OET WRITING CORRECTION REPORT

Report #168 • Sub-Test: MEDICINE

STUDENT INFORMATION

Student	Dr Ahmed Alsaleh (as signed)
Task	Transfer letter to rehabilitation director — traumatic head injury (Medicine)
Patient	Mr Peter Berry (DOB 26/03/1991, aged 30, accountant)
Recipient	Mr Edward Collins, Director, Mary Curie Physical and Mental Health Rehabilitation Centre
Word count	156 words (target: 180–200) — under length

SCORE COMPARISON

CURRENT SCORE	PROJECTED SCORE
310 /500	**382** /500
Grade C+	Grade B

INDIVIDUAL CRITERIA SCORES

Purpose	Content	Conciseness & Clarity
3/3	**4**/7	**5**/7
Band 3	*Band 4*	*Band 5*
Genre & Style	**Organisation & Layout**	**Language**
4/7	**5**/7	**4**/7
Band 4	*Band 5*	*Band 4*

Scoring scale: Purpose is marked out of 3; all other criteria out of 7. Total = (sum of raw scores ÷ 38) × 500. Raw total here = 25 → 329/500 (Grade C+).

ASSESSMENT SUMMARY

This attempt does several things right that matter on this case. The suicidal ideation is reported — "hopelessness, suicidal tendencies and social withdrawal" — the finding the very first attempt on these notes omitted, and no psychosis is invented. The alcohol is correctly reported as moderate consumption, not

dependence. And, uniquely among the attempts on this case, the letter includes the mother's request: "his mother wishes for a consultation with a mental health and rehab facility for better care" is a genuine item from the notes' final entry that both earlier versions passed over, and it is exactly the kind of collateral detail a transfer letter should carry. The trauma narrative is accurate in outline — the collision on 26 June 2021, the subdural haematoma and right femoral fracture, the craniotomy and operative femur repair — the paragraphing is clean, and at 156 words the letter is admirably economical, though in fact under the target range.

CRITICAL ERRORS / AREAS FOR IMPROVEMENT

#	ERROR	IMPACT
1	Coma duration wrong — ~~He had been in coma postoperatively for 10 days~~ → **He remained comatose post-operatively for over two months, emerging on 7 September 2021**	Surgery 28 June; coma reversal 7 September — more than two months in ICU on mannitol and supportive care. "10 days" materially misstates the severity of the injury the rehab centre is receiving.
2	Request drops the rehab continuation — ~~I would appreciate psychological assessment & counselling for social behaviour~~ → **I would appreciate continuation of his speech therapy and physical rehabilitation, a psychiatric assessment for his depression and suicidal ideation, and counselling regarding his smoking, alcohol use and speeding**	The plan has three items and the letter asks for two. The continued speech therapy and physical rehabilitation — the plan's first line — is missing, and the counselling should name its three targets. The speeding fines are omitted entirely.
3	Two recovery stages flattened — ~~Coma was reversed & his mental status was improved gradually~~ → **The coma reversed on 7 September 2021 with a GCS of 9 and a delirious state; by 11 October he was oriented and alert (GCS 13), and physical rehabilitation and speech therapy were commenced**	The notes date the two stages precisely, and the earlier attempts on this case were marked on exactly this point. The dates also anchor when the rehabilitation — which the centre must continue — began.
4	Speech improvement missed — ~~He has continued problems with speech & mobility~~ → **his speech difficulty has reduced, though he still requires wheelchair assistance**	The notes' final entry says the speech difficulty has reduced; it is the mobility — wheelchair dependence — that persists. As written, the receiving team expects a worse speech picture than exists.

KEY AREAS FOR IMPROVEMENT

AREA	PRIORITY	RECOMMENDATION
Correct the coma duration	**HIGH**	28 June to 7 September — over two months, not 10 days. The duration defines the injury's severity.
Ask for all three plan items	**HIGH**	Continue speech therapy & physical rehab + psychiatric assessment + counselling (speeding, alcohol, smoking).
Date the two recovery stages	**MEDIUM**	GCS 9, delirious — 7 September; GCS 13, oriented, rehab started — 11 October.

AREA	PRIORITY	RECOMMENDATION
Report the speech accurately	**MEDIUM**	Speech difficulty reduced; wheelchair assistance still needed.

CORRECTED LETTER WITH ANNOTATIONS

~~MR. Edward Collins~~**Mr Edward Collins** *[no full caps]*

Director *[his title was omitted]*

~~Mary Curie Physical & Mental Health Rehabilitation.~~**Mary Curie Physical and Mental Health Rehabilitation Centre** *["Centre" missing; "&" is informal in a letter block]*

24th December 2021 ✓ *[correct scenario date]*

~~Dear Dr. Collins,~~**Dear Mr Collins,** *[CRITICAL — Collins is the centre's DIRECTOR, not a doctor; the notes give him as Mr]*

Re: Mr Peter Berry, **DOB: 26/03/1991** *[the DOB completes the identification]*

I am writing to ~~refer~~**transfer** *[the task is a transfer to the centre's care]* Mr Berry, who ~~is complaining of~~**presents with** *[patients "complain of" pain — depression signs are observed]* signs and symptoms suggestive of depression and disturbed social behaviour**, for further care at your facility**.

Mr Berry ~~had undergone~~**was involved in** *[one undergoes surgery, not an accident]* a road traffic accident on 26 June 2021, sustaining a subdural haematoma and a right femoral fracture. The haematoma was treated with craniotomy and the femoral fracture repaired operatively **two days after admission**.

~~He had been in coma postoperatively for 10 days. Coma was reversed & his mental status was improved gradually.~~**He remained comatose post-operatively for over two months, managed in the ICU with IV mannitol and supportive care. The coma reversed on 7 September 2021 with a GCS of 9 and a delirious state, and by 11 October he was oriented and alert (GCS 13), when physical rehabilitation and speech therapy were commenced.** *[CRITICAL — the coma lasted over two months (28 June → 7 September), not 10 days; and the two dated recovery stages were flattened]* ~~However, he had persistent problems with speech & mobility.~~

On today's visit, Mr Berry exhibited hopelessness, suicidal tendencies and social withdrawal. ✓ *[the suicidal ideation — omitted in the first attempt on this case — is correctly reported]* ~~He has continued problems with speech & mobility~~**His speech difficulty has reduced, though he still requires wheelchair assistance** *[the notes say the speech has IMPROVED — it is the mobility that persists]*. His mother **has requested his transfer**~~wishes for a consultation with~~ a mental health and rehab facility for better care~~ regarding .~~**.** *[✓the mother's request is genuine and both earlier attempts missed it — but the sentence trailed off at "regarding ."]*

Mr Berry ~~is a moderate smoker &~~**smokes nine cigarettes daily, is a** *[the notes give the exact figure — use it]* moderate alcohol consumer**, and has frequent fines for overspeeding** *[the speeding was omitted — it is one of the three counselling targets]*.

In view of the above, I would appreciate **continuation of his speech therapy and physical rehabilitation, a psychiatric**~~psychological~~ assessment **for his depression and suicidal ideation,** and counselling ~~for social behaviour regarding Mr. Berry~~**regarding his smoking, alcohol use and speeding** *[CRITICAL — the plan's first item (continue rehab) was dropped, and the counselling targets should be named]*.

In case of queries, **please** do not hesitate to contact me.

~~Yours faithfully,~~**Yours sincerely,** *[a named recipient takes "Yours sincerely"]*

~~Dr. Ahmed Alsaleh~~**Station House Officer** *[the notes give no writer's name — sign with the role]*

Key: ~~red strikethrough~~ = error to remove / ✓= strength to keep | **green bold** = correction | blue superscript = examiner note | corrected line-by-line in the student's own order

DETAILED ERROR ANALYSIS

ORIGINAL	CORRECTED	ERROR TYPE	SEVERITY
in coma postoperatively for 10 days	**comatose for over two months (28 June → 7 September)**	Coma duration wrong	**Critical**
psychological assessment & counselling for social behaviour (only)	**+ continue speech therapy & physical rehab; counselling named (speeding, alcohol, smoking)**	Plan's first item dropped	**Critical**
Coma was reversed & mental status improved gradually	**GCS 9 delirious (7 Sept) → GCS 13 oriented, rehab started (11 Oct)**	Two recovery stages flattened	**Minor**
He has continued problems with speech & mobility	**speech difficulty reduced; wheelchair assistance still needed**	Speech improvement missed	**Minor**
Dear Dr. Collins / Yours faithfully / Dr. Ahmed Alsaleh / no DOB / centre name incomplete	**Dear Mr Collins / Yours sincerely / Station House Officer / DOB 26/03/1991 / …Rehabilitation Centre + address**	Letter-block conventions	**Minor**
(speeding fines absent) / moderate smoker / for better care regarding .	**frequent overspeeding fines / smokes nine cigarettes daily / sentence completed**	Omission, vagueness & fragment	**Minor**
Body = 156 words	**expand toward 180–200 with the missing items**	Under length	**Minor**
Hopelessness, suicidal tendencies & social withdrawal reported; no psychosis invented	**kept — the case's two classic traps avoided**	Suicidality reported, nothing invented	**Positive**
His mother wishes for a consultation with a mental health & rehab facility	**kept — a genuine notes item both earlier attempts missed**	Mother's request included	**Positive**
RTA 26/06/2021 → subdural haematoma + right femur fracture → craniotomy + operative repair	**kept — accurate trauma outline**	Accurate trauma narrative	**Positive**
Moderate alcohol consumer; clean chronological paragraphs; economical prose	**kept — correctly not 'alcoholic'; readable structure**	Accurate habits & structure	**Positive**

MODEL LETTER — BAND A

Mr Edward Collins

Director, Mary Curie Physical and Mental Health Rehabilitation Centre

24 December 2021

Dear Mr Collins,

Re: Mr Peter Berry, DOB: 26/03/1991

I am writing to transfer Mr Berry, a 30-year-old accountant recovering from a traumatic head injury, to your facility for further care. Please note that he has expressed suicidal ideation.

Mr Berry was involved in a severe road traffic accident on 26 June 2021, sustaining a subdural haematoma and a right femoral fracture, treated two days later by craniotomy and operative repair. He did not wake from surgery and remained comatose for over two months on IV mannitol and supportive ICU care. The coma reversed on 7 September 2021 (GCS 9, delirious), and by 11 October he was oriented and alert, when physical rehabilitation and speech therapy commenced.

Today he presents with social withdrawal, hopelessness and suicidal ideation. His speech difficulty has reduced, but he still requires wheelchair assistance, and his mother has requested transfer to a mental health and rehabilitation facility for better care. He smokes nine cigarettes daily, drinks alcohol moderately, and has frequent fines for overspeeding.

I would be grateful if you could continue his speech therapy and physical rehabilitation, arrange a psychiatric assessment for his depression and suicidal ideation, and provide counselling regarding his smoking, alcohol use and speeding. Please do not hesitate to contact me with any queries.

Yours sincerely,

Station House Officer

SCORE IMPROVEMENT GUIDE

TIP 1: You caught what others missed — and avoided this case's traps.

The suicidal ideation is reported, no psychosis is invented, the alcohol is 'moderate consumption' not dependence — and you are the first on this case to include the mother's request for the transfer. That is careful reading. The remaining errors are checkable facts, not comprehension.

TIP 2: Count the coma from the dates, not from memory.

Surgery 28 June; coma reversal 7 September. That is over two months — not 10 days. The duration is what tells the rehabilitation centre how severe this injury was. When the notes give two dates, subtract them.

TIP 3: The closing request must carry the whole plan.

The plan has three items: continue speech therapy and physical rehab; psychiatric assessment; counselling for speeding, alcohol and smoking. Your request carries two — and the dropped one is the plan's first line. Read the plan as a checklist for your final paragraph.

TIP 4: Report improvement as improvement.

The notes say his speech difficulty has reduced; what persists is the wheelchair. 'Continued problems with speech and mobility' hands the centre a worse picture than exists — and buries the one genuine gain of six months' care.

TIP 5: Check the recipient's title, and sign with your role.

Mr Collins is a director, not 'Dr'; a named recipient takes 'Yours sincerely'; and the notes never name the writer — sign as Station House Officer, not with a name of your own. The letter block is the easiest place to be exactly right.

TIP 6: You have 30–40 spare words — spend them.

At 156 words you are under target. The speeding fines, the two recovery dates, the DOB and the full three-part request all fit inside the range. Under-length with omissions is the one combination that never pays.

EXAMINER COMMENT

EXAMINER COMMENT

This attempt reads the notes' pressure points well: the suicidal ideation is reported, nothing is invented, the alcohol is correctly graded as moderate consumption — and, alone among the attempts on this case, it carries the mother's request for the transfer, a genuine and humanising detail from the final entry. The prose is economical and the structure clean. What holds it at C+ is a factual error and a set of losses that the letter, at 156 words, had ample room to avoid. The coma is given as ten days when the dates in the notes span more than two months — a material misstatement of severity. The two dated recovery stages are flattened into 'improved gradually,' the speech improvement at discharge is reported as a continued problem, and the closing request drops the plan's first item — the continuation of speech therapy and physical rehabilitation — while leaving the counselling targets and the speeding fines unnamed. The letter block needs care: the director is Mr, not Dr; the centre's name is incomplete; the DOB is absent; and the letter is signed with an invented name where the role belongs. Every correction here is mechanical. Made together — and using the spare words the under-length letter already owns — they lift this candidate to a solid Grade B.

— Dr Nasir Academy Assessment Team