



## **GPRA ONLINE EXAM RESOURCES CLINICAL CASES**

CASE TYPE:

**Short Case – 8 minutes**

NAME:

**Julie Agnew**

AUTHOR:



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Julie Agnew, 50 years old

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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.

**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.**
- **Request the results of any investigations from the observing examiner.**
- **Outline your conclusions and proposed management plan to the patient.**
- **Discuss the essential issues that arise with the patient and suggest appropriate management.**

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

### **SCENARIO:**

Julie Agnew is a 50-year-old schoolteacher with two teenage children. She experienced a mild ischaemic stroke three months ago, with accompanying dysphasia and weakness in her right arm. She also suffers from type 2 diabetes diagnosed 12 months ago. She presents today for a general checkup. Her main concern is the possibility of another stroke.

A copy of the patient record summary sheet is attached.

### **FULL SUMMARY**

#### **Patient Details**

Name: Julie Agnew

Age. 50 years

#### **Social History**

Occupation: Schoolteacher. Married, two teenage children

**Family History** **Father** died of a stroke, aged 80; mother has Alzheimer's disease and is in a nursing home

**Current Medications** Aspirin, 100 mg, ACE inhibitor, metformin 500mg tds, prescribed 6 months ago

**Immunisations** - Up to date

#### **Past Medical History**

An ischaemic stroke 3 months ago, treated with tissue plasminogen activator (t-PA) within 3 hours of the onset of symptoms and has recovered well, with no obvious disability.

Type 2 diabetes, diagnosed 12 months ago, with HBA1C at diagnosis of 7.9%.

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

THE STORY IN DETAIL

You are a 50-year old teacher with two teenage children, You experienced a mild stroke 3 months ago that affected your speech, and also caused weakness and loss of sensation in the right side of your body, most noticeably in your right arm. With the aid of speech therapy and physiotherapy you feel you have made a complete recovery, and you have recently returned to work. You are currently taking 100mg of aspirin daily. You have mild hypertension, which is controlled at 130/80 mmHg with an ACE-inhibitor You were diagnosed with type-2 diabetes 12 months ago and given lifestyle and dietary advice. Six months ago you were prescribed metformin 500mg tds. You have come to see the doctor today for a check-up. You are concerned about the possibility of having another stroke.

**Additional HISTORY, to be given on enquiry from the candidate**

You are conscientious about taking your medication. Your only formal exercise is swimming for 45 minutes each week. You struggle to reach your diet goals as you depend on snack foods such as biscuits, donuts and chocolate bars for energy boosts during the day. You smoke around 6 cigarettes a day and consider yourself a light smoker. You do not feel that your smoking is harming your health though you have been advised to quit. You feel you may be starting menopause as your periods have been becoming increasingly irregular. As your partner has had a vasectomy, you are not taking the oral contraceptive pill, nor are you taking hormone replacement therapy for menopausal symptoms.

NOTES TO EXAMINERS

Suggested cues/prompts if candidate requires assistance:

Encourage candidates to consider factors that put the patient at risk of another stroke:

Diabetes is associated with increased risk of ischaemic stroke, and women with diabetes have a higher relative risk than men with diabetes.

Other factors that increase the patient's risk include

- Previous stroke
- Family history of stroke
- Poor glycaemic control
- Smoking

Encourage candidates to consider whether the patient is meeting recommended treatment targets for patients with diabetes in particular with regard to modifiable cerebrovascular risk factors.

Encourage candidate to put forward management strategies for the patient that take into account modifiable cerebrovascular risk factors, particularly glycaemic control. The options with regard to oral hypoglycaemic therapy should be considered with respect to effect on risk factors for macrovascular disease, stroke in particular.

**SECTION B: This information is given to the patient role player/examiner**  
**These clinical findings are available on a separate sheet that is to be handed to the candidates when they ask for any physical examination findings**

**All other physical findings are normal**

**PHYSICAL EXAMINATION**

<b>Weight</b> 84.8 kg.	<b>Height</b> 1.68 m	<b>BMI</b> 30	
<b>BP</b> 130/85 mmHg	<b>Resting pulse rate:</b> 80 bpm, regular		
<b>Cardiovascular</b>	<b>S1S2 nil else</b> <b>Apex beat not displaced</b>	<b>Peripheral pulses normal</b>	<b>No carotid bruits</b>
<b>Resp</b>	<b>Normal</b>		
<b>Gastrointestinal</b>	<b>Normal</b>		
<b>Neuro</b>	<b>Normal</b>		

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

**INVESTIGATIONS**

**Candidate should ask for results of specific investigations.**

**Urine dipstick**

Ketones – negative

Proteins - negative

**Glycaemic control**

HBA1C 7.8%

Random plasma glucose 12.3

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Fasting plasma glucose 10.5

## ECG

normal

## Urinary albumin

Urinary albumin excretion: 17 micrograms/minute timed collection  
17 mg/L spot collection

Albumin to creatinine ratio in morning urine 2.9 micrograms/mmol

## Lipid profile

Total cholesterol (TC),	3.8 mmol/L
Low-density lipoprotein cholesterol (LDL-C),	2.04 mmol/L
High-density lipoprotein cholesterol (HDL-C)	0.8 mmol/L
Triglycerides (TG).	2.1 mmol/L

## Recommended targets

- total cholesterol <4 mmol/L
- LDL cholesterol  $\leq$  2.5 mmol/L
- HDL-cholesterol  $\geq$ 1 mmol/L
- triglycerides <2 mmol/L
- body mass index  $\leq$  25 kg/m<sup>2</sup>
- urinary albumin excretion <20 micrograms/minute timed collection <20 mg/L spot collection
- albumin to creatinine ratio in morning urine <3.5 micrograms/mmol for females
- smoking zero
- alcohol intake  $\leq$  1 standard drinks per day for females
- exercise : at least 30 minutes walking (or equivalent) 5 or more days per week

**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**

Is the patient compliant with her present medication regimen?

Are there barriers to adherence to recommended diet and exercise plans, and to smoking cessation?

**Appropriate management**

In choosing therapy, candidates should consider recommended treatment targets for patients with diabetes with regard to

- blood glucose (target level: fasting <6mmol/L, random, 4 to 8mmol/L )
- HBA1C (target: <7%)

The options with regard to oral hypoglycaemic therapy should be considered. There is some evidence that choice of hypoglycaemic therapy can affect stroke risk. For example, in a subgroup analysis from PROactive, pioglitazone reduced the risk of recurrent stroke significantly in high-risk patients with type 2 diabetes (Wilcox et al 2007)

**Outlining conclusions and proposed management plan to the patient.**

Candidate should inform the patient of her modifiable risk factors for recurrent stroke. Candidate should inform the patient of proposed therapy, and discuss diet, smoking and exercise goals emphasising the importance of adherence to therapy and lifestyle advice in reducing her risk of recurrent stroke.

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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.

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**CLINICAL CASE RATINGS KEY FEATURES CHECKLIST**

(*) key feature relevant to this case	Inadequately Covered <b>1</b>	Covered Well <b>10</b>
1 • *Communication and Rapport		
2 • Inter-professional		
3 • *History taking		
4 • Physical examination		
5 • History and Physical		
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 •		

18 • Prompting Required

Frequently

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.**

2. 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.

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

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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.

### **1 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).*

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