



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

John Sandilands

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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, 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.

SECTION A: This information is given to the candidate

SCENARIO:

John Sandilands, age 59, comes to your rooms today. He has been having trouble with constipation for the last month. He rarely goes to the doctor.

A copy of the patient record summary sheet is attached

FULL SUMMARY

Patient Details

Name: John Sandilands

D.O.B.: 12 / 12 / 1947

Allergies: Penicillin

Social History

Occupation: Bank Manager
Married, 2 grown up children

Family History

Unknown

Current Medications

Aspirin

Immunisations

Last tetanus 1998

Past Medical History

URTIs, ingrown toenail

Drug and Alcohol

2 standard drinks alcohol 3 times per week

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

THE STORY IN DETAIL

You are a 59year old bank manager who is usually well, only been to the doctor in the past for respiratory tract infections and an ingrown toenail. You have a wife and 2 grown up children who are all well.

Information to be freely given:

You are worried that you may have cancer. Someone told you it can start with constipation. You are keen to know if there is a blood test you can have to test for cancer.

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

Your normal bowel habit is one soft stool every second day, it has changed to a hard stool every third day. You haven't noticed any blood or pain or a feeling like you need to pass stool again straight away. Your weight has been unchanged, maybe put on a few kilos. You're vegetarian. You are a little tired but are sleeping badly at the moment.

Your sister recently was diagnosed with bowel cancer, she is currently 50. No one else in your family has any type of cancer. Your parents are alive; father has some problems with high blood pressure but otherwise well.

You want to know what your risk of bowel cancer is.

You want to know how to check for bowel cancer.

You started the Aspirin as someone told you it helped to stop heart attacks.

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Encourage candidate to:

- Take a history to exclude serious disease
- Ask about risk factors for bowel cancer
- Do a focussed examination
- Discuss concerns that patient may have
- Explain tests that may be required

Additional HISTORY

As Above

SYSTEMS REVIEW

Normal

PHYSICAL EXAMINATION

All other physical findings are normal.

Candidates are to ask for specific examination findings.

<i>General Appearance</i>	unremarkable		
Weight 93kg	Height 182	BMI 28.1	Temp °C
BP 130/80	Pulse 75, reg	RespRate /min	
Abdomen/PR	Normal, PR normal		

There are no investigations 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

Symptoms of bowel cancer: weight loss, fatigue, anaemia, tenesmus, change bowel habit, PR bleeding

Risk factors for bowel cancer: family history, Inflammatory Bowel Disease (Crohn's & Ulcerative colitis), previous polyps etc Elicit concerns

Diagnosis: Possibility of Bowel Cancer

Appropriate management and explanation:

Address concerns

Discuss prevention strategies

- Diet and healthy lifestyle, role of aspirin

Discuss screening recommendations for this man

- Has 1 first degree relative diagnosed with Bowel Ca before the age of 55Y, if this patient was ASYMPTOMATIC, he would be in a moderate risk group compared to the general population. 5 yearly colonoscopy from age of 50Y would be appropriate

Discuss investigations you will do for this man As this patient is symptomatic with altered bowel habit, he should be offered investigative colonoscopy, FBP, Fe studies, B12 and Folate would also be appropriate given he is vegetarian

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.

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.

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

RACGP Putting Prevention into practice- The Red Book

Australian Family Physician April 2006 April - GI malignancies. Vol 35 (4) 177-258

NHMRC Guidelines for prevention, early detection and management of colorectal cancer: A guideline for General Practitioners – available via NHMRC website.

[http:// www.nhmrc.gov.au/publications/synopsis/cp106divided.htm](http://www.nhmrc.gov.au/publications/synopsis/cp106divided.htm)