

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: PODIATRY

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 04 September 2018

You are attending to a dancer's toe nails after a number of recurring attempts to resolve an ingrown toe nail.

PATIENT DETAILS:

Clinic: Podiatry Clinic

Name: Jennifer Dupont

Marital status: Single

Residence: 14 Powell Drive, Newtown

Date of Birth: Jan 10, 1998

Examination date:
 Sep 4, 2018

Diagnosis: Appendicectomy 2006

Past medical history:

Appendicectomy 2006
Father - ingrown toe nail problems for yrs
Ingrown toe nail – treated with success 2013
L sore - not ingrown 2014
Infected R toe given antibiotic powder 2015
R toe nail still sore, purulent discharge – resting from dance 2016
Toe been good for more than 1 yr

Social background:

Migrated France -> Australia 2007 with parents
Elite dancer. Lives at home with parents between travelling on dance tours

Presenting complaint:

Chronic infected R hallux for 5 yrs. Attended many times & treated with betadine antiseptic liquid and oral antibiotics

Treatment record

- 01 Aug 2017** Presented for routine nail treatment
Involved nail shape, poor cutting technique (forward arrow) recurring problems
Strong recommendation for podiatrist - led nail care
- 06 Dec 2017** L / hallux - good. Hypergranulation of R /hallux - no evidence of infection
Cut own toe nails in a hurry before a dance recently. Superficial skin damage ~8mm to R/1
Busy schedule over next month - cannot rest

04 Sep 2018

On examination:

R/1 Extremely painful, red, inflamed with green exudate
Daily soaks in Epsom salts and dressings
by district nurse /family member with Betadine and Mefix / Hypafix (non-absorba)
Currently resting. Dr review on tour → oral antibiotics cephalexin (Keflex) (1rpt)
R/1 treated, nail spike removed and dressing applied
Wants recurring problem resolved
Discussed options including partial nail avulsion with phenolisation, though not during infective stage → antibiotics first. Explained healing post procedure - need plenty of time off from dancing (2-3 weeks)
To attend clinic once/week
For referral to local Dr for antibiotics

Writing Task:

Using the information given in the case notes, write a letter of referral to a local doctor, Dr Ray Brooks, 3 Brougham Road, Lakeside to outline your treatment plan for Jennifer.

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: PODIATRY****SAMPLE RESPONSE: LETTER OF REFERRAL**

Dr Ray Brooks
3 Brougham Road
Lakeside

4th September 2018

Dear Dr Brooks,

RE: Ms Jennifer Dupont
DOB 10/1/1998

Thank you for reviewing Jennifer Dupont for antibiotics prior to a partial nail avulsion of toe 1 on her right foot. Jennifer is an elite dancer with chronic onychocryptosis in her right hallux. While her medical history is uneventful, her father has had numerous ingrown toe nails. She has attended this clinic since 2013 with varied success for infections. Although her attendance has been irregular, I have seen her three times since August 2017.

Due to a heavy schedule she recently cut her own nails and caused further superficial soft tissue damage (~8mm). Her current regime includes daily soaks in Epsom salts, regular dressings with Betadine liquid and Mefix. Recently, whilst on tour she required oral Keflex (cephalexin) from a local doctor.

I have explained that due to her ongoing problems and infrequent visits for regular treatment, the best treatment option is a partial nail avulsion. With proper phenolisation she should be problem free in the future. I have also explained that the infection must first be treated with antibiotics before the procedure can be undertaken and that she is likely to require 2-3 weeks of rest for the toe to fully heal.

Please contact me if further clarification is needed.

Yours sincerely,

Podiatrist.