

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 30 August 2019.

You are an optometrist at a local clinic. Mr Wilfred Kent is visiting you for his regular eye check.

PATIENT DETAILS:

Name: Mr Wilfred Kent

DOB: 04 Jul 1954

Social background: Bus driver
Married, 1 adult child

Reason for presenting: Routine eye health check – reminder letter in the mail

Family ocular history: Mother – glaucoma
Father – astigmatism, myopia

Patient ocular history: No eye injuries/operations/allergies
2016 IOP 21mmHg OU
2014 IOP 20mmHg OU

General health: Hypertension – well controlled
Distance vision clear with current glasses (wears all the time)
Near vision clear without glasses (happy removing distance glasses to read)

Present prescription: **Single Vision Distance:**
R -1.75/-0.25 x 130 L -1.25/-0.75 x 45

Comprehensive eye examination (30 Aug 2019)

External examination:

Vision: R 6/30 L 6/24 (unaided)
R 6/6 L 6/7.5+2 (current SVD)

Refraction: R -1.50/-0.50 x 135 L -1.00/-1.00 x 43

Near addition: +2.00 Add

Visual acuity: R 6/6 L 6/6

Optic disc assessment: Dilated 0.5% Tropicamide
C/D RE 0.6 LE 0.5
Average disc size
ISNT sign applies for each disc
No notching

| | |
|----------------------------------|---|
| Slit-lamp: | Anterior segment healthy Anterior chamber angles open (Van Herick > 1.0) |
| Fundus: | Macula healthy OU Retinal nerve fibre layer (RNFL) healthy OU/no defect noted Peripheral retina healthy |
| IOP (Goldmann tonometry): | 25mmHg OU at 4:00pm (normal 10–20mmHg) |
| Gonioscopy: | Angles open to trabecular meshwork in all quadrants OU |
| Pachymetry: | Central corneal thickness: R 545um L 550um (normal: 540-560um) |
| Visual fields: | Automated threshold visual field testing performed OU Mild superior paracentral field depression noted RE (3 x adjacent points) LE visual field normal Reliability good OU (fixation/false positives/false negatives) |
| Diagnosis: | Ocular hypertension/glaucoma suspected |
| Plan: | Refer to ophthalmologist for confirmation of ocular hypertension and possible treatment to lower IOP Offer to co-manage and review as necessary Attach photocopies of visual field results & prescription information with letter |

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr Waller, an ophthalmologist, for confirmation of your diagnosis and management of the patient. Address the letter to Dr Gabe Waller Stillwater Ophthalmology Clinic, 80 Seaview Road, Stillwater.

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.

BLANK

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

Dr Gabe Waller
Stillwater Ophthalmology Clinic
80 Seaview Road
Stillwater

30 August 2019

Dear Dr Waller

Re: Mr Wilfred Kent
DOB: 04.07.54

Thank you for seeing Mr Wilfred Kent, who I am referring for investigation of ocular hypertension and possible treatment.

Mr Kent has well controlled hypertension but the findings today indicate he is ocular hypertensive, and I am concerned he has some very early glaucomatous changes. He has a maternal ocular history of glaucoma, so he is at increased risk.

Today, Mr Kent's IOP (Goldmann tonometry) was 25mmHg in each eye at 4pm, an increase of 4mmHg in each eye since his last exam in 2016. Central corneal thickness is R: 545um and L: 550um. Dilated internal assessment revealed C/D ratio of RE 0.6, LE 0.5. Disc sizes were average, without notching, and both appeared to have a healthy retinal nerve fibre layer.

Visual field testing revealed a mild paracentral field depression in the right visual field. I have included the visual field examination results and prescription information.

I would be grateful if you could review my diagnosis of ocular hypertension and, if necessary, provide treatment to lower Mr Kent's IOP, considering the mild visual field changes in the RE. I am happy to co-manage Mr Kent and review his condition as necessary.

Yours sincerely

Optometrist