

OET Case Notes

Medicine · Proficient · Discharge letter · to General Practitioner

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Medicine — Complex Discharge of a Multimorbid Patient

THE CASE NOTES

Patient: Mr Walter Nuhu, 84 years old, lives with wife

Admission: 10-day admission with a fall and reduced mobility; found to have a new diagnosis of atrial fibrillation

New issues: Atrial fibrillation; started on apixaban 5 mg BD and bisoprolol 2.5 mg OD

Investigations: ECG: AF, rate controlled. Bloods: eGFR 48 (stable); Hb 11.2; TSH normal

Existing conditions: Type 2 diabetes, COPD, osteoarthritis, benign prostatic hyperplasia, mild heart failure

Medication changes: Apixaban and bisoprolol started; furosemide dose unchanged; metformin continued; tamsulosin continued

Function / falls: Physiotherapy assessed; walking with a frame; falls clinic referral made; home hazard review arranged

Follow-up: GP to recheck renal function in 1 week (new apixaban); repeat ECG in 6 weeks; falls clinic to follow up

Social: Wife is main carer; daughter lives nearby; package of care increased to twice daily

Incidental: Long-standing tinnitus, unchanged; old healed ankle fracture noted on imaging

Task: Write a discharge letter to the GP, Dr Mensah, summarising the admission and the priorities for ongoing care.

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WHAT TO INCLUDE

+ The new atrial fibrillation and the two new medicines

The single most important hand-over: a new anticoagulant in an elderly patient drives the GP's monitoring.

+ The renal recheck in 1 week and the repeat ECG

Time-bound GP actions tied directly to the new apixaban and rate control; safety depends on them.

+ The falls outcome: frame, falls clinic, home review

The fall was the reason for admission; the ongoing falls plan is decision-relevant to the GP.

WHAT TO LEAVE OUT

– Stable chronic conditions and unchanged medicines

Acknowledge them briefly, but the GP already manages these; detailing each one crowds out the new priorities. Proficient selection means resisting the urge to list everything.

– Tinnitus and the old healed fracture

Genuine distractors — incidental, unchanged, and irrelevant to the discharge. Including them is the classic proficient-level trap.

CRITERION IN FOCUS · CONCISENESS & CLARITY

Proficient cases pile on distractors precisely to test selection under the word limit. With this much in the notes, the difference between Grade C and Grade B is what you leave out: lead on the new AF and its monitoring, and cut the incidental findings entirely.

Write this letter, then get it marked at writingcorrectionservice.com/oet-writing-services