



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Jeffery Holden

AUTHOR:

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SECTION A: This information is given to the candidate

(Author Initials, date written, case name, moderator initials

Review date:

INSTRUCTIONS TO CANDIDATES

- This is a 19 minute station.
 - You will hear a bell after 8 minutes and again after 11 minutes. Ignore them.
- Read the following scenario.
- This consultation takes place in a single session.
- **Take an appropriate history from the patient.**
- **When you are ready, request the details of an appropriate physical examination from the observing examiner and the results of surgery tests.**
- **Manage the significant elements of this case.**
 - any diagnosis that you do not wish to mention to the patient please tell the observing examiner

SECTION A: This information is given to the candidate

SCENARIO : Jeffery Holden is a 75yo man you have been caring for for several years but you haven't seen him for months. He is the carer for his wife, who has dementia. He comes to you more SOB than usual.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Jeffery Holden

Age: 75

Allergies: nil

Social History

Lives alone with wife, Beryl. Children live interstate.

Occupation – retired Train Driver

Family History - hypertension

Current Medications Ramipril, Thiazide, Aspirin

Immunisations yearly fluvax

Past Medical History – AMI 10 years ago, CCF, Hypertension

Drug and Alcohol

SECTION B: This information is given to the patient role player/examiner

You are Jeffery Holden, a 75yo man who hasn't been to see the doctor for months. But you have been seeing this doctor for several years. You are the carer for your wife, Beryl, who has dementia. You are more SOB than usual.

THE STORY IN DETAIL

Information to be freely given: You are breathless all the time, finding it very difficult coping with your wife. You need to be a bit better so you can keep looking after her.

Information only to be given with appropriate enquiry from the candidate:

You and your wife are not complying with medications. You can't remember which ones to take at what time of the day. You find all the little bottles fiddly. You get busy looking after your wife and forget.

You still have plenty of scripts left (and shouldn't)

You've been feeling down recently. You know it was "for better or for worse" but you miss her as a friend. You can't leave her alone, you are not getting out of the house much. You miss your friends, bowling

No Home modifications

No home helps

You are having trouble with the cooking, washing, due to breathlessness and being too tired.

No nearby family, your friends have their own problems.

No urinary frequency or excessive thirst. You have been getting more swollen in the ankles and had to move your belt out a few notches.

Start the scenario by being very breathless, slow and downcast. As the candidate mentions all the helps that are available you can become more and more relaxed and positive

NOTES TO EXAMINERS

I've still got some scripts left at home, but I thought I would have run out by now. I hope I've been taking the right things

I just wish I had someone who could care for Beryl while I leave the house for a while.

I wish I had someone to help with the heavy things. And maybe the cooking

Additional HISTORY

As Above

**SECTION B: This information is given to the patient role
player/examiner**

SYSTEMS REVIEW

Cardiovascular - having trouble getting shoes on,

Dermatological – Dry skin

Endocrine

Respiratory

Gastrointestinal

Genitourinary

Gynaecological

Musculoskeletal

Neurological

Psychological

Other e.g.

Energy **Poor**

Appetite **Not good, hard to eat and breathe**

Weight Change **increasing, having to use more holes on belt**

Sleep Pattern **Wakes at night breathless, sleeps in a chair most
nights, or a few extra pillows**

SECTION B: This information is given to the patient role player/examiner

PHYSICAL EXAMINATION

1/These clinical findings are available on a separate sheet that is to be handed to candidates when they ask for any physical examination findings.

2/All other physical findings are normal.

3/Candidates are to ask for specific examination findings

General Appearance			
Weight 75kg	Height	BMI	Temp 36.5°C
BP 135/80	Pulse 78	RespRate /min	
Cardiovascular	JVP 5cm, apex beat in 5th intercostal space, anterior axillary line, HS dual, nil added pulse 78, regular , pitting oedema to knees		
Respiratory	Bibasal crepitations		
Ear, Nose & Throat			
Abdomen/PR	Normal liver, mild ascites		
Breasts			
Pap/PV			
Musculoskeletal	deformity of knees, decreased ROM, crepitus		
Nervous System			
Skin			
Thyroid			
Lymph Nodes	Nil		
Other			

**SECTION B: This information is given to the patient role
player/examiner**

INVESTIGATIONS

1/These results are available on a separate sheet that is to be handed to candidates when they ask for any investigations.

2/All other investigations are normal.

4/Candidates are to ask for specific investigations.

Surgery Tests

Urinalysis trace of ketones, one plus sugars

Random Blood Glucose 9.1

3/ The following test results are unavailable
ECG

PEFR/ Spirometry

SECTION C: This information is given to the examiner/facilitator

Listed below are the key issues to be covered in this case. *(The facilitator/examiner can “tick” these as covered during the consult)*

Specific Questions Candidate should ask

Mental State
Coping
Home needs – meals, housework, mobilising
Symptoms of heart failure – SOB, weight gain,
Chest pain
Medication use
Symptoms of diabetes (may be after BSL)

Diagnosis

Chronic heart failure
Noncompliance with medications causing worsening symptoms
Possible depression
Lack of home supports

Appropriate management and explanation:

Manage acute failure
Mentions long term management CCF – ACEI, Spironolactone, BetaBlocker, echos, pacemakers, weight, mmunisations
Organises a Webster pack for Pt and wife
Discusses and helps arrange supports – respite, meals on wheels, home modifications, companionship, carer support, home help with housework, ACAT,
Arranges and explains investigations - bloods
Explains possible diabetes and arranges follow up
Follows up mental state – may mention this to the examiner only

This checklist below is a guide to Key Features used by Examiners to assist in clinical case ratings. The lists are not intended to be prescriptive or exhaustive and do not form part of the marking.

On completion of the case, the candidate/examiner/group may wish to score themselves as part of a feedback process.

Place a cross (X) along each line according to the candidate's performance on that item.

CLINICAL CASE RATINGS KEY FEATURES CHECKLIST

(*) key feature relevant to this case

Inadequately Covered
1

Covered Well
10

1 * ● Communication and Rapport

2 ● Inter-professional Communication Skills

3 * ● History taking

4 ● Physical examination

5 ● History and Physical Examination

6 ● Physical Examination Technique

7 * ● Physical Examination Findings

8 ● Investigations

9 ● Diagnosis

10 * ● Problem Definition

11 * ● Medical Knowledge

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12	● Public Health Issues	
13	* ● Management	
14	● Procedural Skills	
15	● Ethical and Medico Legal Issues	
16	● Critical Appraisal Skills	
17	●	
		Frequently Not at all
18	● Prompting Required	

Key Features Clinical Case Rating Descriptions

1. Communication and Rapport

Rate the candidate on their ability to establish rapport and to communicate effectively with the patient in a pleasant, clear and logical manner using appropriate communication skills and language.

3. History taking

Rate the candidate on their ability to take a relevant and organised history; following appropriate cues and eliciting both positive and negative details important to the assessment and management of the patient.

7. Physical Examination Findings

Rate the candidate on their ability to detect physical examination findings accurately and to interpret them correctly.

8. Investigations

Rate the candidate on their ability to select relevant, cost-effective investigations in an appropriate sequence, displaying consideration for the safety and comfort of the patient.

9. Diagnosis

Rate the candidate's ability to make an accurate diagnosis based on interpretation of the history, physical examination and investigations.

10. Problem Definition

Rate the candidate on their ability to identify, define and prioritise the physical, psychological and social issues involved for the patient, the family and the community.

11. Medical Knowledge

Rate the candidate's medical knowledge of the physical, psychological and social issues involved in this question.

13. Management

Rate the candidate on their ability to manage the issues raised in this case, both now and in the future. Candidates should offer effective explanations, education and choices to patients, and involve the patient, family and relevant community resources in their immediate and on going management plans. Candidates should demonstrate responsibility for the immediate and ongoing management of the patient.

18. Prompting

To what extent was prompting/probing necessary to assist the candidate?

The 6 categories are: Almost continuously (cross on far left), very frequently, frequently, occasionally, minimally, not at all (cross on far right).

References and Study Notes:

NHMRC guidelines for the management of heart failure

The silver book – RACGP website

Local Area community/aged care services

Diagnosis of diabetes – 2006 diabetes management handbook – from local division