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Writing demands of healthcare professionals

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Prepared by:	Susy Macqueen, Sharon Yahalom, Hyejeong Kim, Ute Knoch The Language Testing Research Centre, University of Melbourne
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Table of Contents

Introduction	3
Domain analysis and task selection	3
OET writing test.....	4
OET candidature.....	5
Rationale and research questions	5
Method	6
Stage one: Qualitative interviews.....	6
<i>Participants</i>	6
<i>Interview procedure</i>	6
<i>Coding procedure</i>	6
Stage two: Online survey development.....	7
<i>Participants</i>	7
Findings	8
<i>Interview findings</i>	8
Formal written handover letters	8
Patient notes	13
<i>Online survey findings</i>	14
Written genres carried out across professions	14
Qualities of common writing tasks.....	18
Method of writing (computer vs handwriting).....	19
Conclusion	20
Recommendations	21
References	22
Appendix A: Interview schedule	24
Appendix B: Interview codebook	25
Appendix C: Online survey	29

Introduction

One of the key criteria for the registration of overseas health practitioners in Australia is meeting the necessary English language requirements (APHRA, 2012). The Occupational English Test (OET) assesses the English proficiency of overseas-qualified health professionals who wish to obtain provisional registration to practise in an English-speaking context (OET, 2012). Such vocationally-motivated tests, which relate to a particular professional activity, are known as Languages for Specific Purposes (LSP) tests. Commissioned by the Australian government, the OET test has been in use since 1987 and is based on a needs analysis which was conducted during the test development phase (McNamara, 1996, 2009). It consists of listening, reading, speaking and writing components, with the latter two sub-tests being occupation specific (McNamara, 1990). The current project focuses on the writing sub-test of the OET.

In comparison to general language tests, LSP tests should, at least theoretically, predict the way in which the candidate will perform in the target domain with greater accuracy (Elder, 2001). These days, stakeholders and others involved in LSP assessment are aware of the concept of validity and expect tests to adhere to certain standards (O'Sullivan & Weir, 2011). Of critical importance for LSP tests generally is the nature of the language used in the specific target context or language domain. For the OET, the issue of specificity is particularly relevant because the sub-tests for the productive skills, speaking and writing, are profession-specific. The advantage of occupation specificity is that the claims about candidates' performances are made based on writing and speaking activities which are related as closely as possible to the target job contexts. Maintaining this close relationship is therefore very important. Test tasks must be kept broadly in line with changes that may result from the evolution of communication in healthcare contexts due to technological, socio-political, institutional and other developments. In order to do this, it is necessary to review the test task (in this case the writing task) and its relevance to the target professions periodically. Reviewing a test in order to ensure that the test content is representative of the target domain is an essential element of content validity (Cummings, 1995). This study aims to fulfil this requirement for on-going scrutiny of the relationship between the test tasks and the target language domains.

Domain analysis and task selection

Bachman and Palmer (2010) emphasise the importance of being able to justify test use to stakeholders. Part of the justification process involves ensuring that the test tasks are likely to elicit the particular skills required for the profession in focus. Evidence-centered test design (Mislevy & Yin, 2012) holds that domain analysis is an essential and initial step in devising a defensible test. It involves gathering 'information that has information for assessment in the targeted domain' (2012, p. 210). Careful attention to the language requirements of the domain is important for articulating a validity argument and providing support for inferences made about a candidate's ability on the basis of his/her performance on test tasks (Mislevy & Riconscente, 2006). By performing relevant analyses and considering both the domain and the population during test design and development, there is a stronger likelihood that the test will 'work' than if these analyses are not undertaken (O'Sullivan, 2011). In other words, an LSP test must correspond with what the candidates would experience in the specific domain (Wu & Stansfield, 2001). Thus the development of LSP tests usually starts with needs analysis and sampling from the domain of interest. For instance, selecting the letter of referral for the OET writing test task was partially in response to what was observed in the workplace during domain analyses (McNamara, 1996).

Since the introduction of LSP testing in the 1970s, test developers have attempted to construct 'authentic' test items even though it has proven difficult to accurately sample domains (Davies, 2001). Although authenticity is considered by many to be a crucial element of LSP test development (e.g. Morrow, 1991; Bachman and Palmer, 1996), it is necessary to sacrifice authenticity to some extent for a more 'abstract' assessment which reflects, but does not completely replicate the relevant domain task, thereby allowing for generalizability (Elder, 2001). Furthermore, McNamara and Roever (2006) reveal that it is simply not possible without the use of inference to deduce how a test-taker would function within the non-test environment, hence, LSP tests only possess authenticity to an extent. That said, the concept of authenticity is at the heart of evidence-centered design and test developers and providers have an ethical obligation to ensure that the test tasks are closely related to the workplace, particularly where patient safety is concerned (McNamara & Roever, 2006).

The notion of 'real-life' versus 'assessment' tasks has been the subject of some discussion in the assessment literature (e.g. Bachman, 2002). Bachman and Palmer (1996) make goal and context explicit in their definition of a 'language use task' as 'an activity that involves individuals in using language for the purpose of achieving a particular goal or objective in a particular situation' (p. 44). The identification and selection of assessment tasks is critical because the task provides a significant part of the validity argument: 'that of content relevance and representativeness' (Bachman, 2002, p. 459). That is, the task must actually assess what it claims to assess and it must be an adequate sample from the target domain. Assessment task/s must be selected from the array of real-life tasks candidates might be expected to encounter in their future workplaces. Making this selection fairly and appropriately is a challenge: some real-life tasks are not practical in an assessment context, some presuppose particular background knowledge or experience, and some will not engage the skills deemed important (Bachman & Palmer, 1996). This study aims to revisit the selection process for the OET writing task by exploring what real-life tasks the relevant health professionals are writing as part of their work and recommending assessment tasks that are a) relevant in content, 2) adequate in sampling from the domain writing skill set, 3) practical in a test context and 4) fair both in terms of profession specificity and equality across professions.

OET writing test

The writing subtest of the OET requires candidates to compose an appropriately formatted letter to another health professional based on a set of clinical case notes. The task is profession-specific, in that the letter task is different for each major professional category, e.g. a nurse will write a letter that relates to a nursing context. Predominantly, the letter is one of referral although for some professions, a different type of letter task is set, e.g. a letter of transfer or discharge, or a letter to advise or inform a patient, carer, or group, and variations such as 'responding in writing to a complaint' are sometimes administered (OET, 2012). With the exception of responding to a complaint, these letters might be characterised as 'formal written handover letters' since their general purpose is to formally document treatment procedures for the attention of someone who must act upon the information in some way, e.g. to respond with advice, to follow advice or to report back following further investigation. Candidates are instructed to include information about treatment, as well as the issues which must be attended to by the other health professional. The task has written input in the form of case notes which must be accounted for in the letter. This skill is explicitly assessed against the 'Comprehension of stimulus' criterion. Test-takers are required to handwrite approximately 180-200 words for the body of their letter and must do so within a time frame of 45 minutes which includes 5 minutes' reading time (OET, 2012). The rationale provided on the OET website is as follows:

Although the work is now mainly done on computer, most medical professionals continue to prepare letters as part of regular practice. The writing task, taken directly from the workplace context, requires the selection and organisation of relevant information and its presentation in a clear, accurate form that is appropriate for the intended reader.¹

The letter is assessed against five criteria. These are described for test users as follows:

- **Overall task fulfilment** – including whether the response is of the required length
- **Appropriateness of language** – including the use of appropriate vocabulary and tone in the response, and whether it is organised appropriately
- **Comprehension of stimulus** – including whether the response shows you have understood the situation and provide relevant rather than unnecessary information to your reader
- **Control of linguistic features (grammar and cohesion)** – how effectively you communicate using the grammatical structures and cohesive devices of English
- **Control of presentation features (spelling, punctuation and layout)** – how these areas affect the message you want to communicate

(OET, 2012)

OET candidature

The OET is administered at over 40 test centres worldwide and measures the English-language proficiency of health practitioners from twelve different professions, these being: dentistry, dietetics, medicine, nursing, occupational therapy, optometry, pharmacy, physiotherapy, podiatry, radiography, speech pathology and veterinary science. Currently, nursing, dentistry and medicine provide the largest numbers of candidates (OET, 2012).

Rationale and research questions

Test designers of language tests for specific occupational purposes aim to select tasks which are relevant to the real world situation. Several reports have considered the relevance of OET test tasks including a reading revision project which was carried out by the Language Testing Research Centre (LTRC) at the University of Melbourne and led to revisions in the reading test format and tasks (Elder, Harding & Knoch, 2009).

The validity of the OET relies on evidence of a strong link between test tasks and the corresponding real world requirements of health professionals' written communication. However, these requirements are subject to change, and, in the interests of test quality need to be reviewed periodically to ensure that the test still captures relevant language skills. Our main research purpose was therefore to ascertain the relevance of the OET writing task (a referral letter). In order to do this, we investigated the frequency of different written tasks carried out by a range of health professionals as well as the qualities of the key genres. More specifically, our research questions were:

1. What writing tasks do most health professionals carry out regularly?
2. What qualities are considered most important in the writing tasks most frequently carried out by health professionals?
3. What method/s of writing are used when carrying out these tasks?

¹ <http://www.occupationalenglishtest.org/Display.aspx?tabid=2569> (Accessed 23 October, 2012)

Method

The current research followed a mixed-methods approach to data collection. Firstly, quantitative interviews were conducted on a small, representative sample and subsequently, an online survey was developed based on the interview data which elicited information from a larger sample.

Stage one: Qualitative interviews

Participants

In the first stage, 12 health practitioners currently practising in Australia were invited to participate in in-depth interviews about their professional writing habits. The professions included in this stage were a dentist, a midwife, two registered nurses, a pharmacist, two GPs, an oncologist, an optometrist, a neurologist, a physiotherapist and a podiatrist. Four of the participants worked in a hospital setting, five worked in private practice, two in community health and one interviewee was employed at a university.

Interview procedure

We conducted the interviews in locations convenient to the participants; for example, at their homes, their workplaces and at the local library. The interviews took approximately 15-20 minutes each and were semi-structured (see Appendix A for interview questions). Participants were given a book voucher in appreciation of their participation. It should be noted that the participants were very willing to help and a few were happy to be consulted during the process of developing the survey, including doing dummy runs.

The interviews aimed to identify the range of writing tasks that the participants regularly carried out as part of their work. We also used the interviews as a means of delving into the process of writing for frequent task types. This included finding out if and how new technologies influence the way these tasks are carried out. Analysis of the interview data was used to inform the development of a brief online survey which captured a broader sample of health professionals.

Coding procedure

The purpose of the coding procedure was to a) find patterns in the writing practices of the health professionals interviewed and b) to use the coded information to create a robust and relevant online survey. Thus, we transcribed and coded the interview data according to the following procedure:

1. Decide on the most appropriate categories for coding the interview information so it can best inform the development of the survey
2. Go through interview transcriptions and make notes in categories which can directly lead to survey questions – start to formulate/check questions as coding proceeds
3. Add other coding categories as appropriate – information that could be worthwhile in terms of giving a firsthand account of what kind of writing practices there are in the professions
4. Check coding with second researcher
5. Panel online survey questions with second researcher and then with LTRC team

The codebook, including interview excerpts for each category (profession, task type, frequency/time, method of writing, qualities of writing, other information) can be found in Appendix B.

Stage two: Online survey development

The quantitative online survey was developed according to the responses of the interviewees and focused on the frequency of different writing tasks and the language skills required. The survey consisted of three initial questions regarding profession, specialisation and workplace in order to establish the demographics of the sample. These questions were as follows:

1. What is your profession?
2. What is your specialisation?
3. Where do you work?

Subsequently, respondents chose the most relevant answers to three closed- format questions relating to their professional writing habits. The full survey can be found in Appendix C.

Participants

The sample was a convenience sample based on contacting practitioners through personal and professional networks, as well as health professionals listed in the online Melbourne telephone directory. We contacted potential participants via email and phone and they were provided with a link to the survey on SurveyMonkey.com.

The online survey took approximately 10 minutes to complete. 184 health professionals responded; of these responses, 56 were discarded due to being incomplete or not relevant to the professions tested by the OET, therefore the sample size is 128. The ethical requirement for confidentiality was fulfilled by the survey responses being anonymous. The numbers of each profession who responded to the online survey can be found in Table 1 below.

Profession	Number of participants
Dentistry	12
Dietetics	1
Medicine	52
Nursing	18
Occupational Therapy	15
Optometry	1
Pharmacy	4
Physiotherapy	4
Podiatry	2
Radiology	2
Speech Pathology	15
Veterinary Science	2
Total:	128

Table 1: Breakdown of professions

Findings

Our purpose was to ascertain whether or not the current OET writing task still has relevance across the health professions. This also raises the question of whether there was another type of task which might be more relevant, or more frequently carried out than formal handover letters. Therefore, in addition to asking respondents what types of things they wrote at work, we also asked them how often they carried out these tasks. A further point of interest in determining the relevance of the OET writing task was the quality of actual work tasks (e.g. legibility, 'correct English', abbreviations, note form) and the method used for writing them (e.g. handwritten, computer template).

As mentioned above, the interview data were used primarily to develop genre categories for the online survey. All the professional writing tasks mentioned by the interviewees were extracted and overlapping categories were minimised as much as possible. The resulting list of genres we then used in the online survey were: patient notes, prescriptions, referral letters, emails/letters (non-referral), handover sheets, transfer letters, powerpoint presentations, medical reports, using pads/filling in forms, certificates, investigation requests, journal articles, case reports, home medication reviews and care plans/instructions for carers.

In addition, the interview data provided some insight into the quality and frequency of the writing tasks mentioned by the participants. This enabled us to extract a list of features (e.g. legibility, accuracy) which were also incorporated into the survey in order to find out what the broader sample of survey respondents thought were salient qualities of the various genres. Furthermore, we were able to create a list of frequencies (e.g. never, daily) based on how often the health professionals surveyed carried out a range of writing tasks (see Appendix C for the online survey questions which resulted from this analysis). The key findings to emerge from the interview analysis are described below.

Interview findings

The interview data provided a rich source of information about current writing practices across the represented healthcare professions. The interviewees indicated that formal handover letters are still a relevant genre in Australian health care; these letters are written both by hand and electronically and are written in formal prose. Of all the genres discussed, patient notes were most frequently mentioned as a job requirement. The interview data for these two task types will be discussed more fully in the following sections.

Formal written handover letters

Because the current OET writing task is a formal written handover letter, we were interested in finding out what the characteristics of such tasks were, if the interviewees reported having to do them. The majority of interviewees reported that they did regularly write referral letters as a requirement of their work. Those who did not were specialists who tended to be the recipients of referral letters. However, specialists were required to write formal handover letters back to the referring practitioner, a genre which appears to be very similar to the referral letter. Of the two nurses interviewed, one did not compose referral letters and stated that at her workplace, only advanced practice nurses and doctors were responsible for writing referrals.

The method of writing letters (handwritten or computer) varied. Although only four of the participants reported that they currently write referral letters on computer, others described how their workplaces are moving towards a computer-based system. For example, one medical specialist stated: "we'd almost never write anything...you could go through the entire day without a pen pretty much" (Oncologist L44-47). For that

specialist, referral letters were brief dictations that resulted in a short letter. Another participant admitted that although he is “a bit slow on the computer” (optom. L89), an advantage of typing is that “everybody’s writing’s legible” (L249). Other participants indicated that the computer was an essential writing tool; one respondent stated that there were no “instances where (she) would write referrals not on the computer unless the computer wasn’t working that day” (GP2 L30-31). Interviewees also reported using official letterhead and using previous referral letters as a kind of template. The following excerpt from GP1 shows how the medical computer program, *Best Practice*, is used in referral writing:

I will look up a specialist on that contact list and then I open up a correspondence letter template and all the information, pertinent information is integrated or transcribed into that template so the specialist contact details, the patient demographic information and then their past medical history, current medications, allergy lists and then I type the relevant information on that...

GP2 described the genre as using a limited template into which the letter content is free-written:

But most referrals that I do would be in just sort of, plain prose and then the computer has the software to take, for instance, the medication list and a problem list and put it into...so there’s...there’s a limited template for that.

These data suggest that although computers are the mainstay in referral writing methods, the content of the letter is largely free composition based on the relevant individual circumstances.

Most participants reported writing referral letters in a formal manner using full sentences. However, one of the nurses, the dentist and the optometrist used a check-box system to complete referral letters. For example, the dentist divulged that when writing referral letters, “usually there are pads printed out from each practice, then you just fill it out, it’s easier” (Dentist L98-99). Furthermore, the optometrist stated that often there are referral pads supplied by the doctors on which to write referral letters. Thus, it appears that for some types of referral, a pad/form is the method used. For others, the referral is a formal letter in full sentences. Others still are a combination of both, as the dentist in the sample explains when asked how often he writes referral letters: ‘It varies. When you have to explain something extra then it becomes the letter. Or the letter can be attached to the form.’ That the referral letter is a more challenging task was evident in the dentist’s apprehension about referral writing. The dentist (a second language English speaker) noted that form-based referrals were ‘usually ticking boxes’ and observed that ‘Before coming out to community from school, I was a bit worried about the referral letters...if I have to write like, each time, it’s going to be a lot of work. I found a lot of things were formatted.’

Interviewees stressed that letters must be relevant and provide key information. One respondent reported that when writing a referral letter, “it’s got to be complete; it’s got to have all the necessary information” (oncologist L76). Similarly, another interviewee (GP1) reported that when writing a referral, it was necessary to include ‘all of the relevant clinical information so the specialist has that information at hand’. He also highlighted the notion that referral letters are formal correspondence and should be written accordingly.

Table 2 below shows the interviewee’s descriptions of their formal written handover communications. These include:

- Referral letters
- Letters to health insurance companies, allied health professionals/employers
- Handover sheet

- Letter back to referring doctor
- Referral forms
- Home medication review
- Letter informing about treatment to other healthcare professional

Profession	Type of formal written handover	Qualities of text
Dentist	<p>Referral</p> <p>“Again, there are many types of referrals. If you refer a patient to a specialist for common cases like for lining teeth, and you send a patient to an orthodontist and for a whole mouth x-ray you refer the patient to a radiologist. Usually there are pads printed out from each practice. Then you just fill it out, it’s easier.”</p>	<ul style="list-style-type: none"> • Here we use the letter head • Usually about one A4 size is enough to fit everything in • Often people use the previous letters and you just make changes. Because there’s a bit of formality so you have to really (rephrase them?)
GP1	<p>Referral letters to specialists and consultants</p> <p>“I tend to try to provide a comprehensive letter so it may be something from, anywhere from, you know, one paragraph to one or two paragraphs. It could be anywhere between three lines to ten lines and I write in appropriate sentences.”</p>	<ul style="list-style-type: none"> • Formal, full sentences • have all of the relevant clinical information so the specialist has that information at hand. • Succinct • readable and asking appropriate questions and what type of clinical answer you want to find
GP2	<p>Letters to health insurance companies, allied health professionals/employers</p> <p>“Letters to employers are not particularly common but so it’s really just if there’s a particular concern so sometimes it...there can be letters for instance, if someone is going back to work on a ...for instance, if they’re going back in a graduated fashion...and so because that’s a little bit tricky to...sometimes I’d just write that out. So things like that or some work restrictions might be written out or something like that”</p>	<ul style="list-style-type: none"> • No template to follow • Letters to employers would normally end up being a short letter.
Midwife	<p>Handover sheet</p> <p>“(the handover sheet is) a big document and you just add to that as you go.”</p>	<ul style="list-style-type: none"> • Always done on computer • Dot points and abbreviations
Neurologist	<p>Formal letter to referring doctor</p>	<ul style="list-style-type: none"> • Full sentences • A page and a half for a new patient and a third of a page for a review, third to a half a page • Typed
Nurses 1 + 2	<p>Referral forms</p> <p>“If patient goes home and he needs, like, hospital in home to continue the care, we need to do the referral as well. We got certain paperwork for certain situations like for hospital at home, we’ve got that one. Then if you think patient’s not safe to go home themselves, you need to refer to the discharge coordinator then there’s another paperwork. Then if you think patient needs physio, you know, do chest physio or whatever, you need to write the referral as well.” (Nurse 1)</p>	<ul style="list-style-type: none"> • “The paper is really easy, it’s like a booklet but we need to fill out only two pages. First of all, like a tick list: ‘have you notified Hospital at Home’, tick. What time did you call them, let me know. Write down the date and time that you did. And second one, they will let know what sort of care you want us to carry on like, dressing, medication, injection, you just tick the box whatever you need to tick. Then you flip the page over like what I said before, patient’s address, health insurance things.” (Nurse 1)
Oncologist	<p>Letter back to referring doctor</p>	<ul style="list-style-type: none"> • No, well the letters are just..there’s no template, you just say

	<p>“Most often it’s a letter that goes back to other doctors so it’s...very...I guess very structured and uses a lot of technical terms.”</p>	<p>whatever you like. I think all the different doctors would use a different style. I just...you just sort of dictate what, what the relevant things are, that’s it</p> <ul style="list-style-type: none"> • Well, the letter is often very, very brief. It’s...more about just the documentation of what’s going on • Short, concise, to the point
Optometrist	<p>Referral pads and letters “I usually write them out immediately. I usually make the appointment for the patient and I usually write them out...well, not immediately but that day and then fax them.”</p>	<ul style="list-style-type: none"> • “There’s not a template, I write those, you know, by hand. I usually...sometimes the doctors will, you know, have a...a sort of referral pad, they call it. So they’ll already have their names and everything on it so I don’t need to write the doctors’ names but I need to...I usually print out a patient label, we have labels here, the computer prints them(?), put the label on and then write a, you know, a letter to the doctor.” • Sometimes written in formal, medical language
Pharmacist	<p>Home medication review “They (pharmacists) will go out to a person’s home, check all the medication they’re on, they then physically write a report to the doctor.”</p>	<ul style="list-style-type: none"> • Full sentences • Formal writing • It’s done on computer but it is rather detailed
Physio-therapist	<p>Letters to other health professionals: follow-up letter “Well to be honest, (health professionals) probably throw (follow-up letters) out. I just do it for...just for good business sort of, to keep them referring patients and it’s all business essentially. But I try and include what my findings were and what my treatment was and what my plan is. So it’s very similar to patient notes.”</p>	<ul style="list-style-type: none"> • A kind of template written – just change names/dates • That’s definitely grammatically correct and full sentences, with letterhead
Podiatrist	<p>Letter to healthcare professionals “So for instance, just say somebody came into my office and I did a diabetes assessment on them, I would write a letter with obviously their consent, to the doctor to get you know, to give them a bit of an idea of what we test and so, if we test vascular status so, we let them know in a letter what the pulses were like.”</p>	<ul style="list-style-type: none"> • Formal • Template available • You don’t really put a...you wouldn’t put too many abbreviations in • It’s all typed

Table 2: Formal written handover tasks

Patient notes

All interviewees reported that they were frequently required to write patient notes, which were characterised as being informal and abbreviated. In line with the other interviewees' responses, one health professional described patient notes as possessing "a lot of abbreviations...no full sentences in patient notes" (physio L23). A second respondent emphasised the qualities of patient notes as being "just short, succinct and... a true record that can be opened by other health professionals" (GP1 L25-26). However, the podiatrist mentioned that "it can be hard to pick things up solely from abbreviations, you might need to do descriptions (as well)" (Pod L69-70). The oncologist described his patient notes as having less abbreviations because most often it's a letter that goes back to other doctors so it's...very...I guess very structured and uses a lot of technical terms" (oncologist L27-28).

Patient notes appear to be largely a handwritten genre, as one nurse notes:

There's very few places that do their data entry on a computer. Some of it is, within the operation suite, is done on computer tracking staff and times for statistics but predominantly anything about the patient is handwritten.

Another nurse discussed the issue of legibility in note-writing:

Oh well, handwriting, nurses' handwriting basically we don't have any problems to read. Most of the time it's the doctors' handwriting but to be honest, after a while you can read everyone's handwriting because you get used to the way they write everything. From the spelling bit, if you miss a few letters I think we can understand what you're try to say and it won't be that bad

From her account, clinical notes may contain inconsistencies in presentation and accuracy. Both nurses also report that patient notes require some level of detailed description, e.g. 'patient was drowsy but agitated, fighting with staff', 'patient's complaining of ... left upper-quadrant abdominal pain'. Nurse 2 emphasised best practice in note-writing, pointing out that her detailed approach was not that of all nurses:

It's, you know, it's astounding the amount of nurses that just kind of scribble and you think what's that actually say? You know, or what does that mean? Or they don't actually write very much at all so it's very...some people are very minimalist and look, that's fine as long as it works for you. But for me, you know, like I was hospital trained so I didn't train at university and you know, it was always drummed into us by the old girls that if you don't write it down, it didn't happen. So you know, like, I've had people say to me: 'gee, you write a lot' and I say: 'yep, well I won't be here tomorrow, I can't come back and write in this chart again or you know, amend it or something like that'.

Although the nurses interviewed are not required to write formal referrals, they are required to describe patient conditions in written form, sometimes in great detail. Lengthier syntactic structures are used in conjunction with abbreviations which are both general medical knowledge and 'job-specific ones'. Further, one nurse explained that in her hospital work, she contributes to the referral and discharge writing process by contributing content such as 'wound care' (dressing changes etc.) in full sentences, but doctors would contribute the aspects they have the level of authority for, e.g. injection details. This suggests that in some hospital contexts, formal written handover documents such as discharge/referral letters are a collaborative event.

Online survey findings

The online survey was generated on the basis of the interview data discussed in the preceding sections. As mentioned, the survey enabled us to capture a broad picture of the frequency and qualities of written tasks carried out by health professions who are stakeholders in the OET.

Written genres carried out across professions

The first survey question (see Appendix C) asked respondents to indicate how often they wrote particular task types. Respondents were asked to indicate frequencies ranging from *more than once a day* to *never*. For the purposes of data analysis, we have simplified the range to 'Frequently', 'Sometimes' and 'Never' (see Table 3 below). To ascertain which task types are carried out by the range of professions in the sample (regardless of frequency), we can consider the tasks which participants said they *never* do.

Writing task	Frequently		Sometimes		Never		N
Patient notes	110	87%	10	8%	7	6%	127
Emails/Letters (non-referral)	106	87%	9	7%	7	6%	122
Using pads/Filling in forms	74	62%	36	30%	10	8%	120
Referral letters	62	55%	37	33%	14	12%	113
Care plans/Instructions	54	47%	32	28%	30	26%	116
Powerpoint presentations	14	11%	75	60%	35	28%	124
Transfer letters	28	25%	49	43%	36	32%	113
Handover sheets	46	40%	32	28%	37	32%	115
Medical reports	21	18%	56	47%	41	35%	118
Investigation requests	58	48%	20	16%	44	36%	122
Certificates	49	41%	23	19%	48	40%	120
Case reports	14	12%	54	46%	49	42%	117
Prescriptions	56	46%	6	5%	60	49%	122
Journal articles	10	8%	35	29%	75	63%	120
Home medication reviews	13	11%	17	14%	92	75%	122

Table 3: Task types and frequencies across professions (Note: Total responses vary because a category 'it varies' has been omitted from this summary. Percentages are calculated using the number of respondents for each task.)

As can be seen in Table 3 above, the tasks which most respondents reported doing at least occasionally were the following (fewer than 15 participants selected 'never' for these tasks):

- Patient notes
- Emails, letters (non-referral)
- Using pads/filling in forms
- Referral letters

If we look at the letter tasks alone, i.e. both formal handover letters (referral and transfer letters) and non-referral written e-mails/letters, it is clear that most respondents are required to carry out some kind of letter

task as part of their work. Figures 1 to 3 below show the frequencies of the different letter types. Non-referral letters and emails are done very frequently by many of the respondents. Referral letters are less often written than non-referral communications, but approximately half the respondents reported writing them frequently (i.e. weekly or more often).

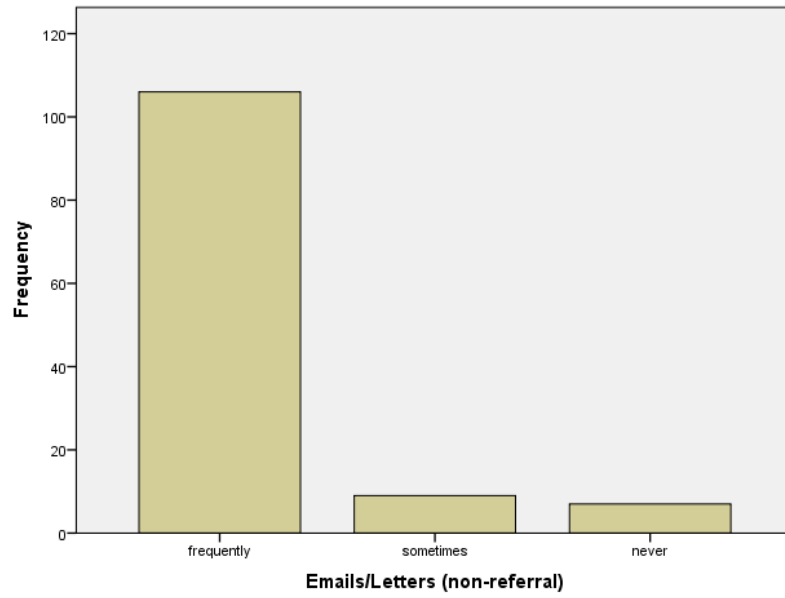


Figure 1:
Frequencies of
non-referral
letters/emails

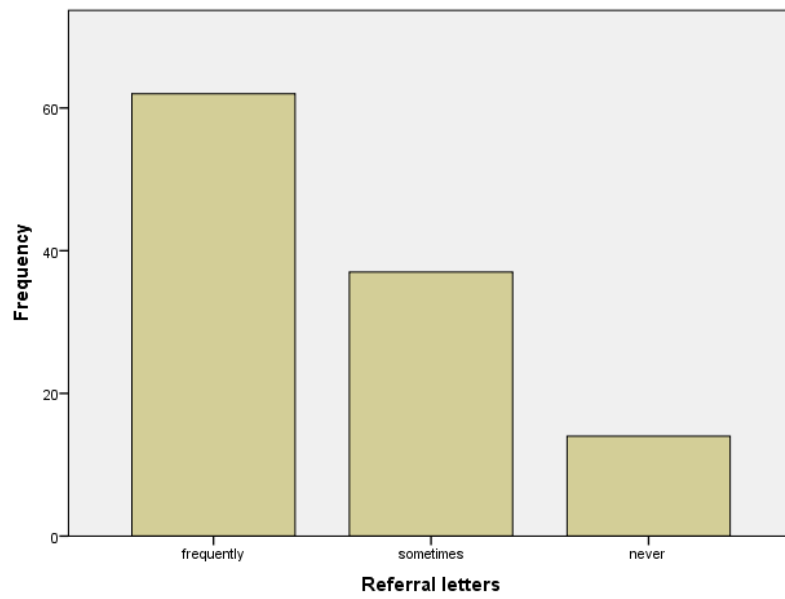


Figure 2:
Frequencies of
referral letters

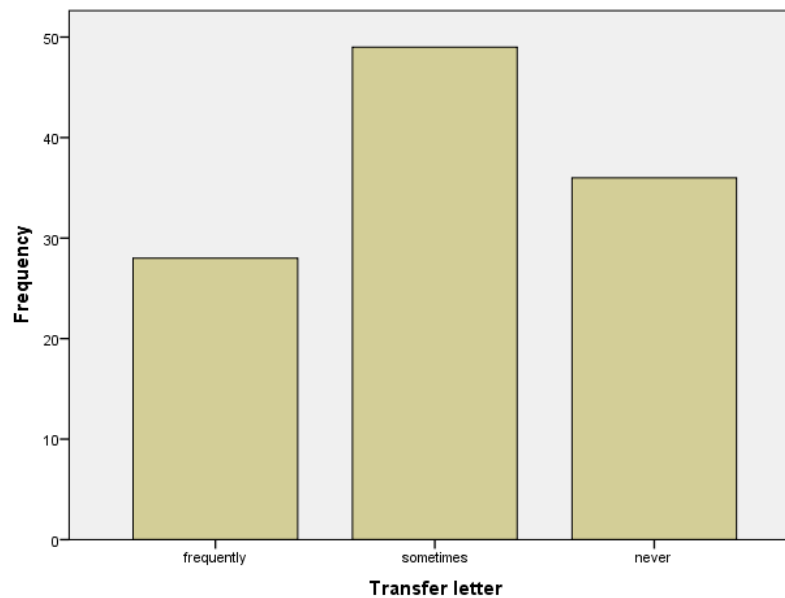


Figure 3:
Frequencies of
transfer letters

Looking at the letter tasks by profession shows that there are professions who are more likely to write different letter types. Despite the fact that not all respondents indicated a frequency for each task type, some trends can be seen. Among the respondents who are nurses, pharmacists and speech pathologists, there were respondents who never write referrals (see Table 4 below). All doctors, dentists, occupational therapists and physiotherapists indicated that they wrote referral letters at least occasionally. There were members of all professional categories who never write transfer letters (see Table 5 below). There were doctors, nurses and pharmacists who never write non-referral letters or emails (see Table 6 below). Taken together, we can conclude that although the job requirements vary amongst the professions, it is reasonable to assume that any of the professions surveyed might be required to write a formal handover letter in certain job contexts, but that this is more variable for some professions (e.g. nurses).

Professions	More than once a day	Daily	Weekly	Once or twice a month	Less than once a month	Never
Dentists (N=12)	2	—	5	—	1	—
Doctors (N=52)	22	8	8	3	5	—
Nurses (N=18)	—	1	1	4	1	8
Occupational therapists (N=15)	—	2	6	5	1	—
Pharmacists (N=4)	1	—	—	1	1	1
Physiotherapists (N=4)	—	—	2	1	1	—
Speech pathologists (N=15)	—	—	1	5	6	3
Other (N=8)	—	1	2	2	—	2

Table 4. Frequency of referral letter writing by profession

Professions	More than once a day	Daily	Weekly	Once or twice a month	Less than once a month	Never
Dentists (N=12)	—	—	2	2	1	5
Doctors (N=52)	2	3	7	11	12	11
Nurses (N=18)	—	1	1	2	3	7
Occupational therapists (N=15)	—	—	6	5	1	3
Pharmacists (N=4)	1	—	—	—	1	2
Physiotherapists (N=4)	—	1	1	—	—	1
Speech pathologists (N=15)	—	—	3	1	7	4
Other (N=8)	—	—	—	1	2	3

Table 5. Frequency of transfer letter writing by profession

Professions	More than once a day	Daily	Weekly	Once or twice a month	Less than once a month	Never
Dentists (N=12)	6	1	—	2	1	—
Doctors (N=52)	24	14	10	—	—	1
Nurses (N=18)	5	2	4	1	2	4
Occupational therapists (N=15)	10	3	1	1	—	—
Pharmacists (N=4)	2	1	—	—	—	1
Physiotherapists (N=4)	1	1	2	—	—	—
Speech pathologists (N=15)	8	4	2	1	—	—
Other (N=8)	2	2	1	—	1	1

Table 6. Frequency of email or letter writing (non-referral) by profession

The survey results show that a formal written letter handover document is carried out by the majority of respondents. Thus, the current OET test task, a formal handover letter, has currency as a task-type in the relevant health professions. Further, the task input (case notes) is clearly a familiar genre to these participants since only 7 respondents indicated that they never write patient notes and 110 respondents indicated that they frequently need to write them.

Qualities of common writing tasks

Having established the frequent task types, we explored the common characteristics of these tasks. The interview data showed that interviewees took different approaches to common task types, e.g. the use of a template versus free-writing a letter. Determining the qualities of a 'good' sample has implications for the OET task instructions and criteria. We asked participants to select qualities associated with 'good' writing for each task type. Table 7 below shows a summary of the responses for the relevant (i.e. all letters) and most frequently carried out task types.

Qualities	Patient notes	Referral letters	Transfer letters	Emails/Letters (non-referral)	Using pads/Filling in forms
Meets legal requirements	70	42	27	16	37
Detailed	51	63	43	19	21
Medical terms	65	66	47	22	30
Plain English	32	26	25	47	21
Legible	93	78	64	48	76
Well-organised	87	69	58	55	31
Brief	46	25	26	60	42
Correct English	55	78	54	61	41
Clear/precise	103	95	72	83	66

Table 7. Qualities of frequently written tasks

As can be seen in Table 7 above, patient notes elicited a range of qualities, the most valued being 'legible', 'clear/precise', 'well-organised' and 'meets legal requirements'. Using pads/filling in forms were similar to

patient notes in valued qualities with 'brief' also frequently selected as being important. The most valued qualities of both referral and transfer letters were 'legible', 'clear/precise', 'correct English' and 'well-organised'. This was similar to the valued characteristics of non-referral correspondence, which was also ideally, 'brief'. All the listed qualities, however, were selected for all the task types which suggests that all characteristics may be salient, depending on the job context. It is worth noting, however, that legibility was frequently selected for all genres as important and 'plain English' was generally selected less often. The fact that legibility is considered important across the task types suggests that handwriting may still be reasonably frequent in Australian healthcare.

In addition to exploring the qualities of a good sample of each task type, we also sought to gain some sense of the structural characteristics of each task type (see Table 8 below).

Content	Patient notes*	Referral letters**	Emails/Letters (non-referral)	Transfer letters***
Codes	6	—	—	2
Notes	6	—	—	1
Full sentences	15	43	38	18
Codes + notes	14	—	—	2
Notes + full sentences	6	1	5	3
Codes + full sentences	6	5	5	6
Codes + notes + full sentences	25	1	4	4

Table 8. Content of frequently written tasks

*Fifteen reported using diagrams

**Three reported using diagrams

*** One reported using diagrams

Table 8 above shows that patient notes comprise a broad range of stylistic categories including codes, notes and full sentences, used separately or together in the one document. Both referral and non-referral correspondence, on the other hand, comprise mostly full sentences. Transfer letters have a similar tendency. That the qualities of the frequently carried out correspondence tasks are similar is an indication that assessing these qualities (via the formal letter task type and the criterion, 'control of linguistic features') is relevant to the range of professional domains represented in this sample.

Method of writing (computer vs handwriting)

As we saw in the interview data, some task types may have multiple modalities (e.g. handwritten, typed, form-filling). It is therefore important to find out what modes of writing are associated with the task labels, e.g. 'a referral letter'. This has relevance for possibility of online delivery of the OET. Table 9 below shows that although referral and transfer letters are mainly written on computer by the respondents, handwriting is still associated with these tasks, particularly with transfer letters. Patient notes, in contrast, are approximately evenly carried out by hand or on computer.

Also relevant to the current OET criteria, which includes layout is whether or not letters are written using pre-printed letterhead paper or a template. Respondents indicated that they use printed letterhead reasonably frequently, as can be seen in Table 10.

Mode of writing	Computer	Handwrite	Computer + Handwrite
Patient notes	49	42	29
Referral letters	75	9	21
Transfer letters	48	21	15

Table 9. Mode of frequently written tasks

Layout	Referral letters	Transfer letters
Letterhead	21	15
Template	5	3
Letterhead + template	20	8

Table 10. Layout of formal written handover

Conclusion

This study has sought to determine the relevance of the OET writing task (a formal handover letter based on case notes) to current healthcare practice across a range of healthcare professions. In order to do this, we first interviewed 12 healthcare professionals and then following the analysis of this data, we constructed an online survey to sample a broad range of OET stakeholder professions.

Results from the survey indicate that the task types that are carried out by most professionals, at least occasionally, are patient notes, non-referral emails and letters, using pads/filling in forms and referral letters. Although 14 respondents indicated that they never write referral letters, it can be assumed that they may well write some form of general professional correspondence since that was a frequently-performed category. Furthermore, although some members of professional categories indicated that they never write referral letters (e.g. nurses), other members of the category did write them, which suggests that the task type may have variable relevance for these professions, depending on the specific job context. Other task-types that were carried out frequently by most respondents were patient notes and using pads/filling in forms. While these are frequently-occurring genres in various healthcare contexts, form-filling would not elicit an adequate sample of language and patient notes would be difficult to assess due to their high level of specificity and minimal writing; patient notes were characterised by survey respondents as comprising mostly notes, codes and some full sentences.

Investigation of the qualities of frequently-performed writing tasks revealed differences in the levels of syntactic complexity between patient notes and all correspondence tasks (both referral and non-referral). Referral letters are arguably the most linguistically challenging task type because of the more formal tone, the structure and the emphasis on clarity/precision and organisation. Interview data also indicated referrals need to be relevant, readable, succinct, concise, grammatically correct and not overly abbreviated. The survey responses supported this in that they characterised both referral and non-referral correspondence as comprising mostly full sentences.

Technological advances have obviously had an impact on healthcare contexts. Non-referral correspondence (letters or emails) is a very frequently carried out category across professions. Referral correspondence is largely carried out on computer and interviewees indicated some reliance on templates, medical computer systems (e.g. *Best Practice*) and previously written letters (electronic form) in the composition process. However, handwriting is still associated with these tasks, particularly with transfer letters and legibility is a valued quality across genres. The use of official letterhead is also common in referral correspondence.

Thus, the OET writing test construct remains relevant in terms of task type, input and characteristics. Formal letters, especially referral letters are still a common form of written communication across relevant professions in the Australian healthcare industry and require the use of formal language including full sentences and paragraphs. Furthermore, as demonstrated by both the interview and survey results, patient notes are frequently written by health professionals and consequently, should remain part of the input task. Future research might delve further into the links between these task types, particularly the relationship between patient notes and formal correspondence which details treatments.

Recommendations

1. These findings suggest that the current writing test task – a formal letter of referral, discharge, transfer or similar – still has currency in the OET stakeholder professions. It is relevant to a range of professions despite the fact that some do such tasks on a more variable basis than others. A formal written letter is also demanding enough to elicit a testable sample of language and general enough to be applied across the professions in profession-specific instantiations, as is current OET practice.
2. Despite the fact that ‘patient notes’ is the task type that is most frequently carried out across the professions, the characteristics of this genre (mixture of codes, notes and sentences) make it difficult to assess. The use of case notes as input in the OET writing task is therefore a valuable part of the construct. Task-writing can be informed by the fact that a range of structures are used in the writing of patient notes, from abbreviated forms to full sentences.
3. Although letter writing takes place mostly on computers, handwriting is still associated with the writing of referral and transfer letters. This is unlikely to continue to be the case, though. Despite this, these findings suggest that the ability to handwrite legibly is still a valued quality in healthcare tasks generally and therefore worth including as part of the writing test construct for the time being. In future, it is likely that the OET writing task will be more representative of real-life practice if it is computer-based with a limited letter template (e.g. addresses supplied).
4. A great deal of letter writing does not appear to require the writer to attend to aspects of layout such as address positions, etc. It is therefore recommended that this aspect of presentation is not given emphasis in criterion descriptors.

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Appendix A: Interview schedule

Good morning/good afternoon. Thank you for participating in this interview. It should take approximately 15 minutes.

We are looking at the kinds of writing tasks health professionals in Australia are currently performing as part of their work. The reason we are doing this is because we are reviewing the writing section of the Occupational English Test which overseas medical professionals have to take before they can practise in Australia and we want to make sure the test remains relevant.

1. Could you please tell us what your profession and specialisation is?
2. How long have you been working in this profession?
3. Do you work full time or part time?
4. Where do you work? e.g. hospital, private practice? [question to be rephrased if necessary].
5. We are interested in finding out what kinds of things you regularly write, e.g. emails, referral letters, patient notes, etc. What sorts of things do you write in a typical work day?
6. How often do you write (specific text type, e.g. emails)?
7. Why do you write (specific text type)?
8. How do you write (specific text type)? Do you write in complete sentences? Do you use a template? Do you handwrite or use a computer?
9. What do you think makes a/an (specific text type) clear for the reader? i.e. what are the qualities of a good (specific text type)?

[Questions 5, 6, 7, 8 & 9 could be asked consecutively for each text type]

What other sorts of things do you write less regularly, e.g. do you prepare powerpoint presentations, write articles, etc for your work and/or professional development (How often/why, etc)?

Thank you very much. We appreciate you taking the time to participate in this interview.

Appendix B: Interview codebook

The following are examples of the coding for the development of the online survey.

Profession: Nurse

Task type: Handover sheet

Frequency/time: Every shift

Method of writing	Qualities of writing	Other information
<ul style="list-style-type: none"> • Typed or handwritten notes • 'It's all printed out first but if you want to add on any information you just write down whatever you need to write, so I can show you all the information here. First of all which bed, patient's name, age, under which doctor and diagnose, past history and the treatment, everything. But if you want to update more information, you just write on yourself' • 'So the nurse in charge, normally will get hand over from each nurse then they will update in the computer then print these for the next shift. So we get this paper, we know which patient is which, then we write down whatever we need to write' 	<ul style="list-style-type: none"> • Abbreviations • 'It's really basic so we will use lots of abbreviations, for example, and lots of terminologies as well so if you first started maybe you won't have a clue what's that mean but after a while you can pick it up and maybe every hospital use that abbreviations slightly different as well so...yeah but after a while you can pick it up' 	<ul style="list-style-type: none"> • 'When reading hand-over sheet: they only update you what happened in the morning or in the last two days, but if you want to know more so you go through everything (both folders), you can double check' • 'So we keep the sheet with us until we finish the shift then we've got a 'confidential' bin so we just chuck it before we leave the hospital...'

Profession: Pharmacist

Task type: Script

Frequency/time: Takes a few seconds

Method of writing	Qualities of writing
<ul style="list-style-type: none"> • You come in with a prescription, you make up the script and that's the end of the transaction. I need to record that script on the computer obviously • With the computers these days, I mean, I just type in, for a drug I type in three or four letters and I get a list of all the drugs and I just select what drug it is. Instructions: they use Latin abbreviations such as 'TDS', so I type in the computer one 'TDS' and it comes on the label 'take one tablet three times a day • It's basically all automated so there's not a great deal of writing skills or writing reports, in fact, for pharmacists • Basically transcribing information from the script so there's a record of what medication people are on and what doctor's prescribed it • Basically transcribing from the script. I mean, Mrs Jones comes in, she says 'look I'm allergic to penicillin', we go into her history file, we just say 'penicillin allergy'. Again that's just done on the computer, we click on 'allergies' the whole list comes down, we click on 'penicillin'. So whenever she brings in a script for penicillin, the screen goes 'ding, ding, ding, ding, penicillin – don't give it to her' 	<ul style="list-style-type: none"> • That's all typed on the computer, it's just your name and drug and directions and doctor and...so there's not a great deal of actually writing involved

Profession: GP 1, GP 2

Task type: Referral letters

Frequency/time: On a daily basis: one in three/four patient encounters

Method of writing	Qualities of writing	Other information
<ul style="list-style-type: none"> • <i>Best Practice</i> (Electronic system) • I will look up a specialist on that contact list and then I open up a correspondence letter template and all the information, pertinent information is integrated or transcribed into that template so the specialist contact details, the patient demographic information and then their past medical history, current medications, allergy lists and then I type the relevant information on that • <i>some have a template...some have a template that they want us to use and we have on our computer...some templates for certain specialists and they're useful for very standard problems such as eye problems where there's a small range of issues..possible.</i> • I tend to try to provide a comprehensive letter so it may be something from, anywhere from, you know, one paragraph to one or two paragraphs. It could be anywhere between three lines to ten lines and I write in appropriate sentences. • <i>But most referrals that I do would be in just sort of, plain prose and then the computer has the software to take, for instance, the medication list and a problem list and put it into...so there's...there's a limited template for that.</i> • <i>I can't really think of any instances where I would write referrals not on the computer unless the computer wasn't working that day.</i> 	<ul style="list-style-type: none"> • Formal, full sentences • have all of the relevant clinical information so the specialist has that information at hand. • Succinct • readable and asking appropriate questions and what type of clinical answer you want to find • <i>It varies enormously so sometimes it would be one or two sentences, particularly if it's a re-referral so it's really just done for the paper work. If it's a new patient, particularly with a complex problem, it may be several paragraphs of...it's unlikely to run to a few pages.</i> • <i>It's in full sentences and then there are other sections. The part written in prose varies from a few sentences to a few paragraphs."</i> • <i>Steer clear of a great deal of jargon but use relevant medical terms</i> • <i>Clear, reasonably concise, explains the purpose of the referral (the presenting problem) and a clear understanding of what you want to get out of that referral."</i> • <i>most of the referrals I will try and do while the patient is here and particularly if they're just re-referrals and it's only a little bit of an update that's needed then that generally doesn't take very long. If it's a new one that I really need to mull over then sometimes that can take even half an hour or so so I'll do that in my own time. Most of them, the longer ones, would still probably take fifteen minutes or so</i> 	<ul style="list-style-type: none"> • it's something that you learn, it's like a 'see one, do one, teach one' type of approach in medicine. It's just formal, formal medical writing. It's not something that you're formally taught but you need to have good command of the English language to be able to communicate what it is you want, or you're asking or seeking information from a medical specialist

Profession: Physiotherapist

Task type: Follow-up letters to other health professionals

Frequency/time: On a daily basis: one in three/four patient encounters

Method of writing	Qualities of writing
<ul style="list-style-type: none"> I also write letters to doctors thanking them for referrals and other physios and podiatrists, or anyone, osteos, so mainly letters to other health professionals, or emails to other health professionals if I'm slack. Or otherwise it's a phone call but I try and get it written for more formality Sometimes I do referrals but usually I get the referral, I receive the referral so the letter is just a thank you. And what I've found, my patient findings, I rarely refer to doctors, I do, but very rarely Well to be honest, (health professionals) probably throw (follow-up letters) out. I just do it for...just for good business sort of, to keep them referring patients and it's all business essentially. But I try and include what my findings were and what my treatment was and what my plan is. So it's very similar to patient notes I like to tie up loose ends and my boss probably would prefer that we did (write the follow-up letters) but we don't have to 	<ul style="list-style-type: none"> A kind of template written – just change names/dates: everyone seems to use mine at work. I'm pretty on top of the letters at work so I've saved a few and can usually jump in and copy, paste I guess the whole thing would be less than 10 minutes but it depends on how many issues they have and things like that Oh actually, I usually type letters, sorry. That would usually be typed and printed on letterhead. So three paragraphs? Short paragraphs. Typed. That's definitely grammatically correct and full sentences, with letterhead

Profession: Oncologist

Task type: Letters back to referring doctors

Frequency/time:

Method of writing	Qualities of writing
<ul style="list-style-type: none"> So the letter is often: 'can you please see this patient and all the stuff's attached' and so the actual free text, there's not much to it at all Stored in electronic system If someone needs to go...see somebody else, you occasionally write a referral to another specialist 	<ul style="list-style-type: none"> most often it's a letter that goes back to other doctors so it's...very...I guess very structured and uses a lot of technical terms So a summary of initial assessment for a simple assessment for a simple case is less than a page, complex ones can be two or three pages. Letters back to referring doctors, they'll get a copy of that full document so the actual letter itself just talks about the salient points so that's usually two or three paragraphs. When you see patients when they're finishing treatment or after they've completed treatment, try and keep that down to just a couple of paragraphs of just: this is...these are the pertinent things that have happened since their last review so...important to be concise No, well the letters are just..there's no template, you just say whatever you like. I think all the different doctors would use a different style. I just...you just sort of dictate what, what the relevant things are, that's it What makes a good referral letter? It's got to be complete; it's got to have all the necessary information. What we do is very, very specialised, very, very technical and so patients will come already with a lot of work done and so you'll want all of that information available An ear, nose and throat patient referral might be ten, fifteen pages long of different...they'll all have three or four different types of scans, they've probably had one or two different operations and what the operation reports, the pathology reports so it's...they're quite complex. But for a straightforward, say, prostate cancer it might just be four or five pages of what the..the..couple of different scans, the pathology Well, the letter is often very, very brief. It's...more about just the documentation of

	<p>what's going on</p> <ul style="list-style-type: none">• Short, concise, to the point
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Appendix C: Online survey



Writing and reading practices survey for health professionals



1. This is a research project being conducted by the Language Testing Research Centre at The University of Melbourne. The purpose of this project is to explore the kinds of writing and reading health professionals in Australia do as part of their work. Survey data will be used to inform test designers of the Occupational English Test (OET) about the relevance of the writing and reading test tasks.

You are invited to participate in this research project because you are a practising health professional. Should you agree to participate, we would ask that you proceed with this web survey which will ask you a range of questions about what you read and write as part of your work. We estimate that completion of the survey will take 10 minutes.

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent, within the limits of the law. We will not ask for your name or contact details and will remove any references to personal information that might allow someone to guess your identity. The data collected will be used to assist in OET test design. It is also possible that the results may form part of published conference proceedings or a journal article in the future.

Please be advised that your participation in this study is completely voluntary. Should you wish to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so without prejudice.

If you have any questions about the research study, please contact Dr Susy Macqueen on 03 8344 4886. Should you have any concerns about the conduct of the project, you are welcome to contact the Executive Officer, Human Research Ethics, The University of Melbourne, on ph: 03 8344 2073, or fax: 03 9347 6739.

If you would like to participate in the survey, please indicate that you have read and understood this information by clicking on 'I agree' and then 'next' below.

- I agree
- I disagree

Next

Writing and reading practices survey for health professionals

Professional information



2. What is your profession?

3. What is your specialisation?

4. Where do you work? Please choose as many options as are applicable.

- Hospital
 Private practice
 University/Research institute

Other (please specify)

Prev

Next

Writing and reading practices survey for health professionals

Writing



5. How often do you WRITE the following texts? Please choose one option for each text.

	Never	Less than once a month	Once or twice a month	Weekly	Daily	More than once a day	It varies
Patient notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emails/Letters (non-referral)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handover sheets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transfer letters	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Powerpoint presentations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using pads/Filling in forms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificates	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigation requests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Journal articles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Case reports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home medication reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care plans/Instructions for carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please list anything else that you write regularly that is not on the list above.

6. HOW do you write the following texts? Please choose as many options as are applicable.

	Computer	Handwrite	Codes/ Abbreviations	Notes	Full sentences	Letterhead	Template	Pad/Form	Diagram	NA
Patient notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails/Letters (non-referral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handover sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powerpoint presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using pads/Filling in forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journal articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home medication reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care plans/Instructions for carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you use different methods of writing specific texts, please note these in the box below

7. What makes a good written text? Please choose the quality/qualities you think are most important for each text type.

	Brief	Legible	Clear/ Precise	Plain English	Medical terms	Correct English	Well-organised	Detailed	Meets legal requirements	NA
Patient notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emails/Letters (non-referral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handover sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Powerpoint presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using pads/Filling in forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investigation requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Journal articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home medication reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care plans/Instructions for carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any other important qualities for specific texts that are not listed above