



## GPRA ONLINE EXAM RESOURCES CLINICAL CASES

**CASE TYPE:**

Short Case – 8 minutes

**NAME:**

Jeff Blunt

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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.
- This consultation takes place in a single session.

#### ADDITIONAL INSTRUCTIONS

- Take an appropriate 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.
- Discuss the essential issues that arise with the patient and suggest appropriate management.

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

### ***SCENARIO :***

*Mr Blunt is a 59 yo man who has returned to see you to get the results of a GTT he had performed, after an abnormal BSL done as part of a pre-anaesthetic workup.*

*His glucose tolerance test showed a BSL of 10.5 at 2 hrs.*

*A copy of the patient record summary sheet is attached.*

### **FULL SUMMARY**

#### **Patient Details**

**Name:** Jeff Blunt

**D.O.B.:** 59 yo

**Allergies:** Beestings

#### **Social History**

Occupation: Truck driver

#### **Family History**

Father – died of AMI aged 66. Brother (61) has high BP.

#### **Current Medications**

Nurofen most days

#### **Immunisations**

Tetanus shot 3 yrs ago

#### **Past Medical History**

Osteoarthritis left knee – due for arthroscopy in 6 weeks.

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

### ***THE STORY IN DETAIL***

You are due to have an arthroscopy on your left knee in 6 weeks, and had some routine blood tests performed as part of a pre-op workup. You were contacted by the pre-admission clinic, and told your sugar blood test was abnormal, and you needed to have another test done – and were sent for a glucose tolerance test. You were told to see your GP for the results a few days after the test.

You are worried that you have ‘sugar diabetes.’ You are concerned that you won’t be able to have your operation done, which you have arranged to have done during a quiet period at work - it won’t be easy to reschedule time to have the operation later on. You are also really worried that it might affect your commercial license, and wonder if it really has to be mentioned on your license form.

You feel pretty well, really, although you know you could probably lose a little weight, but think that would be hard because of the work you do. You don’t have any symptoms such as thirst or nocturia.

You don’t really know much about diabetes, except that it is something to do with sugar in your blood. You figure you wouldn’t be able to eat sweet things or have sugar in your coffee anymore. You aren’t really sure why it is serious, except there is a guy at the club with it who needed to have a leg amputated last year, and you really couldn’t handle anything like that. You really want to make sure nothing like that happens to you, and if that means no sugar in your coffee, well you think you could do that. As long as you don’t need to give up smoking!

When the doctor discusses the importance of dietary change, you state that it just isn’t possible to eat all that healthy stuff when you are on the road, that truck stops just don’t have all that health food. If the doctor is empathetic and asks you whether there are some healthy options (like salads, grilled fish etc), or whether your wife could pack you some food to take, you will admit that there probably are some healthier options, which you usually don’t buy because you like the taste of the other stuff. Or if they suggest you visit a dietician or diabetes educator to help, you admit that it would be good to have someone help you know what the healthy options are.

## NOTES TO EXAMINERS

### Suggested Cues/prompts if candidate requires assistance

Encourage the candidate to enquire about:

Patient's knowledge and concerns about diabetes

Patient's views about his health and lifestyle, lifestyle changes

Discuss relevant family history

### ADDITIONAL HISTORY

The patient role player should offer the additional history with specific questioning from the candidate:

Family History: 'I think my brother (age 61) has high BP, and uses that funny margarine for his cholesterol'

Cigarettes: smokes 15/day

Alcohol: 2-3 drinks most night of week

Other Drugs: nil

Medications: as above

Allergies: as above

Immunisations: as above

Nutrition: Meals can be unpredictable, due to road trips. Tends to mostly eat at truck stops whilst on the road – fish & chips, roast meat with gravy & potatoes, pies, that sort of thing. Snacks on sweets to help keep alert on the road. At home, his wife cooks fairly healthy stuff, as she is on 'one of them diets' – grilled fish & vegetables, grilled chicken and salads, pastas.

**SYSTEMS REVIEW**

**Cardiovascular** - No chest pain or dyspnoea

**Genitourinary** - No polyuria/nocturia, no sexual dysfunction

**Neurological** - Normal

Other e.g.

**Energy** - Good

**Appetite** - Good

**Weight Change** - Gradual increase over last 10 years

**PHYSICAL EXAMINATION**

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

<b>General Appearance</b>	Central adiposity		
<b>Weight</b> 102kg	<b>Height</b> 178cm	<b>BMI/waist measurement</b> 32/ 102cm	
<b>BP</b> 140/85	<b>Pulse</b> 88		
<b>Cardiovascular</b>	Normal		
<b>Abdomen/PR</b>	Normal		
<b>Nervous System</b>	Normal		
<b>Other</b>			

## **INVESTIGATIONS**

The examiner should now ask the candidate what investigations they would request and provide them with the requested results.

### **Surgery Tests**

Urinalysis Normal

### **Other Investigations**

Pathology Chol 5.8 TG 3.1 HDL 1.1

GTT – fasting plasma glucose 6.8

Plasma glucose after 2 hrs 10.5

The patient role player now asks the candidate what these results mean and what needs to be done.

## **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**

- 'SNAP' assessment
- Other risk factors for diabetic cx – lipids, BP..

### **Diagnosis**

- Impaired glucose tolerance/pre-diabetes

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

- Explain diagnosis clearly to patient
- Explain implications for future development of DM/CV disease
- Briefly assess need for lifestyle change – weight loss, diet change, exercise, alcohol (possible referral to dietician/diabetic educator)
- Briefly address management of other CV risk factors – lipid mx and BP mx
- Arrange appropriate follow up

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	-----
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
18	*	● Prompting Required	-----
			Not at all

## 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.

### 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.

### 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.

### 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

Diabetes Management in General Practice, 11<sup>th</sup> edition, RACGP

*'The prevention or delay of type 2 diabetes'*, Diabetes Care, vol 26, supp 1, Jan 2003, ppS62-S69

NH&MRC Evidence Based Guidelines for Type 2 Diabetes: Primary Prevention, Case Detection and Diagnosis

<http://www.nhmrc.gov.au/publications/synopses/cp86syn.htm>

RACGP SNAP guidelines

<http://www.racgp.org.au/document.asp?id=14803>