



MSSBU OSCE PRACTICE

CASE 3_05_04

Station Vignette

You are a third-year student on GP rotation.

The GP has asked you to take a brief history from Daniel Helensvale, a 37-year-old man who has come into the practice with chest tightness.

Vital signs:

- **Temperature:** 37.1 degrees Celsius.
- **Blood pressure:** 120/85 mmHg.
- **Heart rate:** 99/minute.
- **Respirations:** 16/minute.
- **BMI:** 24 kg/m².

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 your top **three (3)** differential diagnoses.
2. List **three (3)** first-line investigations?
3. State **one (1)** risk stratification tool you can use to assess a patient's suicide risk.

	Question	Patient Information	Grade
Presenting complaint		<input type="checkbox"/> Chest tightness. <input type="checkbox"/> Tell me a little bit more: I've also experienced my heart pounding in my chest.	/2
	Any chest pain?	<input type="checkbox"/> No chest pain, only tightness.	/1
History of presenting complaint	Site Onset Radiation Associated symptoms Timing Exacerbating/relieving factors	<input type="checkbox"/> S – Diffuse around my chest. <ul style="list-style-type: none"> • – Started around 7 months ago. <input type="checkbox"/> R – No other tightness. <input type="checkbox"/> A – Associated with palpitations. <input type="checkbox"/> T – Comes on when I have to do presentations at work. <input type="checkbox"/> E – Stopping the presentation usually helps, and presentations make the symptoms worse.	/5
General/constitutional history	<ul style="list-style-type: none"> • General health • Rashes • Weight changes • Diet. • Appetite. • Night sweats, fevers, and chills • Sleep 	<input type="checkbox"/> Generally been well. <input type="checkbox"/> No rashes. <input type="checkbox"/> Lost 5 kg in the last 6 months. <input type="checkbox"/> Diet includes all food groups. <input type="checkbox"/> Decreased appetite. <input type="checkbox"/> No fever, night sweats, or chills. <input type="checkbox"/> Sleep has been reduced. Have been getting around 5.5 hours of sleep instead of the usual 7.5.	/7
Systems review	Gastrointestinal <ul style="list-style-type: none"> • Nausea and vomiting. <i>No other gastrointestinal symptoms.</i> Urinary <ul style="list-style-type: none"> • Colour. Cardiovascular <ul style="list-style-type: none"> • Chest pain. • Palpitations. • Shortness of breath. 	Gastrointestinal <input type="checkbox"/> No nausea or vomiting. Urinary <input type="checkbox"/> Urine colour is normal. <input type="checkbox"/> No other urinary symptoms. Cardiovascular <input type="checkbox"/> No chest pain. <input type="checkbox"/> Palpitations present.	/22

	<ul style="list-style-type: none"> • Ankle swelling. • Fatigue. • Dizziness. <p>Respiratory</p> <ul style="list-style-type: none"> • Cough. <p><i>No other respiratory symptoms.</i></p> <p>Neurological</p> <ul style="list-style-type: none"> • Headache. • Mood. • Paraesthesias. • Tremor. • Trauma. <p>Endocrine</p> <ul style="list-style-type: none"> • Preference to heat or cold. <p><i>No other endocrine symptoms.</i></p> <p>Haematological</p> <ul style="list-style-type: none"> • Abnormal bleeding. <p><i>No other haematological symptoms.</i></p> <p>Depression</p> <ul style="list-style-type: none"> • Anhedonia. • Sleep disturbances. • Concentration problems. • Fatigue. <p>Suicide and self-harm risk</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Significant shortness of breath when giving presentations. <input type="checkbox"/> No ankle swelling. <input type="checkbox"/> Feels some fatigue during the event, but this passes if he takes a break. <input type="checkbox"/> Some dizziness during episodes, but no syncope. <p>Respiratory</p> <ul style="list-style-type: none"> <input type="checkbox"/> No cough. <p>Neurological</p> <ul style="list-style-type: none"> <input type="checkbox"/> No headache. <input type="checkbox"/> Mood has been normal; however I have been feeling quite stressed with work lately. <input type="checkbox"/> No tingling or pins and needles. <input type="checkbox"/> Hands shake a little bit when giving presentations. <input type="checkbox"/> No history of trauma. <p>Endocrine</p> <ul style="list-style-type: none"> <input type="checkbox"/> No preference. <p>Haematological</p> <ul style="list-style-type: none"> <input type="checkbox"/> No bleeding. <p>Depression</p> <ul style="list-style-type: none"> <input type="checkbox"/> No loss of interest in activities. <input type="checkbox"/> Sleep has been decreased. <input type="checkbox"/> Sometimes has trouble focussing when giving work presentations. <input type="checkbox"/> Feels fatigued after presentations. <p>Suicide and self-harm risk</p>	
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		<input type="checkbox"/> Has not had any ideations of suicide or self-harm.	
Medications history and allergies	Prescribed, over the counter, and herbal remedies Allergies	<input type="checkbox"/> No medications. <input type="checkbox"/> No known allergies.	/2
Medical history	Past and current medical conditions	<input type="checkbox"/> No past medical conditions.	/1
Surgical history	Surgical procedures	<input type="checkbox"/> None.	/1
Social history	Home situation Occupation Immunisations Substance use (smoking, alcohol, and recreational drugs) Travel Pets	<input type="checkbox"/> Things are well at home. <input type="checkbox"/> Salesperson for a paper company. <input type="checkbox"/> Up to date with immunisations. <input type="checkbox"/> Smoked for 5 years from the ages of 18 to 23, and used to smoke a pack per day. <input type="checkbox"/> Consumes 3 to 4 beers per week. <input type="checkbox"/> Never used recreational drugs. <input type="checkbox"/> No recent travel. <input type="checkbox"/> No pets at home.	/8
Family history	Parents' health Conditions that run in the family	<input type="checkbox"/> Mother had depression and passed away at the age of 80. Father is still alive and well but has hypertension. <input type="checkbox"/> No other known family history.	/2
Questions	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Q1 – 0.5 points for each, 3 of: Specific anxiety disorder, generalised anxiety disorder, hypothyroidism, major depressive disorder, performance anxiety disorder, or phaeochromocytoma. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Q2 – Bedside: Serum glucose, pulmonary function tests, and ECG. a. Blood investigations: Full blood count, thyroid function tests, liver function tests, and serum drug screen (if indicated). b. Imaging: None (or consider a non-contrast CT scan if acute head trauma is suspected) <input type="checkbox"/> Q3 – any 1 of: Any one of: SADPERSONS, STARS assessment, and C-SSRS.		/4
Communication skills	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent		/5
Global score			/5
Total score			/65

Comments:	
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