



MSSBU OSCE PRACTICE

CASE 3_04_04

Station Vignette

You are a third-year student on your GP rotation.

The GP has asked you to take a brief history from Deepak Dadhwal, a 43-year-old man who has come into the practice requesting medication to help him sleep. Deepak is a long-time patient at the practice. His medical and surgical history has already been taken.

TASK

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

This includes:

- History of presenting complaint
- Constitutional history
- Social history
- Family history
- Systems review

You do **NOT** need to take a medical or surgical history.

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 INSTRUCTIONS

SP instructions – speak quietly, act guilty/frustrated

Presenting complaint	‘I want some medication to help me sleep better’
History of presenting complaint	<p>Sleeping difficulty has been ongoing for 5 months</p> <ul style="list-style-type: none"> • House fire 5 months ago resulted in the death of his wife and only son • Feels guilty that he was unable to save his wife and child from the fire • These guilty ruminations are more prominent when he is trying to fall asleep • Feels very emotional and distressed because of these thoughts • Has flashbacks about the night of the fire <ul style="list-style-type: none"> ○ These flashbacks are intrusive and are present throughout the day ○ He also has nightmares about the incident • Has only recently decided he should see someone for his symptoms <p>Finding it difficult to care for himself</p> <ul style="list-style-type: none"> • Has not been able to cook for himself <ul style="list-style-type: none"> ○ He normally prepares food with his wife and because she has passed away, he is unable to bring himself to cook ○ He also finds himself scared of using the gas stove because of the fire ○ He has been skipping meals but occasionally orders takeaway from the local pizza shop • Has not been able to concentrate at work as a police officer and has made many mistakes at work as a result <p>Mental Health specific questions</p> <ul style="list-style-type: none"> • Has not been previously diagnosed with depression • No suicidal thoughts • Has not had previous suicide attempts or psychiatric hospitalisations • Has not harmed himself otherwise • Is no longer in contact with friends after the incident • No thoughts of harming others or property • Sometimes thinks he can hear her voice calling for him <ul style="list-style-type: none"> ○ This happens at random times throughout the day • No delusions/unshakable beliefs • Memory and concentration are worse than usual, and this is evident at work – forgetting things, misplacing his keys, etc <p>Concerns: “I want some medication to help me sleep”</p>

	If offered psychological support: "I don't know... will that really help me?"
Constitutional history	<ul style="list-style-type: none"> • Feeling generally fatigued • Exercise: Used to go to the gym with his colleagues but no longer does this • Trouble falling asleep, takes up to 1.5 hours to fall asleep and gets ~6 hours of sleep a night. • Diet consists of takeaway and fast food • Appetite is reduced – usually skips breakfast • Lost ~10kg
Medical history	<p>Fractured humerus 5 years ago</p> <ul style="list-style-type: none"> • Managed surgically with open reduction • Healed well with no issues or restriction of movement <p>Crohn's disease, diagnosed 10 years ago, usually well managed, no present issues</p>
Social history	<ul style="list-style-type: none"> • Non-smoker • Drinks 2 glasses of wine every night • Lives by himself in apartment • Family lives overseas • Works as police officer • Childhood was fine, has good relationship with family growing up but moved overseas to Australia 20 years ago
Medication history	<ul style="list-style-type: none"> • 9mg oral budesonide daily for Crohn's disease
Family history	<ul style="list-style-type: none"> • N/A
Systems review	<p>Bowel has been 'as usual'</p> <ul style="list-style-type: none"> • Defecates once per day • No bowel pain <p>No additional symptoms</p>

EXAMINER QUESTIONS

1. List **two (2)** differential diagnosis for this patient.
2. Describe your **management plan** for this patient.

MARKING CRITERIA – Case 3_04_04

Item	Criteria	Mark
Introduction	<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Introduces name and role <input type="checkbox"/> Explains role and gains consent 1/3, 2/3 = 1 mark, 3/3 = 2 marks	/2
Presenting complaint	<input type="checkbox"/> Leads with open question	/1
History of presenting complaint	<input type="checkbox"/> Determine onset and progression of symptoms <input type="checkbox"/> Asks about mood <input type="checkbox"/> Asks about interest in activities (anhedonia) <input type="checkbox"/> Asks about guilt or feelings of worthlessness <input type="checkbox"/> Explores feelings of PTSD triggering incident <input type="checkbox"/> Assesses psychomotor agitation or retardation	/6
Psychiatric Screen	<input type="checkbox"/> Screens for symptoms of mania/hypomania <input type="checkbox"/> Asks about visual/auditory hallucinations <input type="checkbox"/> Asks about delusions ('unshakable belief') <input type="checkbox"/> Asks about paranoia <input type="checkbox"/> Asks about thoughts/attempts at self-harm <input type="checkbox"/> Asks about thoughts/attempts at suicide <input type="checkbox"/> Assesses insight (does patient feel something is wrong?) <input type="checkbox"/> Asks for the patients' ideas/concerns/expectations	/8
Medication history	<input type="checkbox"/> Asks about medications or changes to medications	/1
Constitutional history	<input type="checkbox"/> Asks about sleep <input type="checkbox"/> Asks about energy levels <input type="checkbox"/> Asks about appetite, weight changes or exercise	/3
Social history	<input type="checkbox"/> Smoking <input type="checkbox"/> Alcohol intake <input type="checkbox"/> Recreational drug use <input type="checkbox"/> Home situation <input type="checkbox"/> Occupation	/5
Family history	<input type="checkbox"/> Asks about psychological illnesses in the family	/1
Systems review	<input type="checkbox"/> Asks about 2 relevant systems (e.g anaemia, hypothyroidism)	/2
Questions	<input type="checkbox"/> PTSD, Depression, <i>bowel cancer</i> (max 1) <input type="checkbox"/> One point for each of the following: FBC, TSH, EUC, LFTs, BSL, iron (ferritin), Vitamin D, Vitamin B12, Folic acid Safety netting, refer for psychological therapy (CBT, interpersonal therapy), suggest lifestyle modifications, pharmacological therapy (SSRI) (max 3)	/4
Communication skills	<input type="checkbox"/> Appropriate questioning style <input type="checkbox"/> Actively listens to patient, establishes good rapport <input type="checkbox"/> Systematic approach to history taking <input type="checkbox"/> Appropriate conclusion, thanks patient	/4
Global score	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected	/5

	4 = good 5 = excellent	
	Total	/42