



GPR ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Long Case – 19 minutes

NAME:

Alisha Cleary

AUTHOR:

Dr Jason Ong

27/05/2009



GPR wishes to acknowledge Aspen Australia for their support for this resource in the form of an unrestricted educational grant. This case has been prepared by GPR

Disclaimer and Copyright

All rights related to GPR'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 broadcast without the prior written permission of General Practice Registrars Australia Ltd. (GPR) 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, GPR does not make any warranty or guarantee concerning the continued accuracy or reliability of the content.

Copyright GPR 2009



SECTION A: This information is given to the candidate

INSTRUCTIONS TO CANDIDATES

STANDARD INSTRUCTIONS

- This is an 19 minutes 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 a focused history from the patient**
- **When you are ready to examine the patient, the observing examiner will provide you with all the relevant findings and the results of surgery tests.**
- **Request the results of any Investigations from the observing examiner.**
- **Outline your conclusions and proposed management plan to the patient.**

SCENARIO:

Alisha Cleary, a 67 year old female is a new patient of the clinic. She was diagnosed with hypertension 1 year ago by another GP “down the road”. She is concerned that her hypertension is still not under control despite being on medication and she wants to seek a second opinion.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Alisha Cleary

Age: 67 years old

Allergies

Nil Known

PHx

Obesity – BMI 34.

Appendectomy 1983.

Asthma – since childhood.

Meds

Perindopril 10 mg

Ventolin PRN.

Immunizations

Fluvax 2008

SHx

Lives with husband.

Retired school principal.

CLINICAL NOTES – BLOOD PRESSURE

1 year ago – 170/110

9 months ago – 165/110

6 months ago – 150/100

3 months ago – 164/94

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

The Case

This case involves an anxious woman with hypertension seeking a doctor for a second opinion about appropriate investigations and management. Candidates are expected to take a history to exclude possible secondary causes of hypertension and identify concurrent medical issues, arrange suitable investigations and provide initial management.

Demographics

Name: Alicia Cleary

Age: 67

Presenting Complaint (To be stated exactly as written)

"I am so worried about my blood pressure. My doctor isn't really helping me. I want to get a second opinion that everything has been done to find out what is wrong with me."

THE STORY IN DETAIL

The information is not to be given without appropriate enquiry from the candidate. It is vital to stick with the facts as given to ensure consistency.

Information to be freely given

You have been attending your current GP for the last 1 year after moving down from Queensland. You find that he is usually rushed and usually just "throws tablets" at you. You are not happy and since the hypertension diagnosis, you are starting to lose confidence in him.

You are highly anxious about your blood pressure. Your sister had a stroke when she was 67 years old and she had high blood pressure too. You have tried everything the doctor has told you – increased in exercise, changed your diet and even taken your pills everyday but your blood pressure is still high.

Your previous GP had not done any blood tests, urine tests or ECG yet. "What tests should I have?" You want to find out if anything has been missed.

NOTES TO EXAMINERS

Information only to be given with appropriate enquiry from the candidate (specific enquiry or effective open questioning)

The role playing examiner is friendly and cooperative but highly anxious about what else can be done about her hypertension.

History of hypertension

Diagnosed 1 year ago on a routine check. Never really had blood pressure check before this. You walk half an hour 5 days a week – at the end of your walk you are starting to feel some cramping pain in your calves. Mildly breathless walking up stairs or up hill but you attribute this to being “a bit overweight”. No chest pain, ankle oedema, hematuria. You have been noticing a dry cough since starting Perindopril. You have been putting up with it but it is starting to get annoying.

Presence of other diseases and risk factors.

Your weight has gone up recently (5 kg over the last 12 months). No symptoms suggestive of stroke. You are not sure about whether cholesterol has been checked before. Ex smoker – Quit 2 years ago. Alcohol – drinks 4 glasses of wines with dinner. Sometimes drinks 1-2 glasses with lunch too. Have experienced intermittent headaches over the last 3 years (takes Nurofen 200 mg (up to 6 a day)). You don't use salt in your diet. You drink 6-8 cups of coffee a day.

Family history: Both parents also had hypertension. Sister died from stroke at age 67 years old. Brother (70 years old) has diabetes.

Systems review – otherwise normal.

Suggested Cues/prompts if candidate requires assistance:

Why do I have high blood pressure? Is there an underlying cause? What test do I need to find out?

Besides stroke, do I have risks for anything else?

What should my blood pressure be?

PHYSICAL EXAMINATION

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

General Appearance	Obese		
Weight	Height	BMI 35	Temp 36.7°C
BP 160/80	Pulse 85	RespRate 12/min	
CVS	no additional findings. No radio-femoral pulse delay. Peripheral pulses normal. No carotid bruits. JVP not elevated. No ankle oedema.		
Respiratory	Scattered Wheeze. Speaking in sentences.		
Abdominal exam	Abdominal systolic bruit. Kidneys not enlarged.		
Musculoskeletal	NAD		
Nervous system	NAD		
Skin	NAD		
Thyroid	Normal		
Lymph nodes	Normal		
Other	Fundoscopy – normal.		

Surgery tests:

Urinalysis – NAD

Random Blood Glucose – 10.3 mmol/L

ECG – consistent with left ventricular hypertrophy.

INVESTIGATIONS

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

To be given verbally by observing examiner as each test is requested:

Pathology:

Serum uric acid – normal.

Imaging:

Doppler Ultrasound – results pending.

Echocardiogram – normal.

CXR – normal.

Other:

Ambulatory 24 hours monitoring – pending.

Hand to Candidate sheets:

FBE

Fasting glucose, lipids.

UEC

COMPLETE BLOOD EXAMINATION

Alicia Cleary

Hb	149 g/L	(130-175)
RBC	5.4X10 ¹² /L	(4.0-6.5)
PCV	0.55	(0.40 – 0.54)
MCV	*102	(80-100)
MCH	30	(26-34)
MCHC	300	(300-360)
RDW	14%	(11.5-15.0)
Platelets	300X10 ⁹ /L	(150-450)

WCC	7.0 X 10 ⁹ /L	(4.0-11.0)
Neutrophils	4.9X10 ⁹ /L	(2.0-7.5)
Lymphocytes	2.3X10 ⁹ /L	(1.0-4.0)
Monocytes	0.8X10 ⁹ /L	(0.2-1.2)
Eosinophils	0.5X10 ⁹ /L	(0-0.6)

BIOCHEMISTRY

Na	140	(136-145)
K	4.3	(3.2-5.2)
Cl	99	(95-106)
Bicarb	23	(22-31)
Urea	7.0	(3.0-8.0)
Creatinine	0.09	(0.06-0.14)

Fasting glucose	*6.0	(3.4-5.4)
Total cholesterol	*6.1	(3.5-5.5)
Triglycerides	*2.4	(0.5-2.0)
HDL	*0.8	(>1.0)
LDL	*4.5	(<3.5)
Total/HDL ratio	*7.6	(<5.1)

SECTION C: This information is given to the examiner/facilitator

This checklist is to assist Examiners in their marking and for Censors feedback. The lists are not intended to be prescriptive or exhaustive and do not form part of the marking. Place a cross (X) along each line according to the candidate's performance on that item. This can be adjusted if necessary.

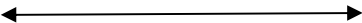
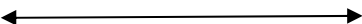
Place a cross (X) along each line according to the candidate's performance on that item.

CLINICAL CASE RATINGS KEY FEATURES CHECKLIST



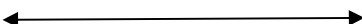



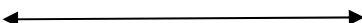

(*) key feature relevant to this case

1	*	History taking	Inadequately covered 1	Well covered 10
		a) How hypertension was diagnosed	←————→	
		b) What examinations/tests has already been done	←————→	
		c) Symptoms that may indicate target organ damage – headache, dyspnea, chest pain, claudication, ankle oedema, hematuria.	←————→	
		d) Symptoms suggesting secondary hypertension (Hematuria – glomerulonephritis, polycystic disease) (Claudication – coarctation of aorta) (progressive nocturia, weakness – Conn's) (paroxysmal hypertension with headache, pallor, sweating, palpitations – Phaeo)	←————→	
		e) Presence of other risk factors – Family history (cardiovascular), obesity, diabetes, hyperlipidemia, sedentary lifestyle, Alcohol/Smoking history.	←————→	
		f) Side effect of antihypertensives	←————→	
		g) Medication – recognizes that NSAID may contribute to hypertension.	←————→	

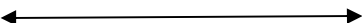







2 Investigations

- a) Fasting glucose, lipid profile 
- b) UEC 
- c) ECG
- d) Urinalysis – protein.

3 * **Problem definition.**

- a) Uncontrolled hypertension 
- b) Side effect of cough with perindopril. 
- c) Asthma 
- d) Impaired Glucose. 
- e) ?Renovascular stenosis 
- f) NSAID 
- g) Alcohol problem. 
- h) Obesity 

4 **Management**

- a) Explains about hypertension and benefits of controlling blood pressure. 
- b) Allays patient fears. 
- c) Lifestyle management – weight reduction, exercise. 
- d) Medications - Don't use beta blocker because of asthma. Older patients may respond better to diuretics, calcium-channel antagonists and ACE inhibitors. 
- e) Addressed alcohol use 
- f) Suggest to reduce NSAID use. 
- g) Arranged adequate follow up. 
- h) Immunizations – due for influenza + pneumococcal vaccine. 

Key Features Clinical Case Rating Descriptions

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.

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.

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.

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.

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.