



# MSSBU OSCE PRACTICE

## CASE 3\_05\_02

### *Station Vignette*

You are a third-year student on GP rotation.

The GP has asked you to take a brief history from John Robina, a 50-year-old man who has come into the practice and is “embarrassed” to discuss what has brought him in today.

#### **Vital signs:**

- **Temperature:** 36.7 degrees Celsius.
- **Blood pressure:** 130/80 mmHg.
- **Heart rate:** 64/minute.
- **Respirations:** 14/minute.
- **BMI:** 26 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. State **three (3)** organic causes of erectile dysfunction.
2. Outline the **first-line management** for this condition.
3. State **two (2)** complications associated with erectile dysfunction or its medical treatment.

**MARKING CRITERIA – Case 3\_05\_02**

	<b>Question</b>	<b>Patient Information</b>	<b>Mark</b>
<b>Introduction</b>		My name is John Robina, and I'm 50 years old.	/1
<b>Presenting complaint</b>		I've got a bit of a personal problem, doc. It's a bit embarrassing to be honest. I don't even know why I came in today.	/1
<b>Student must reassure patient with a privacy and confidentiality statement</b>			<b>/1</b>
<b>Presenting complaint</b>		I've been having problems getting erections.	/1
<b>Pain history</b>	Have you had any pain?	No associated pain.	/1
<b>Basic history</b>	Onset Frequency  Associated symptoms  Exacerbating/relieving factors	<input type="checkbox"/> First noticed a month ago. <input type="checkbox"/> Sudden onset and occurs every time having sex with wife. <input type="checkbox"/> <b>Do not volunteer any other information</b> (i.e. say no associated symptoms). <input type="checkbox"/> No known exacerbating or relieving factors.	/4
<b>Organic versus psychogenic</b>	Nocturnal penile tumescence (morning wood/glory) Onset Ejaculation  Libido  Trauma Radiation exposure	<input type="checkbox"/> Still get erections in the morning on most days. <input type="checkbox"/> Started suddenly. <input type="checkbox"/> Difficult due to a lack of erection. <input type="checkbox"/> Still want to have sex, but recently I've been embarrassed to do so, so my sex drive has gone down. <input type="checkbox"/> No history of trauma. <input type="checkbox"/> No history of radiation.	/6
<b>General/constitutional history</b>	General health Energy levels  Weight changes Appetite Diet  Night sweats, fevers, and chills  Sleep Rash  Exercise	<input type="checkbox"/> Generally been well. <input type="checkbox"/> Energy levels have been normal. <input type="checkbox"/> No weight changes recently. <input type="checkbox"/> Normal appetite. <input type="checkbox"/> Diet includes all food groups. <input type="checkbox"/> No night sweats, fevers, or chills. <input type="checkbox"/> Sleep has been good. <input type="checkbox"/> No rashes (particularly in genital area). <input type="checkbox"/> Exercises by walking the dogs twice a week.	/9
<b>Systems review</b>	<b>Cardiovascular</b> <ul style="list-style-type: none"> <li>• Chest pain.</li> <li>• Palpitations.</li> <li>• Claudication.</li> <li>• Fatigue.</li> </ul>	<b>Menstrual</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> No chest pain.</li> <li><input type="checkbox"/> No palpitations.</li> <li><input type="checkbox"/> No claudication.</li> <li><input type="checkbox"/> No fatigue.</li> </ul>	<b>/10</b>

	<p><b>Neurological</b></p> <ul style="list-style-type: none"> <li>• Mood.</li> </ul> <p><b>Sexual</b></p> <ul style="list-style-type: none"> <li>• Activity.</li> <li>• Type of sex.</li> <li>• Partners.</li> <li>• History of sexually transmitted infections (STIs).</li> </ul> <p><b>Urinary</b></p>	<p><i>All other cardiovascular symptoms are negative.</i></p> <p><input type="checkbox"/> <b>Neurological</b></p> <p><input type="checkbox"/> My mood hasn't been the best, doc. One of my closest friends died a few weeks ago in a car crash and I just haven't been the same since then.</p> <p><i>All other neurological symptoms are negative.</i></p> <p><b>Sexual</b></p> <p><input type="checkbox"/> Sexually active.</p> <p><input type="checkbox"/> Vaginal and oral sex.</p> <p><input type="checkbox"/> One partner, wife.</p> <p><input type="checkbox"/> No history of sexually transmitted infections.</p> <p><i>All other sexual symptoms are negative.</i></p> <p><b>Urinary</b></p> <p><i>All urinary symptoms are negative.</i></p>	
<b>Medications history and allergies</b>	Prescribed, over the counter, and herbal remedies Allergies	<input type="checkbox"/> Ramipril. <input type="checkbox"/> No allergies.	/2
<b>Medical history</b>	Past and current medical conditions	<input type="checkbox"/> Hypertension diagnosed 2 years ago.	/1
<b>Surgical history</b>	Surgical procedures	<input type="checkbox"/> No surgeries.	/1
<b>Social history</b>	Home situation Occupation  Immunisations Substance use (smoking, alcohol, and recreational drugs)  Travel  Pets	<input type="checkbox"/> Things are well at home. <input type="checkbox"/> Stockbroker (stressful at times). <input type="checkbox"/> Unsure. <input type="checkbox"/> Never smoked, consumes 2 standard drinks per night during the week, and around 5 when the market closes on Friday. Don't usually drink on weekends. Never taken any recreational drugs. <input type="checkbox"/> Not travelled anywhere recently. <input type="checkbox"/> No pets at home.	/6
<b>Family history</b>	Parents' health  Conditions that run in the family	<input type="checkbox"/> Father passed away 2 years ago due to a heart attack. Mother is still alive and well. <input type="checkbox"/> No conditions run in family.	/2
Questions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <b>Q1</b> – 1 point for each, any 3 of: Diabetes mellitus, hypertension, sexually transmitted infections, prostate		/5

	<p>surgery, Peyronie disease, chronic alcohol use, pelvic radiation, trauma, and anti-hypertensive use.</p> <p><input type="checkbox"/> <b>Q2</b> – lifestyle changes such as weight loss and hypertension control are first line</p> <p><input type="checkbox"/> <b>Q3</b> – 0.5 points each, any 2 of: premature ejaculation can occur due to the condition itself. Phosphodiesterase-5 inhibitors can cause flushing, headaches, dyspepsia, nasal congestion, and dizziness.</p>	
Communication skills	<p><input type="checkbox"/> Appropriate questioning style</p> <p><input type="checkbox"/> Actively listens to patient</p> <p><input type="checkbox"/> Systematic approach to history taking</p> <p><input type="checkbox"/> Appropriate conclusion and summary</p>	/4
<b>Global score</b>	<p>Overall impression of candidate based on warmth, clarity and competence:</p> <p>1 = fail</p> <p>2 = borderline</p> <p>3 = pass/expected</p> <p>4 = good</p> <p>5 = excellent</p>	/5
<b>Total score</b>		/60
<b>Comments:</b>		