



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Gina Jacobs

AUTHOR:

In Vivo Communications Pty Ltd



GPRA wishes to acknowledge Pfizer Australia Pty Ltd for their support for this resource in the form of an unrestricted educational grant. This case has been prepared by In Vivo Communications Pty Ltd on behalf of Pfizer Australia.

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

STANDARD INSTRUCTIONS:

- This is an 8-minute station.
- Read the following scenario.
- This consultation takes place in a single session.

ADDITIONAL / OPTIONAL INSTRUCTIONS

- Take an appropriate history from the patient.
- When you are ready, request the details of an appropriate physical examination 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 :

Gina Jacobs is a 39-year-old mother of two who has recently moved into the suburb where you have a practice with 5 other doctors. This is the first time you have seen Gina but you have been provided with a copy of her patient records from her previous doctor. She is visiting you for a prescription for oral contraception.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details (oral history provided by the patient)

Name: Gina Jacobs

D.O.B./age: 39 years

Allergies: nil known

Social History

Office manager

Family History

Grandfather died of an MI

Current Medications

Microgynon® 30 (0.15 mg levonorgestrel and 0.03 mg ethinylestradiol)

Immunisations n/a

Past Medical History

Nil known

Gina is a smoker with a 20 pack year habit.

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

THE STORY IN DETAIL

Information to be freely given:

Gina is visiting for a prescription for oral contraceptives. She has smoked a packet of cigarettes a day since the age of 16. She is married with 2 children (aged 3 and 5). Her husband does not smoke. She is healthy and exercises regularly.

Gina would really like to quit smoking. She is worried about the effects of second hand smoke on children, and has been told that smoking and oral contraceptives are a bad combination for her health.

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

She tried to stop smoking 3 years ago using nicotine patches during pregnancy (on the advice of her previous doctor) but relapsed. She thought "just a puff" to help with cravings would be OK but ended up smoking the same amount of cigarettes as before. She found her pregnancy particularly stressful and this also contributed to her resuming smoking. She also thought the patches gave her headaches and does not want to try them again.

Gina's non-smoking friends and her husband are very supportive of her quitting smoking. She has spoken with one of her good friends who also smokes about quitting together

Gina has tried several alternative methods of contraception but finds the pill to be most suitable and convenient. She does not wish to change her method of contraception.

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Ask about effects of second hand smoke on children.

Ask if "the pill" and smoking are bad together.

Ask about how to quit smoking and if there is anything available that can help.

Additional HISTORY

As above

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.

2/. All other physical findings are normal.

General Appearance	normal		
Weight 67kg	Height 170cm	BMI 23.2	Temp normal
BP 125/82 mmHg	HR normal	RespRate normal	
Cardiovascular	normal		
Respiratory	normal		

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

INVESTIGATIONS

Not available

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:

- Have you tried to quit smoking?
- Have you tried any stop smoking aids?
- Why was your previous quit attempt unsuccessful?
- Have your family and friends encouraged you to quit smoking?
- Are you aware that there are other methods of contraception (besides "the pill")?

Diagnosis

n/a

Appropriate management and explanation:

- The Smoking Cessation Guidelines for Australian General Practice are adapted from the US "5As" approach, an evidence-based framework for structuring smoking cessation in health care settings. The 5As are: Ask, Assess, Advise, Assist and Arrange follow-up.
- The first step of this approach is to establish smoking status. Ask: "Do you smoke?" and "Have you ever smoked?"
- The second step is to Assess the patient's willingness to quit.
- The third step is to Advise: Gina should be strongly advised to stop smoking. The risk of cardiovascular disease associated with smoking is substantial, and smoking is the most important independent risk factor for myocardial infarction in women.
 - Nevertheless, Gina's attitude to alternative, non-oestrogen forms of contraception could be explored as a means of reducing risk while attempting to quit or in the event that the quit attempt is not successful.
 - Gina is already fearful of the impact of tobacco use on her children; the real risk of this could be emphasised as a means of further encouraging quitting. There is strong evidence that children exposed to second-hand smoke are at increased

risk of bronchitis, asthma exacerbation, ear disease and respiratory symptoms such as coughing and wheezing.

- The final steps are to Assist and to Arrange follow-up. Targeted assistance should be provided based on the results of the assessment step. This may comprise:
 - Minimal advice and provide written information, and/or a quitpack, and option of referral to support service (Quitline),
 - General practice based assistance (by GP or skilled practice staff),
 - General practice based assistance plus coordination of assistance from other services.
- Mention the availability of pharmacotherapy options to aid smoking cessation. Explain how these medications increase smoking cessation success and reduce withdrawal symptoms. Pharmacotherapy medications include the non-nicotine therapies varenicline (not available in Australia), bupropion, and various nicotine-replacement therapies.
- If Gina decides to quit and wishes to use one of the pharmacological options a follow-up visit needs to be scheduled so the pros and cons of each option (e.g. out of pocket costs, risks and contraindications), and, when an option is selected, instructions on how to take it.
- This follow-up visit should also cover planning for what do to in the event of relapse and techniques for dealing with craving. Gina's previous attempt to quit should be reviewed including identification of what helped during the quit attempt and what factors contributed to relapse.
- Blood tests should be ordered, in particular a lipid analysis.

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	Covered
	1	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	-----	

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.

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.

References and Study Notes:

Smoking Cessation Guidelines for General Practice, Available free online at:

[http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-smoking_cessation-cnt.htm/\\$FILE/smoking_cessation.pdf](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pubhlth-publicat-document-smoking_cessation-cnt.htm/$FILE/smoking_cessation.pdf) .

The National Tobacco Campaign Website (includes quitline number and details):

<http://www.quitnow.info.au/>.

The Cancer Council Australia: Health risks of passive smoking, September 2006. Available free online at:

<http://www.cancer.org.au/documents/061010%20-%20passive%20smoking%20new%20format%20FINAL.pdf>.

Fiore MC, Bailey WC, Cohen SJ, *e. al.* Treating Tobacco Use and Dependence. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

October 2000. Available free online at: <http://www.surgeongeneral.gov/tobacco/tobaqrg.pdf>.

WHO. Medical eligibility criteria for contraceptive use 2004 3rd ed. Available at

<http://www.who.int/reproductive-health/publications/mec/index.htm>.

References:

1. Chasan-Taber L, Stampfer M. Oral contraceptives and myocardial infarction – the search for the smoking gun. *N Engl J Med* 2001; 345: 1841–2.
2. World Health Organisation. Tobacco Free Initiative; passive smoking fact sheet. Available free online at: <http://www.who.int/tobacco/en/atlas10.pdf>. Accessed 14 May 2007.