



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

John Spencer

AUTHOR:

In Vivo Communications Pty Ltd



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Case Name: John Spencer, 58 years

Author: In Vivo Communications Pty Ltd

SECTION A: This information is given to the candidate

INSTRUCTIONS TO CANDIDATES

STANDARD INSTRUCTIONS:

- This is a 19-minute station.
- Read the following scenario.
- If investigations are requested, this consultation may be conducted as if it were more than one 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.
- 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.
- You can request the results of investigations
- Outline your conclusions and proposed management plan to the patient.

SECTION A: This information is given to the candidate

SCENARIO: You are a GP in a suburban practice in a large Australian city.

John Spencer, a 58-year-old accountant, has a scheduled appointment for his quarterly diabetes check-up. You have been seeing John for the past 20 years.

A copy of the patient record summary sheet is attached. (*Provide the history the candidate should have to read before commencing the consult*)

FULL SUMMARY

Patient Details

Name: John Spencer

Age: 58 years

Social History

Occupation: accountant.

Lives alone; divorced, no children.

Family History – not available.

Current Medications – the patient has taken metformin 1000mg BD, ramipril 5mg and aspirin 100mg for the past two years.

Past Medical History – 9-year history of type 2 diabetes; hypertension.

Ex-smoker (6 years smoke-free); moderate alcohol consumption (<2 cans of beer per day, ie, no more than 2 standard drinks per day).

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

THE STORY IN DETAIL

Information to be freely given:

Mr Spencer has scheduled an appointment for his quarterly diabetes check-up.

Mr Spencer is an ex-smoker (quit 6 years ago). He is a moderate drinker (1-2 beers per day). He attempts to moderate his diet but frequently lapses due to work commitments. He claims work commitments also prevent him from undertaking his recommended exercise regimen. As a result his glycaemic control tends to fluctuate from visit to visit.

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Ask about patient's diet, exercise and compliance to medication

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

PHYSICAL EXAMINATION

Candidates are to ask for specific examination findings.

General Appearance	Overweight, otherwise normal.		
Weight 92kg	Height 178cm	BMI 29	Waist circumference: 97 cm
Cardiovascular	BP 135/80 mm Hg; HR 65		
Respiratory	normal		
Nervous System	normal		
Optic	mild background retinopathy		
Foot examination	normal		

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

INVESTIGATIONS

Candidates are to ask for specific investigations.

Chest X-ray Normal

Total Cholesterol 3.9 mmol/L (<5.2 mmol/L)

Triglycerides 2.1 mmol/L (<1.5 mmol/L)

HDL-C 0.7 mmol/L (>1.0 mmol/L)

LDL-C 2.2 mmol/L (<2.5 mmol/L)

HbA1C	7.3% (target HbA1C \leq 7%)
Urea & Electrolytes	normal
Creatinine	78
Albumin Creatinine Ratio (ACR)	12.4mg/mmol (N <2.5).

Additional information: a repeat ACR test reveals a ratio of 9.6mg/mmol.

Surgery Tests

ECG Normal (at rest)

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)*

Diagnosis:

- Microalbuminuria (diabetic nephropathy likely)
- Poor glycaemic control
- Hypertension

Appropriate management and explanation:

- The finding of microalbuminuria should provoke an intensified modification of risk factors for renal and cardiovascular disease.
- Explain that the presence of diabetes places Mr Spencer in a high-risk group for cardiovascular disease. Hypertension and a history of smoking further increase risk, as do a poor diet and sedentary lifestyle. The development of microalbuminuria, a further risk factor, thus places the patient at very high risk of developing coronary disease.
- Prescribe a lipid-lowering drug and consider increasing the dose of ramipril from 5 to 10mg per day. Under the new PBS guidelines Mr Spencer qualifies for lipid lowering therapy at *any* cholesterol level because of his diabetes and microalbuminuria. Mr Spencer should thus be placed on a lipid-lowering drug.
- Counsel the patient to improve his diet. An optimised diet high in plant-based foods and low in saturated fat has been shown to improve lipid profiles and assist in managing blood pressure. NHF guidelines recommend a low saturated fat eating plan incorporating moderate amounts of polyunsaturated and monounsaturated fats and oils, particularly omega-3s, and a wide variety of fruits, vegetables and wholegrain cereal products. Dietary restriction of sodium and protein may improve proteinuria in some patients. Offer referral to a dietitian.
- Suggest a moderate exercise regimen (at least 30 minutes per day 5 days per week). Lack of physical activity is a major risk factor for cardiovascular disease and guidelines recommend patients of any age to do at least 30 minutes of moderate

intensity physical activity on five or more days of the week. Offer referral to an exercise physiologist or physiotherapist to help him achieve this goal.

- Offer referral to a diabetes educator.
- This patient may benefit from joining a peer support group where he can meet other diabetic patients in a similar situation to him.
- His blood pressure is not ideal. The Heart Foundation recommends a target blood pressure of less than 125/75 in patients who have diabetes with proteinuria. Should consider a 24 hour ambulatory BP monitor and further counselling regarding exercise, weight loss and a low salt diet. Increasing his dose of ramipril will also help.
- Offer a podiatry referral.
- Offer an ophthalmology referral.

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		
3 * • Communication Skills • 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		

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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.

4. Physical examination

Rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive. Specific findings relevant to the case should be elicited.

9. Diagnosis

Rate the candidate's ability to make an accurate diagnosis based on interpretation of the history, physical examination and investigations.

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.

14. 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 Heart Foundation of Australia. Guidelines for Lipid Management, 2005.

Royal Australian College of General Practitioners. Diabetes Management in General Practice. Available online at: <http://www.racgp.org.au/scriptcontent/diabetes/index.cfm>.

Heart Foundation. Hypertension Management Guide for Doctors 2004.

References

Levine JH. Managing Multiple Cardiovascular Risk Factors: State of the Science. *The Journal Of Clinical Hypertension* 2006; 8 (10; Suppl. 3): 12-22.