



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Bill Grey

AUTHOR:



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Bill Grey, 3 years old

Review date:

SECTION A: This information is given to the candidate

INSTRUCTIONS TO CANDIDATES

STANDARD INSTRUCTIONS:

- 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.
- If investigations are requested, this consultation may be conducted as if it were more than one session.

ADDITIONAL / OPTIONAL INSTRUCTIONS

- Take an appropriate history from the patient.
- Tell the examiner your differential diagnosis.
- When you are ready, request the details of an appropriate physical examination and investigation findings from the observing examiner.
- What is your diagnosis now?
- Outline to the examiner what longer term management you or the GP would like to implement

SECTION A: This information is given to the candidate

SCENARIO :

You are in the emergency department in Wagga Wagga. Your next patient is "Bill". He is triaged as category 3 and the triage note says "altered consciousness". The nursing staff recognise the patient and tell you he comes in here all the time to sober off, and he only needs a "once over" and left alone to sleep, otherwise he gets violent.

The police found Bill lying in the park and brought him here.

As you look into the cubicle you see an Aboriginal man in his 20's lying on the barouche. As you come close you note that he looks dishevelled, his eyes are half closed and as you approach you smell alcohol on his breath and urine on his clothes.

A copy of the patient record summary sheet is attached. *(Provide the history the candidate should have to read before commencing the consult)*

FULL SUMMARY

Patient Details

Name: Bill Grey

D.O.B.: 27 yo

Allergies: nil

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

THE STORY IN DETAIL

Information to be freely given:

Bill is a 27 yr old man. He lives with some “fellas” and the “missus” in a house a few km from town. He doesn’t like hospitals and he certainly doesn’t like doctors. He just wants to be left alone to go to sleep. He can’t remember the events of the last 3 days because he’s had a few drinks but can’t remember specifically how much (maybe half bottle of whiskey, 12 cans of beer and 1 L of wine) he normally drinks 2L wine/night. He had a few cones with his mates too.

He remembers he had an argument with one of his friends because he said something bad about his “missus”, he remembers pushing his friend and his friend pushed him back, he may have fallen but can’t remember.

He’s not concentrating on what the doctor is saying because he’s got a headache. Some blurring of vision, no weakness or numbness.

He’s been feeling “under the weather” lately and just wants to be left alone.

(Depending on the candidates approach, he may be amenable to stay for observation for 4 hrs, have tests done)

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

The doctor from the Aboriginal Health Centre put him on some medication with injections or something, but he doesn’t like using it because it’s a pain, and he’s not really sure why he needs it – he thinks it’s for his sugars.

He has been going to the toilet to pass water, he’s not sure if it’s more than usual. He says that’s what beer does to him.

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Additional HISTORY

Case Name: Bill Grey

If the same as the Summary already given to candidate, note “As above”.

*If there is additional information for the role player that must be elicited by the candidate, note **below in green text***

Past Medical History

Family History – mother - T2DM, father -T2Dm, CVA, MI

Cigarettes 20 cigs/day

Alcohol 2L wine/day

Other Drugs marijuana

Medications “injections for sugars”

Allergies nil

Immunisations unknown

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

PHYSICAL EXAMINATION

Use the appropriate option, delete those options not used.

Candidates are to ask for specific examination findings. *(List all appropriate findings, delete those not used)*

General Appearance	Follows commands, inappropriate speech, eyes open to verbal command		
Weight	Height	BMI	Temp 38 °C
BP 135/85	Pulse 100 reg	RespRate 22/min	
Cardiovascular	Hs dual + nil		
Respiratory	Chest clear		
Ear, Nose & Throat	Sweet smelling breath ?ketotic ?alcohol. Dry mucous membranes		
Abdomen/PR	Abdo- soft, non tender, no organomegaly		
Breasts	n/a		
Pap/PV	n/a		
Musculoskeletal			
Nervous System	CN intact but blurring of vision. Some neck and occipital head pain, decreased coordination . Normal sensation/power/reflexes		
Skin <i>(Attach picture if appropriate)</i>			
Thyroid	n/a		
Lymph Nodes	Nad		

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

INVESTIGATIONS

Candidates are to ask for specific investigations.

Surgery Tests

Urinalysis – positive nitrites, blood, leukocytes, protein. Positive glucose and ketones.

Random Blood Glucose - 36

ECG SR rate 100

Other Investigations

Pathology - WCC 15.0, EUC n, LFT GGT 106, Coags n,

(BC – result pending but will be E coli)

(MSU – result pending but will be E coli)

Imaging – CXR - clear

CT head (result pending but will be normal)

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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

Need to ask about medications and check sugar on investigations.

Differential diagnosis

Alcohol/substance abuse

Head injury – sub dural haemorrhage/subarachnoid haemorrhage

Diabetic ketoacidosis

Hypoglycaemia

Septicaemia

Pneumonia

UTI

Hepatic encephalopathy

Diagnosis in this patient

Ketoacidosis secondary to (septicaemia from) (E coli) UTI
Alcoholic liver abnormality

Appropriate management and explanation:

BioPsychosocial approach.

Bio:

Treat his UTI, Ketoacidosis

Address alcohol issues including Thiamine. Input from drug and alcohol services.

Smoking cessation. Use RACGP’s 5 As approach. Assessment of stage of change.

Address substance abuse (not urgent in this consult)

Review Diabetes – his understanding, current management plan.

Immunizations – annual influenza

Psychol:

Screen for depression

Social:

Social supports including living arrangements.

Consider hospital admission or close follow up in the community.

Getting input from an Aboriginal Health Worker would be invaluable.

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Need for review by ophthalmologist, podiatrists, diabetes educator, dietitian

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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. *(Please place an asterisk next to the Clinical Case Rating Key Features that are most relevant to this case).*

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.

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CLINICAL CASE RATINGS KEY FEATURES CHECKLIST

(*) key feature relevant to this case

Inadequately Covered
1

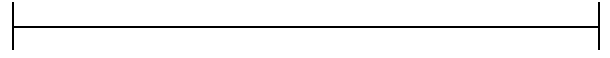
Covered Well
10

1	*	● Communication and Rapport	
2		● Inter-professional Communication	
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	
12	*	● Public Health Issues	
13	*	● Management	
14		● Procedural Skills	
15	*	● Ethical and Medico Legal Issues	
16		● Critical Appraisal Skills	
17		●	

Frequently

Not at all

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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.

2. Inter-professional Communication Skills

Rate the candidate on how well they communicate with other health professionals.

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.

4. Physical examination

Rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive. Specific findings relevant to the case should be elicited.

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.

6. Physical Examination Technique

Rate the candidate's physical examination technique. Systematic and appropriate examination techniques should be employed and explained to the patient. Candidates should demonstrate respect for the patient and concern for the patient's safety, comfort and modesty. Candidates should wash their hands at the end of the examination.

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.

12. Public Health Issues

Rate the candidate's awareness of, and ability to deal with, the public health and social issues raised by this case.

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.

14. Procedural Skills

Rate the candidate's ability to perform the procedure appropriately and competently with regard for patient safety and comfort.

15. Ethical and Medico Legal Issues

Rate the candidate's ability to deal with the ethical, medico legal and professional issues raised by this case.

16. Critical Appraisal Skills

Rate the candidate on their ability to critically appraise an article and to identify its strength and weaknesses. This may include analysis of statistical data

17. Other

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).

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References and Study Notes:

List any useful references relevant to this case

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