



MSSBU OSCE PRACTICE CASE 4_03_04

Station Vignette

You are the resident on the general surgery team. You have been asked to see Jane Byers, a 19-year-old woman who has presented to the Emergency Department with abdominal pain.

Jane has no previous medical or surgical history and is not on any medications. She has no allergies and no known family history of conditions. Her immunisations are up to date.

VITALS:

- **HR:** 92 bpm
- **BP:** 125/90 mmHg
- **RR:** 18
- **O₂ Sats:** 96% RA
- **Temp:** 38.0°C

TASK

You have a total of **5 minutes** to take a history.

At the end of the allotted time, you will have **3 minutes** to disclose the diagnosis to the patient and consent them for a procedure.

Do **NOT** perform a physical examination.

PATIENT INFORMATION

You are Jane Byers, a 19-year-old female who has presented to the Emergency Department due to abdominal pain.

PC	<ul style="list-style-type: none"> • “Tummy” pain
HOPC	<p>Cramping pain started around “the middle of tummy” last night</p> <ul style="list-style-type: none"> • Now radiated to right lower abdomen • No triggers but was playing netball yesterday afternoon <ul style="list-style-type: none"> ○ Has not eaten anything “strange or new” recently • Was an intermittent pain lasting 5-10 minutes and occurring every 30 minutes <ul style="list-style-type: none"> ○ But is now there “all the time” • Progressively worsening pain -> is now a 7/10 pain • Aggravated by movement and coughing • Some relief with Neurofen • No previous episodes
Systems review	<ul style="list-style-type: none"> • GIT: <ul style="list-style-type: none"> ○ Nausea started last night- the same time as when the pain started ○ Vomited once during the car-ride to the hospital <ul style="list-style-type: none"> ▪ Undigested food- had porridge this morning ▪ No blood or bile seen ○ Some diarrhea this morning <ul style="list-style-type: none"> ▪ No constipation ▪ No PR bleed/mucus ○ No heartburn/reflux Sx • Urinary: <ul style="list-style-type: none"> ○ No UTI Sx- no fever, dysuria, frequency, urgency ○ No visible haematuria ○ No previous Hx of UTIs • Gynae: <ul style="list-style-type: none"> ○ Has regular periods- bleeding 3-4 days, every 28 days ○ Last period ended 3 days ago ○ Some clots and pain during periods but is “normal” ○ Menarche at 12 years old ○ No menorrhagia or inter-menstrual bleeding or post-coital bleeding ○ No dyspareunia ○ No abnormal vaginal discharge or genital rashes ○ Is sexually active, no long-term partner but always uses condoms ○ Not on any other form of contraception ○ No previous Hx of STIs ○ Up-to-date with immunisations - had HPV vaccine in school • Obstetrics: <ul style="list-style-type: none"> ○ Never been pregnant before
Constitutional Hx	<ul style="list-style-type: none"> • Feels “sweaty and hot” • No chills, weight loss or rashes • Healthy diet • Had normal energy and exercise levels
PMHx	<ul style="list-style-type: none"> • None
PSHx	<ul style="list-style-type: none"> • None
Medications	<ul style="list-style-type: none"> • No meds

Allergies	<ul style="list-style-type: none"> • None
FHx	<ul style="list-style-type: none"> • None
SHx	<ul style="list-style-type: none"> • Non-smoker • Drinks alcohol occasionally, every few months • No recreational drug use • Occupation- law student at Bond University • Lives at home with parents and younger brother • No sick contacts
Ideas, concerns and/or expectations	<p><i>Respond only if asked:</i></p> <ul style="list-style-type: none"> • “This can’t be food poisoning, can it?”
Instructions for the examiner’s question	<p><i>Please do not ask any questions during the student’s explanation of the diagnosis and the surgical consent. If asked if you have any questions, respond by saying you have none.</i></p> <ul style="list-style-type: none"> • Being told the diagnosis of appendicitis: <ul style="list-style-type: none"> ○ At this stage, you know that you have done multiple tests including the CT abdomen and have not been told the diagnosis yet ○ Calmly accept the diagnosis ○ Say that you are aware of appendicitis as your friend has had it ○ If the student takes too long to disclose the diagnosis (i.e. over one minute), prompt the student to talk about the surgery e.g. “So do we have to take the appendix out?” • Being consented for the laparoscopic appendicectomy: <ul style="list-style-type: none"> ○ Calmly accept the explanation of the surgery ○ Consent to the surgery when asked

EXAMINER QUESTIONS

1. Your register confirms appendicitis on the CT abdomen. All other differentials have been excluded. Disclose the **diagnosis** to the patient and **consent** them for a laparoscopic appendicectomy.

MARKING CRITERIA – CASE 4_03_04

Item	Criteria	Mark
Introduction	<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Appropriate introduction	/ 2
Presenting complaint	<input type="checkbox"/> Leads with open question <input type="checkbox"/> Follows with another open question	/2
History of presenting complaint	<input type="checkbox"/> Determine onset and progression <input type="checkbox"/> Cramping pain <input type="checkbox"/> Location and radiation <input type="checkbox"/> Intermittent/colicky pain <input type="checkbox"/> Pain scale <input type="checkbox"/> Triggers <input type="checkbox"/> Aggravating factors <input type="checkbox"/> Relieving factors <input type="checkbox"/> First or previous episode(s) <input type="checkbox"/> Elicits patient concerns/worries	/10
Systems review	<input type="checkbox"/> GIT – screening questions including N&V and bowel Sx <input type="checkbox"/> Urinary – screening questions including UTI and lower urinary tract Sx (may include dysuria, frequency and haematuria) <input type="checkbox"/> Gynae and obstetrics- screening questions; must include date of last menses; may include frequency of periods, sexual history and if ever been pregnant	/3
Constitutional history	<input type="checkbox"/> 0.5 points for each of the following: diet, appetite, weight loss, sleep, energy, exercise <input type="checkbox"/> 0.5 points for each of the following systemic symptoms: fevers, chills, night sweats, rash	/5
Social history	<input type="checkbox"/> Occupation <input type="checkbox"/> Living situation <input type="checkbox"/> Asks all of smoking, alcohol and recreational drugs	/3
Questions	<input type="checkbox"/> 1 point for disclosing the diagnosis of appendicitis <input type="checkbox"/> Consent – 1 point for each of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Explains what is a laparoscopic appendicectomy e.g. may mention it is a keyhole surgery that removes the appendix through ~3 small incisions through the abdomen <input type="checkbox"/> Explains one benefit e.g. removes the appendix to prevent it from perforating <input type="checkbox"/> Explains at least one general risk e.g. DVT, stroke, heart attack <input type="checkbox"/> Explains at least three specific risks e.g. infection, bleeding, pain, injury to bowel/bladder/ureter, adhesions, incisional hernia <input type="checkbox"/> Mentions an alternative to the procedure e.g. antibiotics <input type="checkbox"/> Mentions that the patient will have to fast (food + drink) from now <input type="checkbox"/> Checks patient understanding e.g. asking the patient if they have any questions or asking them to summarise the procedure <input type="checkbox"/> Asks the patient for consent 	/9

Communication skills	<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
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	/43