

WRITING: QUESTION BOOKLET

CANDIDATE NAME: _____

D.O.B.:

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PROFESSION: _____

VENUE: _____

TEST DATE: _____

Starting at the left, print your Candidate Number and fill in the corresponding circle below each number using a 2B pencil.

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CANDIDATE DECLARATION

By signing this, you agree not to disclose or use in any way (other than to take the test) or assist any other person to disclose or use any OET test or sub-test content. If you cheat or assist in any cheating, use any unfair practice, break any of the rules or regulations, or ignore any advice or information, you may be disqualified and your results may not be issued at the sole discretion of CBLA. CBLA also reserves its right to take further disciplinary action against you and to pursue any other remedies permitted by law. If a candidate is suspected of and investigated for malpractice, their personal details and details of the investigation may be passed to a third party where required.

CANDIDATE SIGNATURE:

INSTRUCTIONS TO CANDIDATES

- You must write your answer for the Writing sub-test in the **Writing Answer Booklet**.
- You must **NOT** remove OET material from the test room.

Occupational English Test

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 18 June 2018

You are a practitioner examining a 45-year old female patient, Ms Anne Hall.

PATIENT DETAILS:

Name: Anne Hall (Ms)

DOB: 19 Sep 1972

Height: 163cm Weight: 75kg BMI: 28.2 (overweight 18/6/18)

Social History: Teacher (Secondary – History, English)
Divorced, 2 children at home (born 2002, 2004)
Non-smoker (since children born)
Social drinker – mainly spirits

Substance Intake:

Nil

Allergies: Codeine; dust mites; sulphur dioxide

Family history: Mother – hypertension; asthmatic; Father – peptic ulcer
Maternal grandmother – died heart attack, aged 80
Maternal grandfather – died asthma attack
Paternal grandmother – unknown
Paternal grandfather – died 'old age' 94

Previous medical history:

Childhood asthma; chickenpox; measles
1983 tonsillectomy
1990 hepatitis A (whole family infected) 1992 sebaceous cyst removed
1995 whiplash injury
2006 depression (separation from husband); SSRI – fluoxetine 11 mths
2008 overweight – sought weight reduction
2010 URTI (Upper Respiratory Tract Infection)
2012 dyspepsia
2014 dermatitis; prescribed oral & topical corticosteroids

18 Jun 2018 Presenting complaint: dysphagia (solids), onset 2 weeks ago post-viral (?) URTI
URTIs self-medicated with OTC (over-the-counter) Chinese herbal product - contents unknown
No relapse/remittent course
No sensation of lump No obvious anxiety
Concomitant epigastric pain radiating to back, level T12 Weight loss: 1-2kg
Recent increase in coffee consumption
Takes aspirin occasionally (2-3 times/month); no other NSAIDs

Provisional diagnosis: gastro-oesophageal reflux +/- stricture

Plan: Refer gastroenterologist for opinion and endoscopy if required
↓coffee/alcohol intake
Cease OTC product
Pantoprazole 40mg daily

Writing Task:

Using the information in the case notes, write a letter of referral for further investigation and definitive diagnosis to the gastroenterologist, Dr Jason Roberts, at Newtown Hospital, 111 High 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.

Any answers recorded here will not be marked.

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Occupational English Test**WRITING SUB-TEST: MEDICINE****SAMPLE RESPONSE: LETTER OF REFERRAL**

Dr Jason Roberts
Newtown Hospital
111 High Street
Newtown

18 June 2018

Dear Dr Roberts,

Re: Ms Anne Hall, DOB 19.9.1972

Thank you for seeing Ms Hall, a 45-year-old secondary school teacher, who presented today with a two-week history of gastro-oesophageal reflux with possible stricture. I am referring Ms Hall to you for further investigation and an endoscopy if required.

Ms Hall's symptoms follow a constant course and include dysphagia for solids, epigastric pain radiating posteriorly to T12 level, and concomitant 1-2kg weight loss. The problem commenced after an upper respiratory tract infection two weeks ago for which she self-prescribed an over-the-counter Chinese herbal product with unknown ingredients. There are no apparent signs of anxiety, and no sensation of a lump.

Ms Hall has recently increased her coffee consumption and takes aspirin 2-3 times a month. She has a history of dyspepsia (2012), and dermatitis for which she was prescribed oral and topical cortisone. She ceased smoking 15 years ago. She drinks socially (mainly spirits), has a family history of peptic ulcer disease and is allergic to codeine. Her BMI is currently 28.2.

I have recommended that Ms Hall reduces her coffee and alcohol intake and immediately stops taking the over-the-counter product. In addition, I have prescribed Pantoprazole 40mg daily.

I would be grateful if you could provide Ms Hall with a definitive diagnosis. If you require any further information, please do not hesitate to contact me.

Yours sincerely,

Doctor