



# MSSBU OSCE PRACTICE

## CASE 3\_05\_01

### Station Vignette

You are a third-year student on GP rotation.

The GP has asked you to take a brief history from James Burleigh, a 74-year-old man who has come into the practice with increasing shortness of breath over the past 4 months.

#### **Vital signs:**

- **Temperature:** 36.9 degrees Celsius.
- **Blood pressure:** 140/85 mmHg.
- **Heart rate:** 80/minute.
- **Respirations:** 18/minute.
- **BMI:** 29 kg/m<sup>2</sup>.

#### **TASK**

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

This includes:

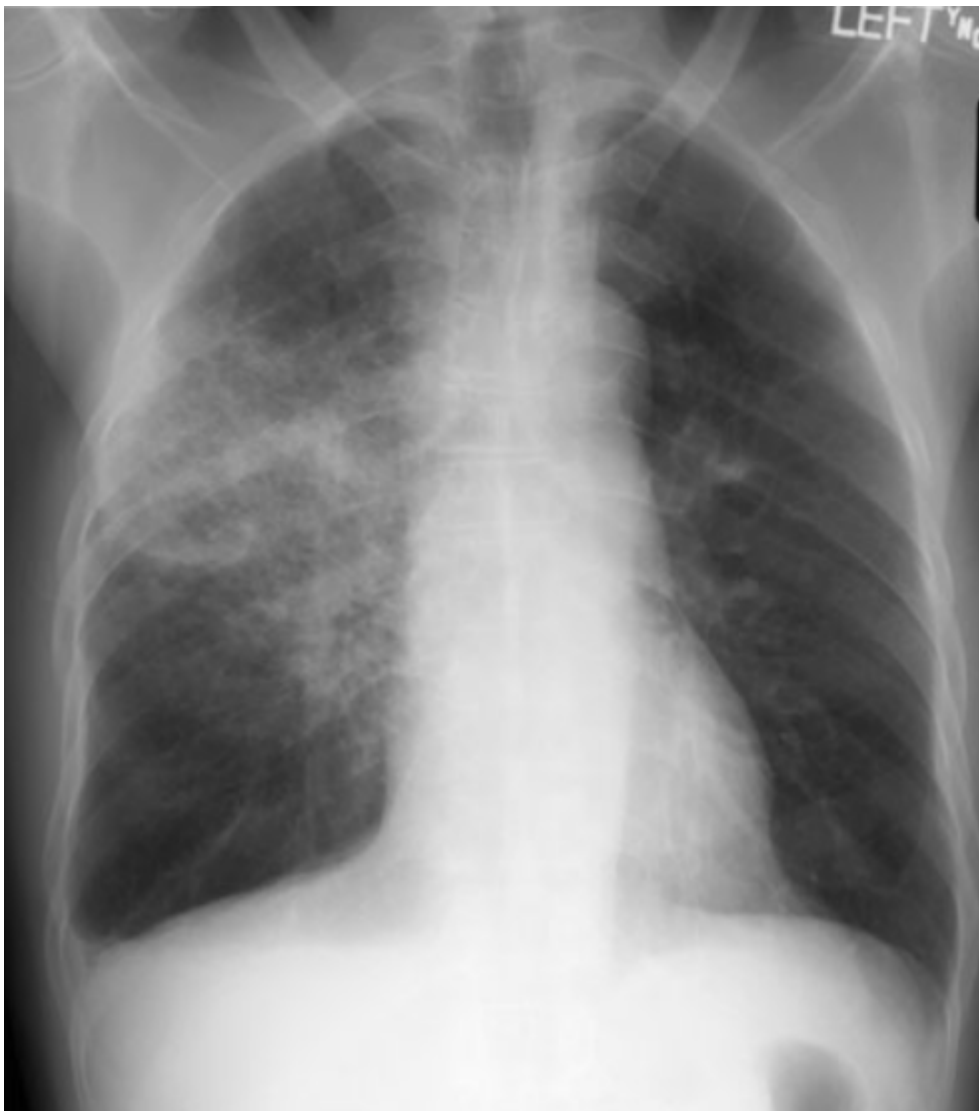
- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review.

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.

## **EXAMINER QUESTIONS**

1. What initial **investigations** must be ordered to diagnose this man's condition.
2. **Interpret** the x-ray below.
3. State **two (2)** non-pharmacological interventions that can be offered to patients with COPD.



	Question	Patient Information	Mark
<b>Introduction</b>		<input type="checkbox"/>	/1
<b>Presenting complaint</b>		<input type="checkbox"/> Increased shortness of breath.	/1
<b>Pain history</b>	Site Onset  Character Radiation Associated symptoms  Timing Exacerbating/relieving factors  Severity	<input type="checkbox"/> <b>S</b> – No major associated pain. <ul style="list-style-type: none"> <li>• – Worsening for the past 3 months.</li> </ul> <input type="checkbox"/> <b>C</b> – Not applicable. <input type="checkbox"/> <b>R</b> – Not applicable. <input type="checkbox"/> <b>A</b> – Associated with a cough (see respiratory system for more information). <input type="checkbox"/> <b>T</b> – Constant and worsening. <input type="checkbox"/> <b>E</b> – Exacerbated by any physical activity, some relief brought by inhaler use. <input type="checkbox"/> <b>S</b> – Not applicable.	/7
<b>General/constitutional history</b>	General health Weight changes  Appetite Diet Fever and chills  Night sweats Sleep	<input type="checkbox"/> Generally been well. <input type="checkbox"/> Lost 3 kg in the last 3 months. <input type="checkbox"/> No appetite changes. <input type="checkbox"/> No diet changes. <input type="checkbox"/> Feeling a bit feverish over the past few days. No chills. <input type="checkbox"/> No night sweats. <input type="checkbox"/> Sleep has been good.	/7
<b>Systems review</b>	<b>Respiratory</b> <ul style="list-style-type: none"> <li>• Chest pain.</li> <li>• Cough.</li> <li>• Sputum (colour, amount, smell, and time of day).</li> <li>• Haemoptysis.</li> <li>• Dyspnoea.</li> <li>• Wheezing.</li> <li>• Voice changes.</li> </ul> <b>Cardiovascular</b> <ul style="list-style-type: none"> <li>• Chest pain.</li> <li>• Palpitations.</li> <li>• Other cardiac symptoms.</li> </ul> <b>Gastrointestinal</b> <ul style="list-style-type: none"> <li>• Reflux.</li> </ul>	<b>Respiratory</b> <input type="checkbox"/> No chest pain. <input type="checkbox"/> Worsening cough over the past few days. <input type="checkbox"/> Dark green sputum present mainly in the mornings, 3 teaspoons worth, with a foul smell. <input type="checkbox"/> No blood in sputum. <input type="checkbox"/> Worsening dyspnoea over the past 3 months. <input type="checkbox"/> Sometimes experiences wheezing after going for a walk. <input type="checkbox"/> No voice changes.  <b>Cardiovascular</b> <input type="checkbox"/> No chest pain. <input type="checkbox"/> No palpitations. <input type="checkbox"/> <i>No other cardiac symptoms.</i>	/16

	<ul style="list-style-type: none"> <li>Abdominal pain.</li> <li>Other gastrointestinal symptoms.</li> </ul> <p><b>Other differential diagnoses for dyspnoea</b></p> <ul style="list-style-type: none"> <li>Trauma.</li> <li>Stresses (anxiety-induced dyspnoea).</li> <li>Recent infections.</li> </ul>	<p><b>Gastrointestinal</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No reflux.</li> <li><input type="checkbox"/> No abdominal pain.</li> <li><input type="checkbox"/> <i>No other gastrointestinal symptoms.</i></li> </ul> <p><b>Other differential diagnoses for dyspnoea</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No trauma.</li> <li><input type="checkbox"/> No stresses.</li> <li><input type="checkbox"/> No recent illnesses.</li> </ul>	
<b>Medications history and allergies</b>	Prescribed, over the counter, and herbal remedies Allergies	<ul style="list-style-type: none"> <li><input type="checkbox"/> Salbutamol inhaler for occasional dyspnoea.</li> <li><input type="checkbox"/> No known allergies.</li> </ul>	/2
<b>Medical history</b>	Past and current medical conditions	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gets short of breath intermittently (does not recall actual diagnosis).</li> </ul>	/1
<b>Surgical history</b>	Surgical procedures	<ul style="list-style-type: none"> <li><input type="checkbox"/> None.</li> </ul>	/1
<b>Social history</b>	Home situation Occupation Immunisations  Substance use (smoking, alcohol, and recreational drugs)  Travel Pets	<ul style="list-style-type: none"> <li><input type="checkbox"/> Things are well at home.</li> <li><input type="checkbox"/> Retired.</li> <li><input type="checkbox"/> Up to date with immunisations.</li> <li><input type="checkbox"/> Smokes 2 packs a day and has been doing so for the past 40 years. Consumes 2 standard drinks per day of alcohol and has never tried recreational drugs.</li> <li><input type="checkbox"/> Not travelled anywhere recently.</li> <li><input type="checkbox"/> No pets at home.</li> </ul>	/6
<b>Family history</b>	Parents' health  Conditions that run in the family	<ul style="list-style-type: none"> <li><input type="checkbox"/> Both parents have passed away. Father was a heavy smoker and died of lung cancer at 53, and mother died of breast cancer at 84.</li> <li><input type="checkbox"/> No conditions that run in the family.</li> </ul>	/2
<b>Questions</b>	Investigations <ul style="list-style-type: none"> <li>a. Bedside: ECG.</li> <li>Blood investigations: FBC, VBG, UCEs, and sputum culture.</li> <li>Imaging: Chest x-ray.</li> <li>Others: Spirometry.</li> </ul> X-ray interpretation		/3

	<p>a. Flattened diaphragms, with hypoechoic lung fields. Presence of focal consolidation on the right middle lobe suggestive of lobar pneumonia. Circulation appears normal with no tracheal deviation. No evidence of bone pathologies.</p> <p>Non-pharmacological tx</p> <p>a. Smoking cessation, exercise, immunisation, and pulmonary rehabilitation</p>	
<b>Communication skills</b>	<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
<b>Global</b>	<p>Overall impression of candidate based on warmth, clarity and competence:</p> <p>1 = fail  2 = borderline  3 = pass/expected  4 = good  5 = excellent</p>	/5
<b>Total</b>		/60
<b>Comments:</b>		