

# 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.

Example:

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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 30 August 2019.**

You are a nurse conducting a Nurse Home Visit as part of routine follow-up care after this patient's recent hospital discharge.

#### **PATIENT DETAILS:**

**Name:** Ms Patricia Styles  
**DOB:** 27 Apr 1957 (Age 62)  
**Address:** 57 Market Drive, Newtown

#### **Social background:**

Retired primary school teacher  
Lives on her own  
Husband died 3 yrs ago (lung cancer); no children

#### **Medical history: Hypertension (HT)**

- Diagnosed 2011 – mild 145/95
- 2013 – moderate 168/105, commenced quinapril
- Regular monitoring, currently well managed at around 140/90

#### **Diabetes mellitus (DM) Type 2**

- Diagnosed 2013 – Pt counselled re diet/lifestyle, incl. weight loss
- 2014 – commenced oral hypoglycaemics (metformin + gliclazide)
- Well managed generally

#### **Depression**

- Diagnosed June 2016
- Triggered by death of husband
- Regular counselling since July 2016 to control mood swings and support DM management

#### **Family medical history:**

Mother – HT, DM

**Lifestyle:**  
**Smoking/Alcohol:** Non-smoker; 1-2 glasses wine/wk  
**Exercise:** Walks dog 20mins/day  
**Diet:** Ongoing counselling re DM management to maintain balanced diet

**Medications:** Quinapril (Accupril) oral 40mg/2xday  
Metformin (Diabex) oral 500mg/2xday  
Gliclazide (APO-Gliclazide MR) oral 30mg daily

### **Green Valley Hospital Treatment Record:**

**23 Aug 2019** Pt visiting sister for weekend, sister lives 3hrs away from Newtown in Green Valley  
Pt admitted to Green Valley Hospital late evening with fever, sharp & pleuritic chest pain (worse on breathing), general weakness & malaise, tachycardia (rapid heartbeat)

**24 Aug 2019**

**Assessment:** Vital signs RR 29; BP 170/106; HR 98; T 39.3°C  
Full blood examination (FBE): ↑ ESR (erythrocyte sedimentation rate), ↑ CRP (C-reactive protein), ↑ WCC (white cell count) i.e. inflammation/stress  
Throat swab: viral influenza type B  
Chest X-ray (CXR) – normal  
Echocardiogram – pericarditis

**Management:** IV saline  
Ibuprofen 600mg every 8hrs

**Evaluation:** Viral influenza type B plus pericarditis

**25 Aug 2019** Pt discharged and advised on self-care at home  
Niece drove Pt home & agreed to stay overnight for 3 nights  
Follow-up Nurse Home Visit arranged for 30 Aug 2019

### **Nurse Home Visit – 30 Aug 2019:**

**Observations:** Pt unhappy. Reports feeling chest pain (relieved by sitting up), shortness of breath (SOB), fatigue. Frustrated with progress of recovery  
Medication adherence – reports compliance & regular blood glucose monitoring  
Vital signs: low-grade fever: T 38.1°C. Elevated RR 28 & HR 115  
BP: 125/78 (usual BP 140/90)  
Niece no longer staying overnight – work commitments in Green Valley

**Assessment:** Pt unwell. Nil improvement  
?relapse/complications of pericarditis

**Plan:** Organise urgent hospital transfer to Newtown Hospital (nearest hospital)  
Write referral to Emergency Department, include relevant:

- Medications
- Patient history
- Test results/observations

### **Writing Task:**

Using the information in the case notes, write a letter of referral to the Emergency Department Consultant on Duty, outlining the case and requesting urgent assessment and management for pericarditis. Address the letter to Emergency Department Consultant on Duty, Newtown Hospital, 100 Main 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: NURSING****SAMPLE RESPONSE: LETTER OF REFERRAL**

Emergency Department Consultant on Duty  
Newtown Hospital  
100 Main Street  
Newtown

30 August 2019

Dear Doctor

Re: Ms Patricia Styles  
DOB 27.04.1957

Thank you for seeing Ms Styles, a 62-year-old widow and retired school teacher, who requires your investigation of a possible relapse of pericarditis.

Today, Ms Styles reports chest pain, relieved by sitting up, shortness of breath and fatigue. She has a low-grade fever (38.1°C), tachypnea (28bpm) and tachycardia (115bpm). Her blood pressure is 125/78, lower than her usual 140/90.

Ms Styles became unwell on 23 August while visiting her sister in Green Valley. She was admitted to Green Valley Hospital with fever, pleuritic chest pain, tachycardia and general malaise. Throat swab investigations confirmed viral influenza type B and an echocardiogram indicated pericarditis. Her chest X-ray was normal and Ms Styles was managed with IV saline and ibuprofen. She was discharged home on 25 August. A Nurse Home Visit was arranged for today.

Ms Styles has hypertension, diabetes type 2 and depression, managed with quinapril (Accupril) 40mg twice daily, metformin (Diabex) 500mg twice a day, and gliclazide (APO-Gliclazide MR) 30mg daily.

I suspect a relapse of pericarditis, perhaps with complications. I refer her to you for urgent assessment and management.

Yours faithfully

Nurse