

# OET Case Notes

Speech Pathology · Proficient · Discharge letter · to Community Stroke Team

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## Speech Pathology — Discharge to Community Stroke Team after Aphasia Rehabilitation

### THE CASE NOTES

**Patient:** Mr Dermot Kavanagh, 61 years old; left MCA stroke 6 weeks ago; moderate expressive aphasia with mild receptive involvement; discharged home today

**Aphasia profile at discharge:** Western Aphasia Battery — Revised (WAB-R): Aphasia Quotient 64/100 (moderate aphasia); Spontaneous Speech 12/20; Auditory Verbal Comprehension 8.6/10; Naming 7/10 (word-finding difficulties); Repetition 6.3/10

**Functional communication:** Can express yes/no reliably; communicates basic needs using 2–3 word phrases and gesture; initiates conversation attempts; follows simple 1-step instructions reliably; struggles with complex sentences and abstract vocabulary; telephone communication not functional

**Compensatory strategies in use:** Total communication approach: gesture, writing key words, communication board (family and hospital); AAC app on smartphone (Grid 3, 25 core vocabulary cells — introduced, early stages); Supported Conversation for Adults with Aphasia (SCA) techniques trained with wife

**Carer training:** Mrs Kavanagh has received 4 SCA sessions — can slow her rate, use keywords, confirm understanding, reduce yes/no reliance; she is highly engaged; daughter also trained in basic strategies

**Goals for community SLP:** Continue word-finding therapy; progress AAC app vocabulary (Grid 3); advance to 2-step instruction comprehension; social re-integration (consider aphasia cafe referral); driving assessment (cognitive/communication) if communication improves

**Task:** Write a discharge letter to the community stroke team SLP, Ms Deirdre Fitz, providing the communication profile and the goals for continuation.

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### WHAT TO INCLUDE

**+ WAB-R Aphasia Quotient 64 (moderate aphasia) and the functional profile: reliable yes/no, 2–3 word phrases with gesture, follows 1-step instructions, no functional telephone communication**

The community SLP needs both the standardised score and the functional picture to plan the first session. The WAB-R AQ tells them the severity level; the functional profile tells them what Mr Kavanagh can do at home with his family.

**+ The Grid 3 AAC app introduction (25 core cells, early stages) and the SCA training with Mrs Kavanagh (4 sessions)**

Continuity of both the AAC programme and the carer training is essential. The community SLP must know the AAC starting point (not start from scratch) and must know that Mrs Kavanagh has been trained and is engaged.

**+ The four community therapy goals: word-finding, Grid 3 progression, 2-step comprehension, social re-integration (aphasia cafe)**

These are the referral agenda — the community SLP uses these to write the treatment plan. Without them, the community SLP spends the first session conducting a full re-assessment that duplicates the inpatient work.

### WHAT TO LEAVE OUT

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## – The full WAB-R subtest scores in a table

Name the AQ and the two subtests most relevant to therapy planning: naming and comprehension. 'Full WAB-R report attached' covers the rest. Reproducing the entire battery in the letter is disproportionate.

## – The stroke neurology and imaging findings

The community stroke team has the medical records. 'Left MCA stroke 6 weeks ago with moderate expressive aphasia' is the one clinical context line needed.

## CRITERION IN FOCUS · CONTENT

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Aphasia discharge letters are assessed on whether the receiving SLP can begin therapy without a parallel full re-assessment. Three content elements are required: (1) the current communication profile (standardised score + functional), (2) the compensatory strategies and AAC status, (3) the therapy goals. A letter missing the AAC system in use (so the community SLP doesn't know which system to continue), or omitting the carer training status (so the community SLP doesn't know what the family can do), fails Content — the receiving SLP cannot safely continue without that information.

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