

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 **15 May 2021**. Your patient has presented for a routine eye assessment.

PATIENT DETAILS:

Name: Ms Teresa Mendora
Address: 15 Petersham Rd, Central Coast
DOB: 18 Feb 1965 (56 y.o.)
Social background: Married, lives w. husband in family home, 2 children working overseas
Domestic cleaner
Family history: Father – died of cardiac event (heart attack) age 63 y.o.
Medical history: Hypertension – Tensig (atenolol) 50mg 1x/day
Hyperlipidaemia (↑cholesterol) – Zocor (simvastatin) 10mg 1x/day
2016 – presbyopia, prescription contact lenses
Last eye examination – 5 years ago

15 May 2021

Presentation: Routine eye assessment and management
Complains of recent episodes of painless loss of vision (transient) in L eye, 2-3 hour duration, 3x last month, resolved each time without intervention, with normal vision

Examination:

Visual acuity (VA): R 6/7.5; L 6/7.5
Colour vision (D-15): Normal
External examination: Both eyes normal appearance
Eye movements: R – full, normal; L – full, normal
Slit-lamp: Cornea and anterior chamber clear, angles open
IOP (Goldmann): R 13mmHg; L 12mmHg (normal)
Retinal exam/imaging: Abnormalities R and L eye: cotton wool spots, flame-shaped haemorrhages and arteriolar constriction and crossing changes – ?hypertension
L eye – 2 retinal arteriolar cholesterol emboli inferior to macular region

Other:	Carotid bruit
Diagnosis:	Athero-thromboembolism → retinal transient ischaemic attacks (TIAs). Source of embolism likely L carotid due to narrowing/blockage
Plan:	Refer to ophthalmologist for further investigations to confirm diagnosis and urgent cardio-vascular work-up (carotid artery ultrasound, hypertension, fasting blood sugar, cholesterol) & management

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr Chung, ophthalmologist, outlining Ms Mendora's case and requesting further investigation and management. Address the letter to Dr Sandra Chung, Ophthalmologist, Westbourne Eye and Ear Hospital, 555 Main Street, Central Coast.

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 OF REFERRAL**

Dr Sandra Chung
Ophthalmologist
Westbourne Eye and Ear Hospital
555 Main Street
Central Coast

15 May 2021

Dear Dr Chung

Re: Ms Teresa Mendora
DOB: 18 Feb 1965 (56 y.o.)

I am referring for your urgent assessment Ms Mendora, who presents with symptoms and signs consistent with retinal transient ischaemic attacks due to carotid blockage and athero-thromboembolism.

Ms Mendora was diagnosed with presbyopia in 2016 and wears contact lenses. She has hypertension and hyperlipidaemia and is taking Tensig (atenolol) 50mg and Zocor (simvastatin) 10mg, once daily for both medications. Her father died of a cardiac event at the age of 63 years.

Ms Mendora presented today for a routine eye assessment. She reported transient painless loss of vision in her left eye on three occasions during the past month, each time of two to three hours' duration.

On examination, both right and left visual acuity were 6/7.5. Colour vision, eye movements and external appearance were normal with the anterior segment clear and healthy. Left and right intraocular pressures were also normal.

However, retinal examination reveals bilateral abnormalities – cotton wool spots, flame-shaped haemorrhages, arteriolar constriction and crossing changes consistent with hypertension. There are two retinal arteriolar cholesterol emboli in the inferior macular region of the left eye and a carotid bruit is detected.

Given Ms Mendora's presentation and associated risk factors, I am referring her to you as a matter of urgency for further investigations and management.

Yours sincerely

Optometrist