



# MSSBU OSCE PRACTICE

## CASE 4\_04\_01

### *Station Vignette*

You are a 4<sup>th</sup> year student on GP rotation

The GP has asked you to take a brief history from Amanda, a 17-year-old female who has come into the practice. Her parents are also patients of yours and have urged their daughter to come in to speak to you.

#### **TASK**

You have a total of **7 minutes** to take a history.

This includes:

- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review

At the end of the allotted time, you will have **1 minute** to answer the examiner's questions.

You do **NOT** need to complete a physical examination.

## **PATIENT INFORMATION**

Patient details	Amanda Smith 17yo
Presenting complaint	Fatigue, trouble concentrating at school
Hx of presenting complaint	<ul style="list-style-type: none"> <li>• 5-month history of slowly decreasing food intake to lose weight.</li> <li>• Food intake: <ul style="list-style-type: none"> <li>○ Past: 3 meals a day balanced diet</li> <li>○ Current: (Do not reveal quantity of each meal unless asked)</li> <li>○ Do NOT give away the quantity (in brackets) until asked by student</li> <li>○ Breakfast: Half a banana</li> <li>○ Lunch: skips lunch</li> <li>○ Dinner: cooked chicken breast, handful lettuce</li> <li>○ No snacks</li> <li>○ Does not feel full afterwards but believes it is necessary to lose weight</li> </ul> </li> <li>• Weight: <ul style="list-style-type: none"> <li>○ lost 13kg over past 3 months (Past: 58kg; Current: 45kg)</li> <li>○ Has never been above 60kg in your life</li> <li>○ Height: 170cm</li> </ul> </li> </ul> <p>Reason: Had always been very active up until year 10, did lots of running and cross country etc. After a knee injury was not able to continue these activities and has slowly been gaining weight over the past 2 years. Has been slowly cutting down on calorie intake ... now it's consuming all thoughts and becoming obsessive.</p>
Associated sx	<ul style="list-style-type: none"> <li>• Nil vomiting, although feels nauseous during the day</li> <li>• Occasional laxative use – one every fortnight</li> <li>• Nil bingeing</li> <li>• Nil purging</li> <li>• Physical signs: <ul style="list-style-type: none"> <li>○ Noticed more hair falling out recently, especially during showers</li> <li>○ Feels very faint at school, unable to concentrate</li> <li>○ Periods have stopped</li> <li>○ You are NOT worried about any of this, do not give up above information unless explicitly asked and speak indifferently</li> </ul> </li> <li>• Nil suicide ideation, nil self harm</li> <li>• Minimal exercise – does floor youtube at home workouts whenever you have time</li> </ul>
Social hx	<ul style="list-style-type: none"> <li>• Nil smoking, nil alcohol, nil drug use</li> <li>• Not sexually active</li> </ul>
Body image disturbance	<ul style="list-style-type: none"> <li>• Body dysmorphia: you think you appear 'fat', very poor perception of normal weight</li> </ul>
Psychiatric hx	<ul style="list-style-type: none"> <li>• You enjoy going to school</li> </ul>

	<ul style="list-style-type: none"><li>• You have a good relationship with your parents and younger siblings – but are getting annoyed by their concerns with your eating as you don't understand what the fuss is all about</li><li>• Your parents are concerned about the periods stopping and school being affected</li></ul>
Past medical hx	<ul style="list-style-type: none"><li>• Nil medical conditions</li><li>• Nil regular medications</li><li>• Nil previous eating disorders/psychiatric conditions</li></ul>
Family hx	<ul style="list-style-type: none"><li>• Nil significant family hx</li></ul>

### **EXAMINER QUESTIONS**

1. Please provide a **provisional diagnosis**.
2. What are **two (2)** criteria for admission for anorexia nervosa.

## MARKING CRITERIA – CASE 4\_04\_01

Item	Criteria	Mark
Introduction	<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Appropriate introduction <input type="checkbox"/> Explains personal role and gains consent	/2
History of presenting complaint	<input type="checkbox"/> Leads with open question <input type="checkbox"/> Follows with another open question History of PC: <input type="checkbox"/> Timeline, duration, onset <input type="checkbox"/> Precipitating <input type="checkbox"/> Severity <input type="checkbox"/> Previous, current weight and height	/6
Eating	<input type="checkbox"/> Pattern of eating <input type="checkbox"/> Quantity <input type="checkbox"/> Frequency <input type="checkbox"/> Diet <input type="checkbox"/> Reasons for avoiding food	/5
Associated sx	<input type="checkbox"/> Binging, purging, laxative use, exercise	/4
Physical sx	<input type="checkbox"/> Weakness, fatigue, hair loss/thin hair, cold, menstrual changes, palpitations	/6
Systems review	<input type="checkbox"/> Relevant systems appropriate: Haeme: anaemia, lymphoma Endocrine: thyroid	/3
Risk assessment	<input type="checkbox"/> Self-harm, suicide ideation, support systems, anxiety, low mood, anhedonia, stressors, insight	/6
Other histories	<input type="checkbox"/> Past medical hx <input type="checkbox"/> Previous eating disorders <input type="checkbox"/> Previous psychiatric hx <input type="checkbox"/> Allergies <input type="checkbox"/> Family hx	/5
Social history	<input type="checkbox"/> Smoking hx <input type="checkbox"/> Alcohol hx <input type="checkbox"/> Recreational drugs <input type="checkbox"/> Home environment	/4
Questions	Provisional diagnosis: <input type="checkbox"/> Anorexia nervosa, body dysmorphic disorder Admission criteria: <input type="checkbox"/> HR <50bpm <input type="checkbox"/> Systolic BP <90 mmHg <input type="checkbox"/> Arrhythmia <input type="checkbox"/> Temperature <35 <input type="checkbox"/> Orthostatic hypotension <input type="checkbox"/> Syncope (other options may be correct e.g. hypokalaemia)	/3
Communication skills	<input type="checkbox"/> Appropriate questioning style <input type="checkbox"/> Actively listens to patient <input type="checkbox"/> Systematic approach to history taking <input type="checkbox"/> Appropriate conclusion and summary	/4
Global score	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline	/5

	3 = pass/expected 4 = good 5 = excellent	
Total		/53