MSSBU OSCE PRACTICE
CASE 3_03_01

Station Vignette

You are a third-year student at a GP practice.

The GP has asked you to take a brief history from Sam/Samantha Jackson, a 27-year-old regarding their child. Victor/Victoria Jackson, a 3-year-old has presented with a limp.

TASK

You have a total of **6 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 allocated time, you will have **2 minutes** to answer the examiner's questions.

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

PATIENT INSTRUCTIONS

History of presenting complaint

Site: Right hip pain
Onset: The limping started 4 days ago
Character: Aching pain
Associated symptoms: (see below)
Time course/duration: The limping has been constant since it began 4 days ago
Exacerbating/relieving factors: It seems to get worse with activity and better with rest
Severity: 4/10 in terms of severity
Beliefs: Not sure what has happened. Worried it could be an infection.
Impact on patient: Anxiety about what the underlying disorder is
Concerns: Is there a serious underlying cause?

Systems review/associated symptoms (at least 2 per differential = 1 mark)

*The symptoms **BOLDED** are indicative of positive answers, other answers are suggestions of what is required in terms of questioning to ensure a comprehensive history.*

Developmental dysplasia of the hip:

Leg discrepancy (left leg > right leg), **abnormal gait** (struggles with walking with scoliosis), **limp**. RFs: Female (depends on SP), **Breech**, **Firstborn**, **Oligohydramnios**, **Club foot**, **Family History, Macrosomia**

Transient synovitis:

Recent coryzal symptoms (runny nose, cold, cough, fever), **limp**, refusal to weight bear, **pain improves with rest/worsens with activity, otherwise well.**

Osteomyelitis/Septic arthritis:

Drowsy, malaise, irritability, unrousable, fever, erythema, swelling around hip, recent infection.

Legg-Calve-Perthes disease:

Pain worsens with activity and improves with rest, gradual onset.

Slipped Capital Femoral Epiphysis (SCFE aka SUFE):

Young adolescent, acute on chronic dull pain with antalgic gait. RFs: Obesity/overweight, one limb is shorter and externally rotated in comparison to the other.

Juvenile Idiopathic Arthritis (JIA):
Morning joint stiffness, pain or stiffness that gets worse with rest and better with activity. Associated with transient erythematous rash and enlarged lymph nodes.

IgA Vasculitis (formerly Henoch Schoenlein Purpura)
- Previous respiratory infection (typically Group A beta haemolytic strep)
- Petechial/purpuric rash, abdominal pain, arthritis/arthralgia, haematuria

Trauma/Non-Accidental Injury
RFs: Low SES, unemployed, single parent, substance abuse, stepchildren, disability, history of parental abuse
Bruises around trunk, ears and neck
Broken frenulum, cheek, retinal haemorrhages, cuts, bites, drowsiness due to subdural haematoma, fractures

Paediatric history
BINDS
Birth history: born at term, c-section, 38 weeks, breech
Immunisations: Up to date
Nutrition: nil feeding issues, normal appetite, balanced diet
Developmental milestones: normal, can draw circle, ride tricycle, understands pronouns, follows three-part commands, friends at pre-school
Social history: first born, lives with father and mother

Past medical history
Club foot
No previous surgeries
No current medical conditions

Medications
Prescription: none
Recreational: none
Over the counter: Paracetamol for the hip pain
Vitamins/supplements: none

Allergies
No known allergies

Family history
Mother: has asthma, well controlled with salbutamol prn
Father: hypertension – well controlled with lisinopril
Siblings: none

EXAMINER QUESTIONS

Note: *these are likely more questions than what you would be expected to answer in an OSCE situation. There are more questions for learning purposes.*

1. Name the **most likely diagnosis** and **two (2) risk factors** for this diagnosis.

2. List **two (2)** investigations to diagnose this differential.

Extra questions

3. List **three (3)** options for treatment and the **months** in which you would complete them.

4. Which **criteria** is used to distinguish between transient synovitis and septic arthritis?

MARKING CRITERIA – Case 3_03_01

Item	Criteria	Mark
Introduction	▢ Hand hygiene ▢ Appropriate introduction ▢ Confirms patient name and age ▢ Explains personal role and gains consent	/2
Presenting complaint	▢ Leads with open question	/1
History of presenting complaint	▢ Site ▢ Onset ▢ Character ▢ Associated symptoms ▢ Time course/duration ▢ Exacerbating/relieving factors ▢ Beliefs ▢ Impact on patient/concerns	/4 (0.5 for each)
Systems review	▢ At least 2 symptoms per differential = 1 mark, up to 4 differentials (including developmental dyscrasia of the hip, transient synovitis, osteomyelitis etc.). See patient information for more differentials.	/4
Paediatric history	▢ Birth – type and how many weeks, any complications, special care nursery ▢ Immunisations ▢ Nutrition – e.g. breastfeeding or formula, latching on, solids	/4
Constitutional history	▢ Weight changes ▢ Appetite ▢ Diet ▢ Exercise ▢ Energy levels ▢ Sleep ▢ Night sweats ▢ Chills ▢ Fever ▢ Rashes	/5 (0.5 points for each one)
Past medical history	▢ Past medical/surgical history ▢ Asks over the counter, prescription, and herbal remedies ▢ Allergies ▢ Immunisations	/4
Family history	▢ Asks relevant family history	/1
Social history	▢ Occupation ▢ Living situation ▢ Asks all of smoking, alcohol and recreational drug use	/3
Questions	▢ **Diagnosis** – developmental dyscrasia of hip ▢ **Risk factors** – 2 of: Female, Breech, Firstborn, Oligohydramnios, Club foot, Family History	/9

	▢ **Investigations** – 2 of: At birth: Barlow and Ortolani manoeuvre. Less than 4 months: USS. More than 4 months: X-ray. **U** before **X** alphabetically ▢ **Treatment** - <6 mo: Pavlik Harness. 6-18 mo: closed reduction followed by immobilisation with a hip spica cast >18 mo: surgical therapy followed by immobilisation with a hip spica cast ▢ **Criteria** – kocher criteria	
Communication skills	▢ Appropriate questioning style ▢ Actively listens to patient ▢ Systematic approach to history taking ▢ Appropriate conclusion and summary	/4
Global score	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent	/5
	Total	/46