needed = essential to do the job / DIRECTLY CONNECTED

All

Appropriate = helpful, not necessary but maybe useful / INDIRECTLY CONNECTED

Some of it

Timeline:
2nd admission

- 21st March

	<p>21 Mar 2019 Re-presentation at ED: new episodes of chest pain reported (>2 to <10 min) regular Dr phone call advice →ED</p> <p>w. physical activity →need to rest to ↓pain No pain at rest, no other symptoms</p> <p>Test results: CBC - total cholesterol 250mg/dl (↑), LDL 160 (↑), HDL 35 (↓), glycemia & renal function normal EKG monitoring</p> <p>Actions taken: ↑atorvastatin to 40mg/day, continue aspirin Pt given dietary advice to stop hypertension (DASH); ↓alcohol/salt consumption Exercise tolerance test ordered Pt. admitted for observation</p> <p>23 Mar 2019 Pt. still experiencing ↑chest pain w. stress/physical activity pain presents w. mild dyspnea (<10 min), no fainting Ex. tolerance test result: ↓ST on EKG in V1, V2 & V3 (reversible ischemia detected)</p> <p>Summarise a little but (but there is a of important things)</p>
<p>Background</p>	<p>Social Background: Widow (9 ym) no children Business office administrator Interests: reading, watching TV, exercising w. friends Sedentary lifestyle</p> <p>Family history: Mother – diabetes mellitus, hypothyroidism (dec. 70 y.o.) Father - lung cancer, heavy smoker, coronary artery disease (dec. 59 y.o.) Sister – hypothyroidism</p> <p>Medical history: 1997 R radius fracture →osteosynthesis 2000 gall bladder removal 2002 dyspepsia 2014 hypertension 2014 hyperlipidemia NSAIDs allergy Ex-smoker: quit 1 yr ago (20 cigs/day 18–64 y.o.) Excessive alcohol consumption (last 5 yrs: 30-35 units/wk)</p> <p>Current medications: Losartan 50mg PO 1x/day (hypertension) Atorvastatin 40mg PO 1x/day (hyperlipidemia) Aspirin 100mg PO 1x/day (hypertension) Omeprazole 20mg PO 1x/day (dyspepsia)</p> <p>Summarise</p>
<p>Requests</p>	<ul style="list-style-type: none"> • Further investigation • EXTRA DETAILS: Angiograph? Angioplasty? <p>EXPAND</p>

Assignment 1: write the Introduction paragraph and send to alain@set-english.com

Original	Corrections
<p>Passive is okay because done by someone else</p> <p>On 14th March, Mrs Atkins was admitted to the Emergency Department with her first episodes of atypical chest pain, dizziness and sweating. Routine investigations were carried out, which were unremarkable. She was treated accordingly and discharged home on the same day with aspirin.</p> <p>I am agree...</p> <p>“Mountain out of molehill” = make small things big</p> <p><i>On 14th 2019, Mrs Atkins presented to the emergency department having atypical chest pain, which lasted under 10 minutes diaphoresis, and dizziness. She was treated accordingly. Consequently, her pain was managed and an EKG, Troponin, and chest X-ray were found to be normal. Mrs Atkins was discharged the same day with aspirin.</i></p> <p>Redundant – included in ‘accordingly’</p> <p>Accordingly = standard / normal way</p>	<p>Passive: ‘was presented’ = someone picked her up and give</p> <p>On 14th March, Mrs Atkins was presented to the Emergency Department with her first episodes of atypical chest pain, dizziness and sweating. Routine investigations were carried out, which were unremarkable. She was treated accordingly and discharged home on the same day with aspirin.</p> <p>Auxiliary verbs can omitted if the previous clauses uses them.</p> <p>Summarising! Looks okay to me</p> <p><i>On the 14th of March 2019, Mrs Atkins presented to the emergency department having atypical chest pain, which lasted under 10 minutes along with diaphoresis and dizziness. She was treated accordingly. Additionally, an EKG, Troponin, and chest X-ray were found to be normal. Mrs Atkins was discharged the same day with aspirin.</i></p>

and = conjunction
as a result = adverbial / preposition phrase

On 14th March 2019, Mrs Atkins reported that she had experienced atypical chest pain, associated with diaphoresis and dizziness, which had been controlled by aspirin and nitroglycerin. The investigations revealed normal findings, as a result she was discharged home on the same day with aspirin, and scheduled for a follow up after 1 week.

On 14th March 2019, Mrs Atkins *reported* that she had experienced atypical chest pain, associated with diaphoresis and dizziness, **which had been controlled by aspirin and nitroglycerin.** The investigations revealed normal findings, **and as a result** she was discharged

home on the same day with aspirin, and scheduled for a follow up with **the regular doctor** 1 week later.

This doesn't really make sense

Introduction	<ul style="list-style-type: none"> General Purpose: Further investigation <p>I am writing regarding Mrs Atkins, who was admitted to our hospital emergency department due to <u>atypical chest pain</u></p>
Timeline: 1 st admission	<ul style="list-style-type: none"> 14th March:
Timeline: 2 nd admission	<ul style="list-style-type: none"> 21st March <p>21 Mar 2019 Re-presentation at ED: new episodes of chest pain reported (>2 to <10 min) regular Dr phone call advice →ED</p> <p>w. physical activity →need to rest to ↓pain No pain at rest, no other symptoms Test results: CBC - total cholesterol 250mg/dl (↑), LDL 160 (↑), HDL 35 (↓), glycemia & renal function normal EKG monitoring</p> <p>Actions taken: ↑atorvastatin to 40mg/day, continue aspirin Pt given dietary advice to stop hypertension (DASH): ↓alcohol/salt consumption Exercise tolerance test ordered Pt. admitted for observation</p> <p>23 Mar 2019 Pt. still experiencing ↑chest pain w. stress/physical activity pain presents w. mild dyspnea (<10 min), no fainting Ex. tolerance test result: ↓ST on EKG in V1, V2 & V3 (reversible ischemia detected)</p>
Background	<p>Social Background: married (9 yrs), no children Retired office administrator interests: reading, watching TV, exercising w. friends Sedentary lifestyle</p> <p>Family history: Mother – diabetes mellitus, hypothyroidism (dec. 70 y.o.) Father - lung cancer, heavy smoker, coronary artery disease (dec. 69 y.o.) Sister – hypothyroidism</p> <p>Medical history: 1997 R radius fracture →osteosynthesis 2000 gall bladder removal 2002 dyspepsia 2014 hypertension 2014 hyperlipidemia NSAIDs allergy Ex-smoker: quit 1 yr ago (20 cigs/day 18–64 y.o.) Excessive alcohol consumption (last 5 yrs: 30-35 units/wk)</p> <p>Current medications: Losartan 50mg PO 1x/day (hypertension) Atorvastatin 40mg PO 1x/day (hyperlipidemia) Aspirin 100mg PO 1x/day (hypertension) Omeprazole 20mg PO 1x/day (dyspepsia)</p> <p>Summarise</p>
Requests	<ul style="list-style-type: none"> Further investigation EXTRA DETAILS: Angiograph? Angioplasty?