



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Dawn Desmond

AUTHOR:



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Dawn Desmond, 58 years old

Review date:

SECTION A: This information is given to the candidate

INSTRUCTIONS TO CANDIDATES

STANDARD INSTRUCTIONS:

- This is an 8 minute station.
- Read the following scenario.

ADDITIONAL INSTRUCTIONS

- **Take an appropriate history from the patient.**
- **When you are ready, request the details of an appropriate physical examination from the observing examiner.**
- **Request the results of any investigations from the observing examiner.**
- **Discuss the essential issues that arise with the patient and suggest appropriate management.**

SECTION A: This information is given to the candidate

SCENARIO:

Dawn Desmond is a 58-year-old administrative assistant who was diagnosed with type 2 diabetes 2 years ago. On diagnosis Dawn made an appointment with a diabetes educator and gave up her one packet of cigarettes per day habit. She has also seen a dietitian and has an exercise program to promote weight loss. Dawn developed hypertension and has been prescribed ramipril 2.5mg. She has also been prescribed 100 mg aspirin daily. Dawn's HbA1c has progressively increased over time to around 7.6% She was prescribed metformin 500 mg 18 months ago, increased to 1g a year ago. At that time she was comprehensively screened for microvascular and macrovascular complications associated with type –2 diabetes, with no abnormal results noted.

Six months ago gliclazide 80 mg bd was added as Dawn's glycaemic targets were not being met. Dawn presents for a general check-up and you find that her HbA1c has increased from 7.6% to 8.1% over the past 6 months.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name Dawn Desmond

Age 58

Social History Administrative assistant

Dawn Desmond, 58 years old

Review date:

Case Name: Dawn Desmond

Family History Divorced 8 years ago, two children

Current Medications: Ramipril 2.5mg, aspirin 100 mg, metformin 1g gliclazide 80 mg

Immunisations - Up to date

Past Medical History Diagnosed with type 2 diabetes 2 years ago, hypertension

Dawn Desmond, 58 years old

Review date:

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

THE STORY IN DETAIL

You are a 58-year-old administrative assistant who was diagnosed with type 2 diabetes 2 years ago. On diagnosis you made an appointment with a diabetes educator and gave up smoking. You were given a diet and exercise program to follow to promote weight loss. You developed hypertension a year ago and have been prescribed ramipril. You have also been prescribed 100 mg aspirin daily. You were prescribed metformin 500 mg 18 months ago, and a year ago this was increased to 1g. Six months ago you were prescribed gliclazide in addition to metformin.

Additional HISTORY, to be given on enquiry from the candidate

Although you have been prescribed gliclazide, you have stopped taking it, because you have been putting on weight, and you think your weight gain is largely due to this new medication. In addition, you feel uncomfortable about taking so many tablets, and the expense is a concern for you. You are conscientious about taking metformin, ramipril and aspirin. You are conscientious about your exercise program but find it hard to stick to your diet, particularly since giving up cigarettes, as you snack on chocolate bars at times when you would previously have had a cigarette.

Summary

Patient Details

Name Dawn Desmond

Age. 58

Social History Administrative assistant

Case Name: Dawn Desmond

Family History - Divorced 8 years ago, two children

Current Medications - ramipril 2.5mg, aspirin 100 mg, metformin1g gliclazide 80 mg

Immunisations - Up to date

Past Medical History Diagnosed with type 2 diabetes 2 years ago, hypertension

NOTES TO EXAMINERS

Suggested cues/prompts if candidate requires assistance:

Encourage candidate to check compliance with medication

Encourage candidates to consider lipid profile in management plan

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

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

All other physical findings are normal

PHYSICAL EXAMINATION

Weight 84.4 kg.	Height 1.65 m	BMI 31
BP 130/80		

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

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Review date:

These clinical findings are available on a separate sheet that is to be handed to the candidates when they ask for any physical examination findings or results of laboratory investigations

INVESTIGATIONS

Glycaemic control

HbA1C	8.1%
Random plasma glucose	12.4
Fasting plasma glucose	10.6

Recommended targets

HbA1C <7%

Plasma glucose: fasting <6mmol/L, random, 4 to 8mmol/L

Lipid profile

Total cholesterol (TC),	5.1 mmol/L
Low-density lipoprotein cholesterol (LDL-C),	3.7 mmol/L
High-density lipoprotein cholesterol (HDL-C)	1.0 mmol/L
Triglycerides (TG)	0.8 mmol/L

Recommended targets

- Total cholesterol <4 mmol/L
- LDL cholesterol ≤ 2.5 mmol/L

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- HDL-cholesterol ≥ 1 mmol/L
- triglycerides < 2 mmol/L
- body mass index ≤ 25 kg/m²

Results of all other investigations within the normal range.

Dawn Desmond, 58 years old

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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

Is Dawn compliant with her present medication regimen?

Are there barriers to adherence to gliclazide?

Is Dawn aware of possible adverse consequences of poor glycaemic control and of the significance of HbA1C as a marker of glycaemic control?

Issues and appropriate management

Issues that arise with the patient:

- Compliance/concordance affected by:
 - perceived side effects of new medication
 - reluctance to take multiple medications
 - cost
- Glycaemic control
 - Ongoing diabetes care: screening for complications, adequate follow up by other relevant health professionals (diabetes educator, podiatrist, ophthalmologist/optometrist, dietitian, etc...)
- Dyslipidaemia
- Diet

Management

In choosing therapy, candidates should consider recommended treatment targets for patients with diabetes with regard to glycaemic control and lipids. The effect of the available oral hypoglycaemic agents on lipid profile should be considered. To encourage compliance, the consequences of poor glycaemic control could be discussed, emphasising that the risk of adverse

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consequences is greatly reduced if glycaemic control is good. Candidates could check whether Dawn is aware of the significance of HbA1C as a marker for good glycaemic control.

With regard to lipid management, the patient does not meet PBS criteria for subsidy of a statin, and as cost is a concern with her, other lipid management options should be considered e.g. lipid lowering spreads, hypoglycaemic agents that have a beneficial effect on lipid profile. Regarding diet, substitutes for chocolate snacks (e.g. sugar-free chewing gum, fruit, carrots/celery etc could be suggested)

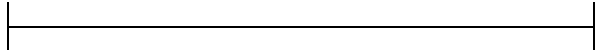
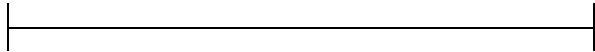
This checklist below is a guide to Key Features used by Examiners to assist in clinical case ratings. The lists are not intended to be prescriptive or exhaustive and do not form part of the marking. (

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		
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.

2. 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.

10. Problem Definition

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

11. Medical Knowledge

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

13. Management

Rate the candidate on their ability to manage the issues raised in this case. .

1 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

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