

OET Medicine Writing Week

Beryl Smith

The task is: *Write a letter to a healthcare professional requesting continuation of care for a patient.*

180 – 200 words

5 minutes to read (no writing)

40 minutes to write

Planning

10 - 15 minutes:

- Find the purpose
- Identify the information you will use
- Organise the case notes into logical paragraphs

What is the situation after the above steps?

I can focus on writing = *Perfect circumstances in which to write a letter*

Identifying Purpose & Choosing Case Notes:

Ask yourself these questions about Beryl Smith case notes:

1. Who is the reader?	Audiologist
2. What is the reader's task?	diagnosis
3. Does the reader know the patient?	no
4. Does the writer have any tasks?	recommendations / treatment
5. Why am I writing <u>today</u> ?	We've seen the patient today – symptoms / effects have worsened up to today
6. Is it urgent?	No

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 18 September 2018.

You are a family doctor examining an 80-year-old female who has been registered at your practice for 40 years.

PATIENT DETAILS:

Name: Beryl Smith (Mrs)

DOB: 19 May 1938 (80 y.o.)

Address: Rose Aged Care Home, 29 Rose Avenue, Newtown (moved there 2018)

Social background: Retired librarian
 Widow (husband died 2016)
 3 daughters: Mary (lives abroad), Yana (died 2000, drowning), Susan (visits 1x/mth)
 Interests: lawn bowls, playing cards, reading
 Note: support needed at external medical appts (Susan)

Family History: Mother died 65 y.o. (blood clot)
 Father died 58 y.o. (alcoholic liver disease)

Past medical history: 2010 BCC (excision, no recurrence)
 2014 hypertension (controlled w ACE inhibitors)
 2016 L total hip replacement
 2017 ?dementia – initial stage (↑forgetfulness, confusion)
 No known allergies

18 Sept 2018: Pt accompanied by daughter
Presenting complaint: ringing in ears (bilateral), mild headache, pruritus R ear

Objective:
 Height: 153 cm, Weight: 55 kg, BMI: 23.5 kg/m² (normal)
 Bilateral otoscopy: normal tympanic membrane
 Rinne & Weber tests (normal)

Ear examination:

Definitive diagnosis:

External configuration – R acute otitis externa (red, flaky, warm skin)

Provisional diagnosis:

?foreign bodies blocking R ear canal – ?cotton wool

?R otitis media (middle ear infection) – ?bacterial, ?fungal (request swab to confirm)

?bilateral hearing loss, ?tinnitus

Discussion:

Daughter – pt unable to hear questions/instructions if background noise (eg if radio on, in restaurants, when care home residents talk, etc.)

Pt – uses 'home remedies' (loud radio & cotton wool to block out ringing sound, honey for pruritus, moisturiser 2x/day for flaky skin)

Ceased social outings (cannot hear well outside)

Recommended: visual aids for use by care home staff (to communicate daily activities, instructions, etc)

Treatment: start antibiotic drops (potential otitis media to be confirmed by swab) & paracetamol 4x/day (headache)

Refer to audiologist for opinion & diagnosis w audiometry (pt consent given)

Plan: Write to audiologist

Writing Task:

Using the information in the case notes, write a letter of referral to Dr Albury, audiologist, outlining the patient's symptoms, and requesting further investigation and management. Address the letter to Dr Danielle Albury, Audiologist, Newtown Hospital, 123 New Street, Newtown.

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.

Link: <https://drive.google.com/file/d/1cedbjht-T9Wnl71wpeQEphSBz9gAM0ne/view?usp=sharing>

Introduction	<ul style="list-style-type: none"> • Patient name: • General medical context: • General purpose:
Presentation / Examination	<p>18 Sept 2018: Pt accompanied by daughter</p> <p>✓ <u>Presenting complaint:</u> ringing in ears (bilateral), mild headache, pruritus R ear</p> <p><u>Objective:</u></p> <p>Height: 153 cm, Weight: 55 kg, BMI: 23.5 kg/m² (normal)</p> <p>✓ ← Bilateral otoscopy: normal tympanic membrane</p> <p>✓ ← Rinne & Weber tests (normal)</p> <p><u>Ear examination:</u></p> <p><u>Definitive diagnosis:</u></p> <p>External configuration – R acute otitis externa (red, flaky, warm skin)</p> <p><u>Provisional diagnosis:</u></p> <p>?foreign bodies blocking R ear canal – ?cotton wool</p> <p>?R otitis media (middle ear infection) – ?bacterial, ?fungal (request swab to confirm)</p> <p>?bilateral hearing loss, ?tinnitus</p>
Discussion	<p><u>Discussion:</u></p> <p>Daughter – pt unable to hear questions/instructions if background noise (eg if radio on, in restaurants, when care home residents talk, etc.)</p> <p>Pt – uses 'home remedies' (loud radio & cotton wool to block out ringing sound, honey for pruritus, moisturiser 2x/day for flaky skin)</p> <p>Ceased social outings (cannot hear well outside)</p>
Background	<p>Social background: Retired librarian</p> <p>Widow (husband died 2016)</p> <p>3 daughters: Mary (lives abroad), Yana (died 2000, drowning), Susan (visits 1x/mth)</p> <p>Interests: lawn bowls, playing cards, reading</p> <p>✓ Note: support needed at external medical appts (Susan)</p> <p>Family History: Mother died 65 y.o. (blood clot)</p> <p>Father died 58 y.o. (alcoholic liver disease)</p> <p>Past medical history: 2010 BCC (excision, no recurrence)</p> <p>✓ 2014 hypertension (controlled w ACE inhibitors)</p> <p>2016 L total hip replacement</p> <p>✓ 2017 ?dementia – initial stage (↑ forgetfulness, confusion)</p> <p>No known allergies</p>
Recommendations / Treatment	<p><u>Recommended:</u> visual aids for use by care home staff (to communicate daily activities, instructions, etc)</p> <p><u>Treatment:</u> start antibiotic drops (potential otitis media to be confirmed by swab) & paracetamol 4x/day (headache)</p>
Request	Refer to audiologist for opinion & diagnosis w audiometry (pt consent given)

Send your introduction paragraphs to: paul@set-english.com

