

# WRITING: QUESTION BOOKLET

CANDIDATE NAME: \_\_\_\_\_

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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: NURSING**

**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 22 January 2019**

You are the nurse in a Community Health Centre. A patient you have been monitoring is moving to another city to live with his daughter.

#### **PATIENT DETAILS:**

**Name:** Mr Peter Dunbar

**DOB:** 18 Mar 1932

#### **Current medication:**

Metformin 500mg 3x/day (oral hypoglycaemic)

Ramipril 5mg daily (anti-hypertensive, ACE inhibitor) – for hypertension

Warfarin variable 3-5mg (anti-coagulant)

Sotalol 40mg daily (beta blocker)

#### **Treatment record:**

- Sep 2017** Diagnosed with type 2 diabetes August 2016. Fasting blood sugar levels (BSL) = 9  
Doctor recommended dietary management: low-fat, low-sugar, calorie restriction; limit alcohol. ↑Exercise  
Pt lives at home with wife. Wife cooks. Wife managing dietary requirements, but Pt likes 2-3 glasses wine with meals
- Dec 2017** Wife deceased. Pt depressed/grieving. Referred back to doctor for monitoring/medicating  
Fasting BSL = 9. Pt non-compliant with diet. Excessive fat, salt, sugar, alcohol (wine/beer)
- Mar 2018** Doctor prescribed metformin (oral hypoglycaemic agent). Now Pt cooking for self – non-compliant with diet. Non-compliant with medication. Blames poor memory  
Pt appears unmotivated. Resents having to take medication: 'always been healthy'  
Takes medication intermittently; encouraged to take regularly  
Educated regarding need for regular medication and potential adverse effects of intermittent dosing  
Discussed strategies of memory aids
- Jun 2018** Pt hospitalised (City Hospital, Newtown) with myocardial infarction (MI) following retrosternal pain, nausea/vomiting, dizziness, sweating. Confirmed by ECG  
Treatment: aspirin, streptokinase infusion. Prescribed ramipril 5mg daily. Diagnosed with atrial fibrillation post MI – commenced sotalol and warfarin
- Jun-Aug 2018** Pt attended twice weekly

- Oct 2018** Pt now walking with a stick. Signs of diabetic neuropathy. Poor exercise tolerance. Restricted mobility  
Non-compliance with diet continues. Still self-catering. Discussed alternatives e.g., community-based meal delivery service; moving in with adult children (son/daughter); retirement village  
Had respiratory infection 2 wks ago. Amoxicillin prescribed. Pt discontinued all other medication as felt unwell. Resumed medications but still only taking intermittently  
Again provided education re importance of adherence to drug regimen
- 22 Jan 2019** Pt attended with daughter. Pt moving to Centreville to live with daughter & her husband.  
Daughter will cook – requires education re Pt needs & monitoring  
Daughter advises that Pt resistant to dietary alterations and medication regimen.  
Still misses or doubles dose – all medication. Refuses to reduce salt, sugar, alcohol, fatty food  
Pt continues to require monitoring & encouragement  
Letter to transfer the Pt to the care of the community health nurse in Centreville, where the Pt is moving to live with his daughter

### **Writing Task:**

Using the information given in the case notes, write a letter to the Community Health Nurse in Centreville, outlining the patient's history and requesting ongoing monitoring. Address the letter to the Community Health Nurse, Eastern Community Health Centre, 456 East Street, Centreville.

**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: NURSING****SAMPLE RESPONSE: LETTER OF TRANSFER**

Community Health Nurse  
Eastern Community Health Centre  
456 East Street  
Centreville

22 January 2019

Dear Nurse

Re: Mr Peter Dunbar  
DOB 18.03.1932

Thank you for accepting Mr Dunbar into your care for the regular monitoring of his diabetes and encouragement to comply with his medication and dietary regimens. Mr Dunbar is moving to Centreville to live with his daughter.

Since October 2018, Mr Dunbar has shown signs of diabetic neuropathy and consequently mobilises with a walking stick. His type 2 diabetes is controlled by metformin and through his diet, however, he remains resistant to any form of treatment, and has not been compliant with his medication regimen, reporting poor memory as the primary cause of his neglect. On occasion he also double doses. Contrary to advice, Mr Dunbar has continued to consume excessive amounts of alcohol, fatty foods, salt and sugar since the death of his wife last year, contributing to his current condition. While his daughter will now be cooking for him, she will require some guidance related to his needs.

In June 2018, he suffered a myocardial infarction for which he was hospitalised at City Hospital in Newtown. He was diagnosed with atrial fibrillation on the same admission and was subsequently prescribed warfarin and sotalol. His hypertension is controlled by Ramipril. As with his other medication, Mr Dunbar is intermittent in his compliance.

Thank you for your continued management of this patient.

Yours faithfully,

Nurse