

# **WRITING SUB-TEST** – TEST BOOKLET

CANDIDATE NUMBER:		
LAST NAME:		
FIRST NAME:		
MIDDLE NAMES:		Passport Photo
PROFESSION:	Candidate details and photo will be printed here.	
VENUE:		
TEST DATE:		
test or sub-test content. If you cheat or as or information, you may be disqualified a further disciplinary action against you and	or use in any way (other than to take the test) or assist any other person to sist in any cheating, use any unfair practice, break any of the rules or regular dyour results may not be issued at the sole discretion of CBLA. CBLA also to pursue any other remedies permitted by law. If a candidate is suspected tails of the investigation may be passed to a third party where required.	llations, or ignore any advice o reserves its right to take
CANDIDATE SIGNATURE:		

## **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.



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[CANDIDATE NO.] WRITING SUB-TEST TEST BOOKLET 01/04

## OCCUPATIONAL ENGLISH TEST

WRITING SUB-TEST: NURSING

TIME ALLOWED: READING TIME: 5 MINUTES

WRITING TIME: 40 MINUTES

Read the case notes below and complete the writing task which follows.

## Notes:

You are a Registered Nurse preparing Mrs Jasmine Thompson's discharge. Mrs Thompson has had a right total shoulder replacement. She is to be discharged home today with assistance from 'In-Home Nursing Service'.

Patient: Mrs Jasmine Thompson

Address: 73 White Road, Bayview

**DOB:** 01.07.1942

**Age:** 75

Social/Family background:

Lives in single-storey house with large garden

Utilises cleaning services once a month

Widow. 1 daughter - lives in Bayview. 1 son - married with 2 children, lives in Stillwater.

Daughter will stay with mother for 1 month post-surgery

**Medical history:** R humerus fracture – 1997

Osteoarthritis – R shoulder which has not responded to conservative treatment Chronic R shoulder pain –  $\psi$  movement and ability to carry out activities of daily

living (ADL)

**Current medications:** 

Voltaren 50mg daily (ceased 14 days pre-operatively)

Panadeine Forte (codeine/paracetamol) 30/500mg x 2, 6hrly p.r.n.

Admission diagnosis:

R shoulder osteoarthritis

Medical treatment record:

11.07.17 R Total shoulder replacement (TSR)

Medical progress: Post-op R shoulder X-rays – confirm position of TSR

Post-op exercise regime - compliant with physiotherapy

Post-op bloods - within normal limits

Post-op pain management – analgesia, cold compress R shoulder

R shoulder wound - clean & dry, drain site - clean & dry

15.07.17 Plan for discharge home with daughter today – home nurse to assist at home

### **Nursing management:**

Observations - T, P, R, BP (all within normal range)

Neurovascular observations - colour, warmth, movement, sensation

Oral analgesia

Wound care and observations

Cold compress/shoulder-brace 4 hours per day

ADL assistance as required

### Physiotherapy management:

Exercises as per TSR protocol – Neck range of movement exercises

Elbow and hand ROM exercises
Pendular shoulder exercises

Cryo cuff (cold compress) 4 hours per day

Discharge education

Follow-up physiotherapy outpatients appointments

Referral to community hydrotherapy

#### Discharge plan:

- · Patient discharge education Post TSR:
  - · R arm sling for 4 weeks
  - · Strictly no lifting for 4 weeks
  - Physiotherapy outpatients x 2 per week, plus hydrotherapy x 1 per week
- 10 days post-op staples removal, follow-up appointment in Orthopaedic Joint Replacement Outpatient Department
- Orthopaedic Joint Replacement Nurse Specialist contactable by calling hospital, Mon-Fri for any concerns
- Referral to 'In-Home Nursing Service' assist with showering, administration of LMWH (Clexane) subcutaneous for 4 days as DVT (deep vein thrombosis) prophylaxis

## Writing Task:

Using the information given in the case notes, write a letter of referral to Ms Roberts, a home nurse, informing her of the patient's situation and requesting appropriate care. Address the letter to Ms Nita Roberts, In-Home Nursing Service, 79 Beachside Street, Bayview.

#### 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.





**CANDIDATE NUMBER:** 

## WRITING SUB-TEST – ANSWER BOOKLET

LAST NAME: FIRST NAME:			
MIDDLE NAMES:		Passport Photo	
PROFESSION:	Candidate details and photo will be printed here.		
VENUE:			
TEST DATE:			
CANDIDATE DECLARATION  By signing this, you agree not to disclose or use in any way (other than to take the test) or assist any other person to disclose or use any OET test or sub-test content. If you cheat or assist in any cheating, use any unfair practice, break any of the rules or regulations, or ignore any advice or information, you may be disqualified and your results may not be issued at the sole discretion of CBLA. CBLA also reserves its right to take further disciplinary action against you and to pursue any other remedies permitted by law. If a candidate is suspected of and investigated for malpractice, their personal details and details of the investigation may be passed to a third party where required.			
CANDIDATE SIGNATURE:			

**TIME ALLOWED** 

READING TIME: 5 MINUTES
WRITING TIME: 40 MINUTES

## **INSTRUCTIONS TO CANDIDATES**

1. Reading time: 5 minutes

During this time you may study the writing task and notes. You MUST NOT write, highlight, underline or make any notes.

- 2. Writing time: 40 minutes
- 3. Use the back page for notes and rough draft only. Notes and rough draft will NOT be marked.

Please write your answer clearly on page 1 and page 2.

Cross out anything you **DO NOT** want the examiner to consider.

- 4. You must write your answer for the Writing sub-test in this Answer Booklet using pen or pencil.
- 5. You must **NOT** remove OET material from the test room.



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[CANDIDATE NO.] WRITING SUB-TEST ANSWER BOOKLET 01/04

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Space for notes and rough draft. Only your answers on Page 1 and Page 2 will be marked.





[CANDIDATE NO.] WRITING SUB-TEST - ANSWER BOOKLET 04/04