

WRITING: QUESTION BOOKLET

CANDIDATE NAME:

D.O.B.:

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PROFESSION:

VENUE:

TEST DATE:

Starting at the left, print your Candidate Number and fill in the corresponding circle below each number using a 2B pencil.

Example:

2	5
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1	1
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9	9

CANDIDATE NUMBER									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

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:

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: DENTISTRY

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 30 August 2019

Mr Hunter attends medical and dental practitioners very irregularly.

PATIENT DETAILS:

Name: Mr William Hunter

Address: 404 West Road, Newtown

DOB: 04 Dec 1964

Medical background: Diabetes type 2
Attendance at doctor – irregular
↑BP (150/95)

Medications: Metformin hydrochloride (Diabex) 500mg 2x/day
Captopril (Capoten) 25mg 2x/day

Social background: Smoker (25 cigarettes per day). Poor diet

Dental history: Last dental visit 2015 – 3 extractions (exo's)
Irregular attendance – doesn't like dentist (since childhood)
Brushing – irregular (forgets to brush). Never flosses

09 Aug 2019 – Comprehensive initial examination

Extraoral examination:

No cervical lymphadenopathy
Incompetent lips

Intraoral examination:

Soft tissues Draining sinus adjacent to tooth 36, no buccal swelling

Saliva Appears thin, mouth dry

Hard tissues Missing teeth – 14/17/18/22/28/37/38/45/47/48

Restorations 11MD/12M/16MOD/23M/26MO/44O

Periodontal Screening and Recording (PSR) 333
333

Oral hygiene Poor
Gross calculus deposits supra & sub gingivally
Gingivae bleed readily on probing with exudate from pockets

Radiographs:

Bitewings L and R

Caries 36 DO. No other carious lesions noted
Generalised horizontal bone loss & vertical defects

Periapical radiograph 36

Radiolucency associated with distal root

Special Tests:**Percussion test 36**

Slightly tender to percussion – not particularly painful

Sensibility test Negative to CO₂ & electric pulp test

Palpation No pain

Diagnosis:

1. Pulpal necrosis with draining sinus 36 associated with disto-occlusal carious lesion
2. Moderate to severe generalised periodontitis – to be confirmed after full periodontal examination
3. Poor oral hygiene

Treatment plan:

1. Extraction (exo) or root canal treatment (RCT) 36
2. Full periodontal (perio) chart & diagnosis
3. Oral hygiene instruction w full-mouth scaling & root planing
4. Smoking cessation

Discussions:

Exo or RCT 36 – Pt will advise at next visit
Provided info on RCT & exo, advised of costs & risks

30 Aug 2019 – Examination**On examination:**

Full perio chart completed – confirmed diagnosis
Gross scale of supragingival calculus, full mouth
Pt consented to blood sugar level (BSL) test (finger prick test) – result 20mmol/L (normal range: 3.0 to 5.5mmol/L)

Discussions:

Pt does not want to see periodontist
Advised will need 4x quadrant scaling visits with local anaesthetic – Pt agreed
Pt chooses Exo 36 at next visit
Pt last saw doctor (Dr Wong – Newtown Medical Centre) for diabetes in February 2019
Risks of exo with current BSL's – advised to see doctor, get diabetes under control before exo
Referral to doctor re poor diabetes control, smoking cessation, necessity for extraction 36 – risk of further infection

Writing Task:

Using the information given in the case notes, write a letter of referral to Dr Wong, general practitioner at Newtown Medical Centre requesting further assessment and management of Mr Hunter's blood glucose levels. Address your letter to Dr Tanya Wong, Newtown Medical Centre, 77 North Road, Newtown.

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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(Only answers on Page 2 and Page 3 within the lines provided will be marked.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Please record your answer on this page within the lines provided.

(Only answers on Page 2 and Page 3 within the lines provided will be marked.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Space for notes and rough draft. Only your answers on Page 2 and Page 3 will be marked.

Occupational English Test**WRITING SUB-TEST: DENTISTRY****SAMPLE RESPONSE: LETTER OF REFERRAL**

Dr Tanya Wong
Newtown Medical Centre
77 North Road
Newtown

30 August 2019

Dear Dr Wong

Re: Mr William Hunter
DOB: 04.12.1964

I am writing in regard to your patient, Mr Hunter, to request a review of his type 2 diabetes prior to dental extraction work.

Mr Hunter presented for the first time on 9 August with a draining sinus on the lower left mandible associated with tooth 36. He has poor oral hygiene, is an infrequent attender and brushes irregularly. He had moderate to severe generalised periodontitis and a large carious lesion on 36. Bitewing radiographs indicated generalised bone loss. A periapical radiograph of tooth 36 showed radiolucency associated with the distal root. Further tests confirmed a diagnosis of pulpal necrosis with a draining sinus.

The management of tooth 36 was discussed with Mr Hunter and he wishes to have the tooth extracted.

According to the patient, he last consulted you regarding his diabetes in February 2019. A finger prick test today indicated his blood sugar level was 20mmol/L. I advised him of the risks associated with the extraction of a tooth while his diabetes is poorly controlled. Mr Hunter also needs to stop smoking and I have asked him to see you as soon as possible for management of both.

Please advise me when you feel it is appropriate to undertake the extraction of tooth 36.

Yours sincerely

Dentist