

## 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: SPEECH PATHOLOGY**

**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 6 March 2019.**

You are a speech pathologist in private practice. This patient was referred to you by an ENT surgeon, Ms Anne Werrall, for assessment and treatment, and you have now completed three months of regular treatment sessions with the patient.

#### **PATIENT DETAILS:**

**Name:** Jana Pelovic (Ms)

**DOB:** 24 Nov1975

**Diagnosis** Intermittent dysphonia caused by vocal fold nodules

**Medical history:** Frequent URTIs (upper respiratory tract infections), especially in winter  
Allergic to nuts  
Asthmatic (since childhood, 5 yrs old)  
Active & fit (plays competitive netball)  
Voice has been slowly deteriorating (i.e., becoming increasingly hoarse) over past 2-3 years

**Social history:** Beginning teacher (qualified last year) – full time position; finds work stressful (heavy workload, difficulties with classroom management)  
Difficult separation from husband (18 mths ago); now lives with two children  
Fit, smoker, good diet, normal weight (BMI 23)  
Outgoing personality, sociable, speaks loudly, dominant in conversation (describes self as 'loud')

#### **SP initial assessment results: (02 Dec 2018)**

Voice profile indicates moderate harshness with mild strain, phonation breaks, mildly low mean pitch, loud volume Pt reports sensory changes characterised by dryness, fatigue & use of effort required to talk

Pt reports reduced pitch range especially in upper register; pitch & phonation breaks in singing

Video stroboscopic analysis shows thickened epithelium & bilateral thickened superficial lamina propria at the midpoint, which impedes normal voicing; nodules appear soft & benign

Stroboscopic view of moving vocal folds shows motion inhibited by the masses

**Other influencing factors:**

Smoking & regular URIs may exacerbate occupational vocal abuse  
Anxiety, stress & conflict relating to marriage breakdown perhaps contribute to development of vocal nodules (through bodily physical tension)

**Progress:****Voice therapy treatment focus**

1. facilitate normal voice production, e.g., reduce volume and effort required, use of optimal pitch, use of diaphragmatic breathing, optimal posture and resonance
2. manage vocal abuse, teach 'yell well' technique, reduce/eliminate throat clearing, facilitate cessation of smoking
3. implement vocal hygiene, e.g., increase water intake, steaming, use of vocal rest and reduction of vocal load

Tx duration: regular sessions over estimated 3-6 months

Reassessment recommended at 3 months

**After 3 months: (06 Mar 2019)**

Good compliance by pt; voice normal, no sensory symptoms reported; cessation of smoking; regular use of voice techniques

Review in 3 months

**Writing Task:**

Write a letter to the referring ENT surgeon, Ms Anne Werrall, Ear, Nose and Throat Surgeon, City Hospital, Main Street, Newtown, outlining assessment recommendations, treatment results and recommended follow-up treatment.

**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: SPEECH PATHOLOGY  
SAMPLE RESPONSE: LETTER**

Ms Anne Werrall  
Ear, Nose and Throat Surgeon  
City Hospital  
Main Street  
Newtown

6th March 2019

Dear Ms Werrall,

Re: Ms Jana Pelovic  
DOB: 24/11/75

Thank you for referring Ms Jana Pelovic to me for assessment and treatment of intermittent dysphonia due to bilateral vocal nodules. I am pleased to report that Ms Pelovic was committed to her three-month program of therapy and has since ceased smoking. Her voice is now normal, and no sensory abnormalities are reported.

Her initial assessment results on 2/12/18 showed perceptual changes (moderate harshness, phonation breaks, mildly low pitch and mildly loud volume) and reported sensory changes. Being a recently qualified teacher, her professional voice use very likely contributed to the dysphonia. Stressful events, including a breakdown of her marriage 18 months ago and poor management of the associated stress perhaps also played a role in her condition. Her history of smoking and frequent URTIs no doubt exacerbated the problem.

Speech pathology was aimed to facilitate normal voice production, eliminate or reduce vocal abuse, and provide voice education. This included increased fluid intake, reduction of vocal load, cessation of smoking, use of optimal pitch in speech, and stress management techniques.

A review in three months is recommended to ensure maintenance of Ms Pelovic's vocal health.

Yours sincerely

Speech Pathologist