



# MSSBU OSCE PRACTICE

## CASE 3\_06\_04

### Station Vignette

You are a third-year student on GP rotation.

The GP has asked you to take a brief history from Carmen Coolangatta, an 83-year-old woman who has come into the practice with abdominal pain.

#### **Vital signs**

- Temperature: 38.0°C
- Blood pressure: 120/78 mmHg
- Heart rate: 100/min
- Respirations: 18/min
- BMI: 35 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. List **three (3)** key examination findings would you like to know.
2. Name **three (3)** differential diagnoses from most to least likely.
3. List **three (3)** investigations would you like to order? (3 marks)

**MARKING CRITERIA – Case 3\_06\_04**

	<b>Question</b>	<b>Patient information</b>	<b>Grade</b>
<b>Introduction</b>	Greeting/acknowledge/address patient		/1
<b>Presenting Complaint</b>		<input type="checkbox"/> Abdominal pain	/1
<b>Hx of PC</b>	Site of pain Onset of pain Time course of pain Character of pain Severity of pain Radiation to back or groin Aggravating/relieving factors  Associated symptoms <ul style="list-style-type: none"> <li>- DO NOT volunteer history of nausea unless specifically asked.</li> <li>- Specific temperature of the fever is not known</li> </ul> Previous history  Patient concern  Offered pain relief	<input type="checkbox"/> Epigastric region <input type="checkbox"/> Started yesterday <input type="checkbox"/> Gradually worsened <input type="checkbox"/> Dull pain <input type="checkbox"/> Initially 3/10; Now 7/10 <input type="checkbox"/> Radiating to RUQ <input type="checkbox"/> Nothing makes it worse; <input type="checkbox"/> Panadol did not help <input type="checkbox"/> Nausea <input type="checkbox"/> Past 4 hours <input type="checkbox"/> One vomitus <input type="checkbox"/> Non-bilious <input type="checkbox"/> No haematemesis <input type="checkbox"/> Slight Fever  <input type="checkbox"/> Nothing like this; <input type="checkbox"/> Intermittent epigastric pain post eating over the past 6 months ( <u>usually goes away</u> ) - doctor gave esomeprazole, but it did not help <input type="checkbox"/> Walking is really difficult; <input type="checkbox"/> Pain increases significantly	/15
<b>Systems Review</b>	Trauma Recent URTI Recent GI illness Last meal  <u>Gastrointestinal</u> Nausea and vomiting <ul style="list-style-type: none"> <li>• Frequency</li> <li>• Timing</li> <li>• Precipitants</li> <li>• Amount</li> <li>• Contents</li> <li>• Haematemesis</li> </ul> Bowel motions Appetite  <u>Cardiovascular</u> <ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Dyspnoea</li> <li>• Palpitations</li> </ul>	<input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> 8 hours ago <input type="checkbox"/> Sipping on water, regularly  <u>Gastrointestinal</u> <input type="checkbox"/> Once <input type="checkbox"/> Past 4 hours <input type="checkbox"/> Not sure <input type="checkbox"/> Small <input type="checkbox"/> Not sure, yellow in colour <input type="checkbox"/> No blood <input type="checkbox"/> Not affected <input type="checkbox"/> No appetite  <u>Cardiovascular</u> <input type="checkbox"/> None <input type="checkbox"/> None <input type="checkbox"/> None	/18

	<u>Renal</u> <ul style="list-style-type: none"> <li>• Dysuria</li> <li>• Oliguria/polyuria</li> <li>• Haematuria</li> </ul> <p><b>All other questions negative on systems review.</b></p>	<u>Renal</u> <ul style="list-style-type: none"> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> None</li> <li><input type="checkbox"/> None</li> </ul>	
<b>Constitutional HX</b>	Recent weight changes Fever Night sweats Diet  Sleep Fatigue	<input type="checkbox"/> Lost 4 kg over the past 6 months <input type="checkbox"/> Slight fever <input type="checkbox"/> Night sweats last night from pain <input type="checkbox"/> Eating less in the last 6 months due to intermittent epigastric pain post eating <input type="checkbox"/> Disturbed last night due to pain <input type="checkbox"/> Feel tired from the pain	/6
<b>Past medical/surgical Hx</b>	GP visits Medical history  Hospitalisations/Surgeries	<input type="checkbox"/> For medication scripts <input type="checkbox"/> Asthma as a child <input type="checkbox"/> Hypercholesterolaemia <u>now</u> <input type="checkbox"/> Hysterectomy at 55 YO <input type="checkbox"/> Endometriosis <input type="checkbox"/> No complications	/6
<b>Medications/allergies</b>	Medication  Allergy <ul style="list-style-type: none"> <li>• DO NOT volunteer the reaction</li> </ul>	<input type="checkbox"/> Esomeprazole <input type="checkbox"/> Atorvastatin <input type="checkbox"/> Aspirin (for occasional headaches) <input type="checkbox"/> Codeine <input type="checkbox"/> Nausea	/5
<b>Social Hx</b>	Smoking Alcohol Recreational drugs Work Home Immunisations Travel	<input type="checkbox"/> Never smoked <input type="checkbox"/> 3 standard drinks per week <input type="checkbox"/> Tried marijuana back at university <input type="checkbox"/> Retired; Use to be a teacher <input type="checkbox"/> Everything is well; Good support <input type="checkbox"/> Up to date <input type="checkbox"/> None	/7
<b>Family Hx</b>	Family history  Patents/siblings	<input type="checkbox"/> Endometriosis <input type="checkbox"/> No history of any bowel diseases <input type="checkbox"/> Father passed away at 60 YO (MI) <input type="checkbox"/> Mother passed away at 90 YO	/4
<b>Questions</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Q1</b> – Any 3 of: Repeat full set of observations, Temperature of peripheries, Abdominal tenderness, Murphy’s sign, Stigmata of alcohol abuse (spider naevi, ascites) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Q2</b> – Any 3 of: <b>Acute cholecystitis</b> , Ascending cholangitis, Pancreatitis, Duodenal ulcer, Gastritis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Q3</b> – Any 3 of: Laboratory: FBC, CRP, LFTs, lipase, lactate. Imaging: Abdominal USS, erect CXR, CT abdomen		/9

<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 score</b>	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent	/5
<b>Total score</b>		/81
<b>Comments:</b>		