

## OET Online Writing course Medicine - 6.2

COMMENTS	
Good:	Understanding of the purpose of the letter Understanding of main points for the target reader
Problems with:	<i>Organisation, flow and linking of ideas</i> Grammar Spelling

This might be an OET: C

**Leave time within the 40-minute reading time to proofread your letter to avoid losing marks for repeated spelling/grammar mistakes**

--  
Dr. G Simms  
Hollerby ENT Clinic

19 February, 2017

Dear Dr. Simms,

**SPACE BETWEEN PARAGRAPHS**  
Re: Tammy Lee, DOB: 14 April, 2007

This letter is about my patient, ~~tammy~~ Tammy Lee, ~~Who who is probably suffering from hearing issues after acquiring influenza infection.~~ I am referring ~~him~~ her to you for the urgent ENT evaluation and possible management.

The patient was admitted on 11 February, 2017 with ~~the sign and~~ symptoms of ~~Influenza-influenza fever~~ which had been present for ~~3~~ three days. ~~His~~ Her physical examination and laboratory findings were consistent with ~~the~~ viral ~~Influenza-influenza infection~~ along with ~~the dehydration~~ dehydration.

Analgesics, antipyretic, and IV fluids were given at the hospital. ~~After after~~ proper assessment and examination. ~~The the~~ child was discharged on 14 ~~february~~ February, 2017. ~~The patient was once she was~~ afebrile and ~~was~~ looking well on examination. ~~Acetaminophen~~ Acetaminophen for pain was prescribed for pain and the parents were advised to observe for any return of respiratory symptoms.

However, on today's follow-up, the patient complained of difficulties in hearing at school and at home for the duration of ~~2~~ two days. Tuning fork tests revealed decreased hearing in both ~~hear~~ ears, with hearing loss more ~~pronounced~~ pronounced in the right side.

Therefore, I request ~~you to further~~ that you evaluate and manage this patient at the earliest ~~possible~~ possible opportunity.

Kind Regards,  
Doctor

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

**Commented [AB2]:** CORRECT USE OF CAPITAL LETTERS

**Formatted:** Font color: Red

**Commented [AB3]:** CLARITY / MEANING:  
She had influenza before + she now has hearing loss. These are facts, so "probably" (= *perhaps / maybe / it is likely*) is not appropriate here.

I think you mean that *her hearing loss is probably due to OR secondary to her recent influenza*. Here, you can use 'probably' since you suspect but have not confirmed that the influenza is the cause of the deafness.

**Commented [AB4]:** REPETITIVE / CONCISENESS:  
"symptoms" are what the patient feels  
"signs" are what the doctor finds on physical examination.

If you say/write that "she has signs and symptoms of influenza" then you do not need to say/write again that "her physical examination was consistent with influenza."

**Commented [AB5]:** FORMATTING: the usual convention for formal letters is to spell out the numbers zero to ten; then write 11, 12 and upward in numerals. Exceptions include measurements, dosages, laboratory results.

**Commented [AB6]:** GRAMMAR: use of articles (a, an, the)

We do not use articles for general symptoms  
• *She had fever, vomiting, headache*

We use articles if giving information about a specific symptom:  
• *She had fever, vomiting, headache. The vomiting was sporadic, but the headache was constant.*

We use articles if we are talking about one defined lesion:  
• *She had an ulcer on her lip*  
• *She had a lump in the abdomen*

We use articles to talk about a single medical procedure:  
• *She had a tuning fork test* ...

**Commented [AB7]:** SPELLING

**Commented [AB8]:** LOGICAL FLOW & LINKING OF IDEAS:  
She was examined → she was treated → she improved → she was discharged. ...

**Commented [AB9]:** VOCABULARY

**Commented [AB10]:** GRAMMAR: CORRECT:  
• *I request that you evaluate...*  
• *I am requesting that you evaluate...* ...

**Commented [AB11]:** SPELLING

**Commented [AB12]:** GRAMMAR: incomplete sentence  
"at the earliest opportunity"

## CASE NOTES – Post-influenza deafness

**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:**

Tammy Le is on the pediatric ward where you are the doctor managing her case.

**Patient:** Tammy Le

**Address:** 3 Bigsby Lane, Hollerby

**Height:** 135 cm

**Weight:** 29 kg

**Date of birth:** 14 April, 2007 (10 years old)

### **(Admission) 11 February, 2017**

**Complaints:** Ill x 3 days: fever, sore throat; eyes, head and legs hurting, and cough. Vomited three times in last two days. Sleeping more than usual since yesterday.

**Past medical history:** Asthma since 7 years old - two mild attacks in last year, treated successfully at home.  
Routine immunisations up to date

**Medication:** Ventolin inhaler as needed for asthma (rare).

**Social History:** Lives with parents and two siblings – brother 6 years old, sister 4 years old. Plays football twice a week. No pets.

**Family history:** Father – asthmatic; maternal grandmother – diabetic.

**Examination:** Lethargic but responding appropriately to instructions.  
Skin, mucous membranes - dry. BP 118/70, PR– 90/min (both normal)  
Temp – 38.9C↑  
Resp: rate 31/min↑, mild wheezing  
CVS: normal  
EENT: pharynx red and inflamed

**Lab tests:** Full blood count– white cell count↑ ESR↑  
Urine– dark color, urea↑ Blood glucose– normal.  
Urine: protein– negative, blood- negative  
Chest Xray: mild lung hyperinflation (mild bronchospasm), no pneumonia

## CASE NOTES – Post-influenza deafness

**Assessment:** 1) Influenza 2) dehydration 3) asthma

**Plan:** Tepid sponge bath  
I.V. fluids to rehydrate  
Acetaminophen (Paracetamol) 400mg q6h for fever and pain  
Ventolin inhaler two puffs q6h  
Bed rest

### 12 February, 2017

**Subjective:** Headache and sore throat still. Appetite poor – refused most of supper last night and breakfast this morning.

**Objective:** Mucous membranes - pink, moist. Temp: 37.9C. Passing water normally  
Chest – clear, resp. rate – 24/min CVS – normal Abd - normal

**Plan:** Encourage to eat.  
Continue IV but decrease IV fluids → oral fluids  
Monitor temperature q4h

### 14 February, 2017

**Patient :** Feeling well; eating normally; playing with other children on ward

**Examination:** Afebrile. Looks well, active and happy

**Management:** Discharge this morning.  
Acetaminophen for pain. Ventolin inhaler as needed.  
May return to school tomorrow. Maintain fluid intake  
Parents to observe for return of fever or respiratory symptoms

### 19 February, 2017 (Follow up)

**Subjective:** Inattentive at school – not hearing the teacher well, and “can’t hear the TV” like siblings at home x2 days. No fever, cough, pain or vomiting

**Objective:** Looks well. Afebrile. Mucous membranes pink, moist  
Chest, heart and abdomen –normal  
Ears– no blockage or abnormality noted. Tuning fork test – decreased hearing both sides R > L

**Assessment:** Hearing loss - ?due to viral influenza

**Plan:** Urgent ENT evaluation

## CASE NOTES – Post-influenza deafness

### WRITING TASK

Using the information given in the case notes, write a referral to the family's ENT specialist, Dr. G Simms, Hollerby ENT Clinic, requesting urgent assessment and management.

**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**