

## FEEDBACK RESULTS (Poulos)

Name of candidate:	XXXXXXXXXXXXXXXXXXr
Profession:	Medicine
Date and time:	Sept 2020

Subtest	MARKS (see page 2)	CEFR* language level	OET equivalent	Comments
Writing	28/38	C1	370/ B	CAN format a professional letter and understand the main points relevant to the specific reader.
				<p>CAN understand the main purpose of a professional letter</p> <p>Can generally arrange most important information in logical flow between paragraphs</p> <p>CAN use a range of vocabulary and intermediate and advanced grammar without errors.</p> <p><b>NEEDS TO</b> work on including important detail, as concisely as able, that would be relevant to the reader. It would also help give more of a complete picture of progress of illness.</p>

\*CEFR = Common European Framework of Reference for Languages

**NOTE:** OET grades A (high skills) to C (low skills). The CEFR grades A (beginner = low skills) to C2 (advanced =high skills). See page 3.

Recommendations	
Writing	See notes in letter

## MARKS

Subtest	OET Marking Criteria	Definition of criterion	Marks
Writing	Purpose	Is the purpose of your letter immediately clear to your reader in the first paragraph?	3/3
	Content	Is all the <b>important information</b> included? Is the information you included accurate?	4/7
	Conciseness & Clarity	Did you leave out all irrelevant information? (Yes!) Is the relevant information you did include concisely stated?	5/7
	Genre & Style	Is the letter formatted as a professional letter? Do you use polite/ <b>professional tone</b> ? Do you use the <b>correct level of technical language</b> for your intended reader? Does your letter remain non-judgmental and factual /clinical? Are any abbreviations you use only those your reader would be expected to know?	5.5/7
	Organisation & layout	Is information in your letter prioritised? Did you group related information together logically? Do you use paragraphs adequately? Does information/topics <b>flow logically and smoothly</b> from one paragraph to the next? Can your reader get a quick and <b>relevant picture</b> of the patient? Can your reader quickly find specific information (thanks to your layout)?	4/7
	Language	Is your writing and language easy to understand –do your sentences promote readability? Does your language cause strain, confusion or misunderstanding? (No!) Are your vocabulary, grammar, punctuation and spelling appropriate?	6.5/7

12/2/2017

Dr B White  
Neurosurgeon  
City Hospital  
Newtown

Dear Dr White

Space between paragraphs

Re: Mr George ~~Paulos~~Poulos, 45-years old

Thank you for accepting this referral of Mr ~~Paulos~~Poulos, suffering with lower back pain with radiculopathy, and who may require further investigation and management.

**Commented [AB1]:** ACCURACY: even in the spelling of patient names

Mr ~~Paulos~~Poulos initially injured his back 2-two weeks ago (29/1/2017) while lifting heavy objects. He reported feeling a click in his back at the time and immediately following the incident, he had low back pain for which he took Panadeine. When seen two days after the injury, he had a loss of lumbar lordosis and pain on touching fingertips to patellae, but there were no other neurological symptoms and Panadeine Forte was prescribed.

**Commented [AB2]:** FORMATTING: the usual convention for formal letters is to spell out zero to ten, and then write 11,12 and above in numerals. But there are some exceptions e.g. dosages, lab test results

**Commented [AB3]:** ADDITIONAL IMPORTANT DETAIL for the neurologist, but concisely stated.

(NEW PARAGRAPH) Since then he has been in severe pain which has progressively worsened. Currently, he has neurological fallout symptoms of in his right leg which has progressively worsened since the incident. He also has a loss of light touch sensation of the lateral distal calf and, plantar aspect of his foot and a loss of his right ankle reflex. His straight leg raise has progressively declined (R originally 90 degrees, now 50 degrees; L originally 90 now 50). He is currently completely unable to flex his lumbar spine while painful, but normal, flexion was possible on first presentation. He was treated with paracetamol and Panadeine Forte previously, however, it is now ineffective.

**Commented [AB4]:** TONE: Better – symptoms complications

**Commented [AB5]:** CONCISENESS: wile your language is grammatically correct, use your word count to give useful information.

**Commented [AB6]:** IMPORTANT DETAIL for the neurologist

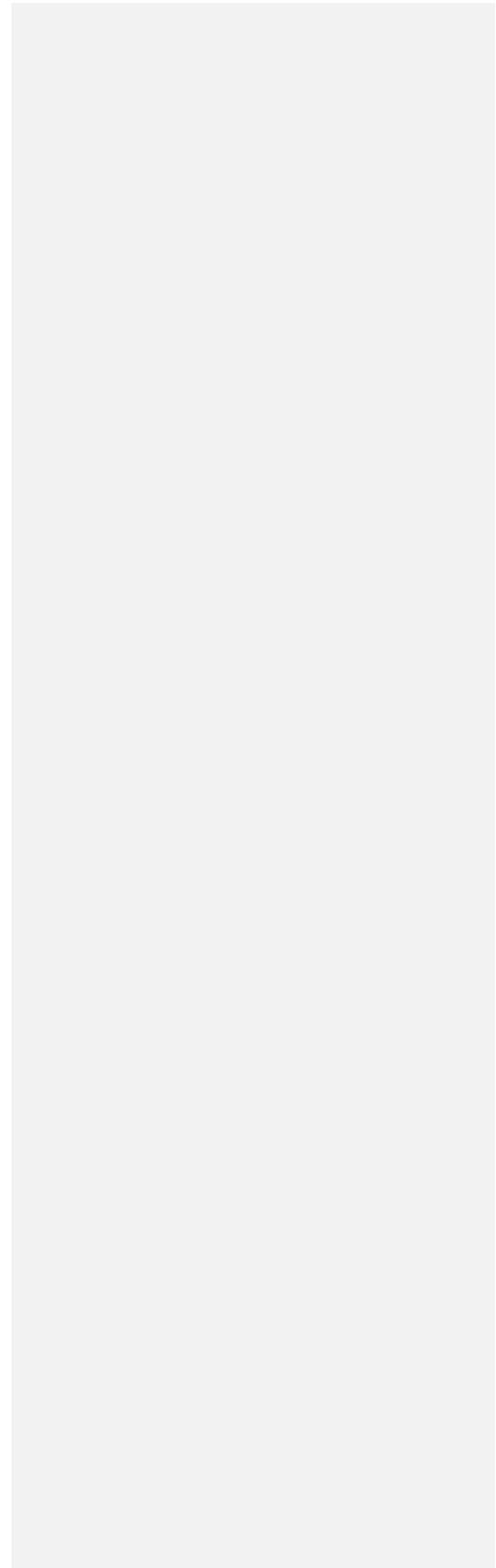
Please note Mr ~~Paulos~~Poulos is allergic to pethidine, penicillin and radiological contrast agents. ~~Mr Paulos~~He also smokes and frequently drinks a large amount of alcohol.

It would be greatly appreciated if you could provide further investigations as well as further management for Mr ~~Paulos~~Poulos.

Please do not hesitate to contact me if you have any queries.

Yours sincerely

GP



# OCCUPATIONAL ENGLISH TEST

## WRITING SUB-TEST: MEDICINE

**TIME ALLOWED:**            **READING TIME: 5 MINUTES**  
**WRITING TIME: 40 MINUTES**

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

### Notes:

Mr George Poulos is a 45-year-old man who has hurt his back. He presented at your general practice surgery for the first time in late January.

**Patient:** Mr George Poulos (45 y.o.)

29/01/17

**Subjective:** Severe lower back pain of 2 days' duration:  
2 days ago at home lifting logs (approx. weight each 20-30kg) from ground into wheelbarrow.  
Action: bending, lifting and rotation.  
Sudden severe pain – mid lower back. Thought he felt a click.  
Was locked in semi-flexed position, almost impossible to walk.  
Wife helped him into house and bed.  
Took 2x Panadeine Forte (paracetamol 500mg and codeine phosphate 30mg), repeated 4 hours later.  
Disturbed sleep.  
Pain only low back, no radiation to thighs.  
Yesterday pain less severe, able to ambulate around house.  
Today again pain less severe.

**Patient History:** Stockbroker  
Married – 3 children secondary school, 1 primary school.  
App: Good. Diet irregular.  
Bowels: Normal. Diarrhoea if stressed.  
Micturition: Normal.  
Wt: Varies – BMI 27.  
Sex: Often too tired.  
Exercise: Nil.  
Tobacco: 25/day.  
Alcohol: Frequently 10+ to 15+ std drinks/day.

**Allergies:** Pethidine, penicillin, radiographic contrast agent ?? iodine (unspecified)

**Family History:** No Ca bowel, no diabetes, no cardiovascular.  
HPI: Head injury (football) approx 15yrs ago. MRI brain. NAD.  
Reacted to contrast medium.

**Objective:** Full examination.  
CVS, RS, RES, CNS: NAD.  
P 68bpm reg. BP 135/80.  
Musculo-skeletal: Stands erect. No scoliosis.  
Loss of lumbar lordosis.  
Lumbar spine: Flexion fingertips to patella. Expression of pain.  
Extension limited by pain.  
Lateral flexion: L & R full.  
Rotation: L & R full.  
No sensory loss.  
Reflexes: Patellar & Ankle L+ R+.  
SLR (straight leg raise): L 90 R 90.

**Plan:** Take time off work.  
Analgesia: paracetamol 500mg 2x 4hrly max 8 in 24hrs or Panadeine Forte, or 1 of each.  
Warned – risk of constipation with codeine.  
Review 1 week.

05/02/17 Has now developed pain which extends down back of R thigh, lateral calf and into dorsum of foot.

**Objective:** Examination: as before except that now lumbar flexion limited to fingers to mid thigh and SLR: L 85 R 60.

**Plan:** Review 1 week.

12/02/17

Pain worse.  
Almost immobile. Severe pain down R leg. Tingling in R calf.

**Objective:** Examination: lumbar flexion almost nil. Other movements more restricted by pain.  
SLR: L 70 R 50.  
Loss of light touch sensation lateral distal calf & plantar aspect of foot.  
Loss of R ankle reflex.

**Diagnosis:** Low back pain, probably discogenic, with radiculopathy.

**Plan:** Refer to neurosurgeon & request that the neurosurgeon order an MRI and provide advice regarding the possibility of surgery.

### Writing Task:

Using the information given in the case notes, write a letter of referral to Dr B White, Neurosurgeon, City Hospital, 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.