



## **GPRA ONLINE EXAM RESOURCES CLINICAL CASES**

CASE TYPE:

**Short Case – 8 minutes**

NAME:

**Joshua Flanagan**

AUTHOR:

**Anna Colwell**

### **Disclaimer & Copyright**

rights related to GPRA's Online Exams Resources (OER) are reserved. All materials contained in this website are protected by Australian copyright law and may not be reproduced, distributed, transmitted, displayed, published or all broadcast without the prior written permission of General Practice Registrars Australia Ltd. (GPRA) or in the case of third party materials, the owner of that content. You may not alter or remove any trademark, copyright or other notice from copies of the clinical cases provided. All efforts have been made to ensure that material presented in this publication is correct at the time of publishing. Due to the rapidly changing nature of the industry, GPRA does not make any warranty or guarantee concerning the continued accuracy or reliability of the content.

**SECTION A: This information is given to the candidate**

## INSTRUCTIONS TO CANDIDATES

- This is an 8 minute station.
- Read the following scenario.
- This consultation takes place in a single session.
- Take an appropriate history from the patient.
- When you are ready to examine the patient, the observing examiner will provide you with all the relevant findings
- Request the results of any surgery tests from the observing examiner.
- Outline your conclusions and proposed initial management plan to the patient.

**SECTION A: This information is given to the candidate**

***SCENARIO : Joshua Flanagan is a 53 year old male who has rung up complaining that he is feeling tired and unwell. You fit him in for the next day as he rarely complains of anything.***

A copy of the patient record summary sheet is attached.

## **FULL SUMMARY**

### **Patient Details**

Name: Joshua Flanagan (Josh)

D.O.B.: 12/12/1954 (53)

Allergies: Nil

**Social History** Farmer, lives with wife.

**Family History** Unknown

**Current Medications** Hydrochlorothiazide 25mg

**Immunisations** tetanus up to date

**Past Medical History** Hypertension, sits around 140/85 when on medication.  
Drug and Alcohol – occasional beer at the football, non smoker

Bloods 2 years ago (when last seen): Total Chol 5.9, Glucose 5.9, normal FBC/UEC  
/LFT's BMI was 29.

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

**THE STORY IN DETAIL**

*You are a 53 year old farmer who lives with his wife. You have not been to the doctor for 2 years. Last visit your blood pressure was OK, but you think some of your bloods were a bit high and your doctor had talked to you about your weight. In the last few months to weeks you have been getting very tired and don't know why.*

*Information to be freely given:* feeling exhausted, can't do his work, not in pain or sick in any way.

*Information only to be given with appropriate enquiry from the candidate:* polyuria, polydipsia, No depressed mood, sleep fine, nil infective urinary symptoms, nil weight loss or nocturia. Don't know if your siblings or parents have any medical problems

**NOTES TO EXAMINERS**

Suggested Cues/prompts if candidate requires assistance:

I'm having to go to the toilet all the time, but I'm drinking more so that's probably why.

**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.

<b>General Appearance</b>	Over weight		
<b>Weight</b>	<b>Height</b>	<b>BMI 29</b>	<b>Temp °C</b>
<b>BP 140/88</b>	<b>Pulse 70</b>	<b>RespRate 12/min</b>	
All systems normal			

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

### **INVESTIGATIONS**

Candidates are to ask for specific investigations.

#### **Surgery Tests**

Urinalysis - ketones, glucose

Random Finger Prick Blood Glucose - 13

## **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**

Mood, depressive symptoms

Urinary symptoms

Diabetes symptoms

Family History of diabetes

#### **Diagnosis**

Diabetes

#### **Appropriate management and explanation:**

Diabetes diagnosis likely, needs to be confirmed on formal fasting glucose.

**BRIEF overview of what diabetes is, how it is treated, potential complications**

**Arrange another long visit very soon to discuss**

- Chol, HT, Screening for eyes, feet, vessels, kidneys, dietitian, diabetes educator, BSL monitoring.

**Perhaps order bloods and urine test ready for next visit. No GTT necessary**

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     \*     ● History and Physical Examination

5     ● Physical Examination Findings

6     \*     ● Investigations

7     \*     ● Diagnosis

8     \*     ● Problem Definition

9     ● Medical Knowledge

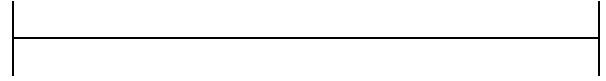
10    \*     ● Management

Frequently

Not at all

11

- Prompting Required



# Key Features Clinical Case Rating Descriptions

*Remove those not used*

## **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.

## **5. History and Physical Examination**

Rate the candidate on their ability to take a relevant and organised history; following appropriate cues and eliciting details important to the assessment and management of the patient. Also rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive.

## **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.

## **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:

Diabetes management handbook – from local division  
Diabetes Australia