



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Edward Johnstone

AUTHOR:

Dr Anna Colwell



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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 INSTRUCTIONS

- **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**
- **Request the results of any investigations from the observing examiner**
- **Discuss the essential issues that arise with the examiner and suggest appropriate management**

SECTION A: This information is given to the candidate

SCENARIO:

Edward Johnstone, 22 yo male whom you have not seen before. He presents with a discharge from his penis.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Edward Johnstone

D.O.B.: 10/10/1983 (22 Y)

Nil else known

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

THE STORY IN DETAIL

You are Edward Johnstone, a 22 year old male

Information to be freely given

You have a discharge from your penis, you are normally well, and you think you may have caught something.

Information only to be given with appropriate enquiry from the candidate

You don't have sex with men; you have had 5 partners in the last 3/12, all unprotected. No IV or other drug use, nil known contact with STIs, never had before, uses condoms, but not unless the girl insists, nil ulcers etc on your penis. Did travel to Thailand last month and may have had unprotected intercourse –got really drunk and can't remember exactly what happened.

Only whitish discharge No conjunctivitis, no joint pain, no oral lesions haven't had any vaccinations since school.

Nil meds, nil PMHx, non smoker, regular overuse of alcohol (up to 10 or more drinks per night on most weekends.

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

I don't need to tell anyone do I?

I don't need to stop having sex do I?

Do I need to come back?

Could I have caught anything else?

Additional HISTORY

“As above”

PHYSICAL EXAMINATION

Candidates are to ask for specific examination findings for the genitourinary system

General Appearance	Healthy, normal		
Weight	Height	BMI 22	Temp 36.7°C
BP 125/80	Pulse 65	RespRate 12/min	
Everything else is normal			
Other	White discharge from penis, nil lesions surrounding, nil lymphadenopathy		

INVESTIGATIONS

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

- **Chlamydia – positive**
- **All other results are normal**
- **(HIV, gonorrhoea, syphilis, hepatitis)**

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:

- What he thinks it is/concerns
- If sexually active
- Number of partners,
- Partner male/female/both
- Condom use
- Other symptoms eg eyes, joints, itching, lesions, fever, anus, mouth lesions
- Previous STIs,
- General history
- Alcohol and drug use, smoking, other risky behaviors
- Other general health, screening, immunisation

Differential Diagnosis

- Chlamydia
- Gonorrhoea

Appropriate management and explanation:

- Discuss possible diagnoses
- Discuss and arrange investigations.
 - Swab for PCR. Must also take sample for MC&S as possible gonococcus which may be penicillin resistant.
 - If no discharge, then First Void Urine (FVU) is adequate. Must be at least 2hrs since last void to ensure adequate sample.
- Start treatment empirically –ZAP pack: Azithromycin 1gm, Amoxicillin 3gm, Probenecid 1gm is suitable for STIs which are acquired in Australia.

- Possible overseas acquired gonococcus so should also have 250 mg Ceftriaxone stat dose due to penicillin resistance. Anorectal and pharyngeal gonococcal infection also need IM Ceftriaxone.
- Discuss contact tracing and public health notification if positive
- Advise about no intercourse until 1 week after treatment and results known
- Arrange to return for results.
- Arranging for Full STI screen at initial or subsequent visit, appropriate counselling.
- Repeat First Void Urine(FVU) PCR at least 4 weeks after Rx if symptoms suggest persistent infection
- Advise what cannot be screened for.
- Discuss alcohol use

- After test results known, (outline to examiner)
 - Discussion of safe sex practices, check how uses condom
 - Start contact tracing
 - Recheck in three months for HIV and 6 months for HCV
 - Chlamydia reinfection rates significant in young adult population, offer follow up FVU screening at 3/12

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 Well 1 10	Covered
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 at all
			Not
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.

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.

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.

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.

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:

- National Management Guidelines for Sexually Transmissible infections (small orange book)
- Melbourne Sexual Health Centre Patient information sheets www.mshc.org.au
- Public health notification website for your state
- Murtagh, General Practice Therapeutic Guidelines Limited; Antibiotic Guidelines
<http://www.tg.com.au>