

WRITING SUB-TEST – TEST BOOKLET

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: OPTOMETRY

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 10 February 2019

Your patient, Mr Mark Wilkinson has returned today for review and reports worsening vision. He has type 2 diabetes.

Patient: (Mr) Mark Wilkinson

DOB: 09 Jul 1973

First visit: 27 Feb 2018 (referred by doctor, Dr Heather Meredith)

General health: Type 2 diabetes – diagnosed June 2012

Overweight (Wt: 110kg, Ht: 178cm)

BP – 163/92 (high)

Smoker since age 18 (1986)

Cholesterol: total cholesterol – 8.3mmol/L (high)

Asthma since 1987

Medications – statins (for cholesterol lowering), bronchodilator Ventolin (salbutamol)
(for asthma)

Current refractive condition:

Astigmatism, presbyopia

External examination:

No abnormalities detected

Visual acuity: R 6/6 and L 6/6

Refraction: R: plano/-1.50 x 165, L: +0.25/-1.00 x 180, Add +1.00. The patient's current glasses are accurate for distance but have no near addition

Amsler: No abnormalities detected R or L

IOP: R and L 16mmHg (Goldmann) (normal)

Slit lamp biomicroscopy:

Nothing abnormal in anterior segment, R or L

Dilated fundus examination:

2 microaneurysms and one intra-retinal (blot) haemorrhage noted in right eye superior temporal quadrant, more than two disc diameters from fovea. Three microaneurysms noted 2-3 disc diameters inferior and temporal to left optic nerve head. Maculae appear uncompromised and optic nerve heads are flat and pink

Diagnosis: 1 Bilateral astigmatism with a new finding of (age-appropriate) presbyopia

2 Bilateral mild non-proliferative diabetic retinopathy (NPDR)

- Management:**
- 1 Multifocals prescribed (first pair)
 - 2 Counselling patient regarding ocular findings and the importance of good glycaemic control
 - 3 Review recommended for 12 months dilated fundus exam
 - 4 Report sent to patient's doctor
- Second visit:** 10 Feb 2019 Patient reports that current glasses are blurred at distance but adequate for near. R vision worse than L at all distances. Admits to very poor blood-glucose control over previous 12 months
- Pinhole:** no improvement R
- Visual acuity:** R 6/9- and L 6/6-
- Refraction:** R: -1.00/-1.75 x 165, L: 1.25/-1.00 x 180, Add +1.75
- Amsler:** Minor metamorphopsia described within central 2 degrees on R (temporal to fixation), nothing abnormal described on L
- IOP:** R and L 18mmHg (Goldmann)
- Slit lamp biomicroscopy:**
Trace cortical lens opacities R and L. Nothing abnormal found other than this
- Dilated fundus examination:**
Microaneurysms and intraretinal haemorrhages noted in all quadrants of both eyes. Retinal vessel irregularities evident in both eyes. Small neovascular frond noted in right superior temporal quadrant. R macula appears mildly oedematous
Hard exudates are present within one disc diameter of fovea. L macula appears uncompromised
- Diagnosis:**
- 1 Bilateral myopic shift and increase in presbyopia
 - 2 R PDR with macular oedema, L severe NPDR
- Management:**
- 1 Discussion of findings with patient
 - 2 Referral to ophthalmologist (urgent) – diabetic status treatment plan 3
 - 3 No alteration of spectacles at this stage

Writing Task:

Using the information in the case notes, write a letter to request a review of the patient's diabetic status and a treatment plan. Write to the Ophthalmologist: Dr Milson Werrall, Ophthalmologist, Benbow General Hospital, 32-40 Main Street, Benbow West.

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: OPTOMETRY****SAMPLE RESPONSE: LETTER**

Dr Milson Werrall
Ophthalmologist
Benbow General Hospital
32-40 Main Street
Benbow West

10 February 2019

Dear Dr Werrall,

Re: Mr Mark Wilkinson

I am writing to urgently refer Mr Wilkinson for assessment of his diabetic status and recommendation of an appropriate treatment and management plan.

Mr Wilkinson was diagnosed with Type 2 diabetes in June 2012 and has been a patient at this clinic since 2018. Today, he complained of blurred distance vision. On examination, his bilateral mild non-proliferative diabetic retinopathy (NPDR) has progressed to proliferative diabetic retinopathy (PDR) with macular oedema in the right eye and severe NPDR in the left eye.

Visual acuity tests show significant deterioration of vision in the right eye over the past 12 months, currently 6/9, and Amsler test results over the same period show development of minor metamorphopsia in the right eye (temporal to fixation). IOP has increased from 16 to 18 mmHg (Goldmann) on both sides.

Dilated fundus examinations show signs of developing macula oedema in the right eye, although the left remains uncompromised. Significantly increased numbers of microaneurysms and intraretinal haemorrhages are evident in all quadrants of both eyes, as are retinal vessel irregularities.

Management to date has involved counselling regarding the significance of ocular findings, and about the importance of good glycaemic control, which Mr Wilkinson has been unable to maintain.

Yours sincerely,

Optometrist