



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

CASE TYPE:

**Short Case – 8 minutes**

NAME:

**Daniel Ryder**

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

### INSTRUCTIONS TO CANDIDATES

#### STANDARD INSTRUCTIONS:

- This is an 8 minute station.
- Read the following scenario.
- If investigations are requested, this consultation may be conducted as if it were more than one session.

#### ADDITIONAL / OPTIONAL INSTRUCTIONS

*Delete whichever do not apply to your case, OR CREATE a new instruction.*

- **Take an appropriate history from the patient.**
- **When you are ready, request the details of an appropriate physical examination from the observing examiner.**
- **Outline your diagnostic impressions to the patient and advise on the need for further investigations if any.**
- **Tell the observing examiner your differential diagnosis.**
- **If you are considering diagnoses which you do not wish to discuss with the patient at this stage, you should inform the observing examiner of these diagnoses.**
- **Request the results of any investigations from the observing examiner.**
- **Outline your conclusions and proposed management plan to the patient.**

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

SCENARIO : Daniel is a 24 year old man who is a new patient to your practice.

A copy of the patient record summary sheet is attached.

### FULL SUMMARY

#### **Patient Details**

Name: Daniel Ryder

D.O.B.: 21/01/1983 (24 yo)

Allergies: Nil

**Social History** Separated from de facto. 2 daughters. Currently lives with parents  
Occupation- currently unemployed

**Family History** Nil significant

**Current Medications** None

**Immunisations** Up to date

**Past Medical History** Tonsillectomy

Drug and Alcohol- smoker. Occasional ETOH. Nil illicit drugs

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

### **THE STORY IN DETAIL**

*Information to be freely given:* You woke up 3 days ago with some pain in the middle of the chest. It is worse when you take deep breaths and worse when you use your arms. It makes you feel a little short of breath.

*Information only to be given with appropriate enquiry from the candidate:* The pain is not exertional or related to food. It is not positional. There is no history of injury, recent travel, or contact with any one who is ill. You have been well recently with no fever, cough, wheeze, sore throat or rhinitis. You have not had haemoptysis, and there is no history of recent travel, surgery or prolonged immobilisation. There is no associated presyncope, syncope or palpitations. Your ex partner made the appointment for you today as she was worried about your symptoms. You do not go to doctors except for acute illnesses. You have been a little stressed lately as your ex broke up with you recently and you had to move back in with your parents. You are also looking for work.

### **NOTES TO EXAMINERS**

Suggested Cues/prompts if candidate requires assistance:

#### **Additional HISTORY**

**Past Medical History** Nil

**Family History** Nil

**Cigarettes** 5-10 per day

**Alcohol** 1-2 on weekends

**Other Drugs** Nil

**Medications** Nil

**Allergies** Nil

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

### **SYSTEMS REVIEW**

**Cardiovascular** No ankle oedema.

**Respiratory** As above

**Musculoskeletal** As above

**Psychological** Has been a little stressed lately but coping well. No depression/anxiety/suicidal thoughts

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

### PHYSICAL EXAMINATION

Candidates are to ask for specific examination findings.

<b>General Appearance</b>	Looks well.		
<b>Weight 52kg</b>	<b>Height 1.6m</b>	<b>BMI 20.3</b>	<b>Temp °C 37.1</b>
<b>BP 110/60</b>	<b>Pulse 64</b>	<b>RespRate 24/min</b>	
<b>Cardiovascular</b>	Apex beat not displaced. JVP not elevated. No oedema. HS dual, nil added		
<b>Respiratory</b>	Not using accessory muscles. No tracheal deviation. Expansion symmetrical. Percussion note- slight hyperresonance right side. Reduced breath sounds on right side of chest. No chest wall tenderness		
<b>Ear, Nose &amp; Throat</b>	Normal		
<b>Abdomen/PR</b>	Normal. PR not done		
<b>Lymph Nodes</b>	Nil		

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

### INVESTIGATIONS

Candidates are to ask for specific investigations.

#### Surgery Tests

Not done

#### Other Investigations

Imaging      CXR- large pneumothorax on right

## **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**

- Elicits patient's symptoms
- Asks about risks factors for pneumothorax (trauma, surgery)
- Asks about symptoms and risk factors for pulmonary embolism (haemoptysis, air travel, immobilization etc)

### **Diagnosis**

- Makes diagnosis of spontaneous simple pneumothorax

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

- Explains diagnosis and aetiology to the patient
- Identifies smoking as a risk factor
- Arranges admission to hospital for chest drain
- Discusses smoking cessation
- Discusses patient's stress

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.**

## CLINICAL CASE RATINGS KEY FEATURES CHECKLIST

(\*) key feature relevant to this case

Inadequately Covered Well  
**1**

Covered  
**10**

1	• Communication and Rapport	
2	• Inter-professional	
3	• <del>Communication Skills</del> 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	•	
18	• Prompting Required	

Frequently

Not at all



# 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).

**References and Study Notes:**

List any useful references relevant to this case