



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Kelly Benson

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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 / OPTIONAL INSTRUCTIONS

- Take an appropriate history from the patient.
- Outline your proposed examination, investigations and management plan to the patient. (Just explain to the patient what you want to do and why. There is no need to actually perform an examination or request examination findings in this station.)

SECTION A: This information is given to the candidate

SCENARIO : Miss Kelly Benson is a 19 year old girl who is new to your practice. She has filled out the following health summary sheet while sitting in your waiting room.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Kelly Benson

D.O.B.: 19 years

Allergies: Nil

Social History Lives with a flatmate

Occupation- Works in a supermarket

Family History Grandmother has diabetes

Current Medications Monofeme (levonorgestrel 150 micrograms and ethinyloestradiol 30 micrograms)

Immunisations

Past Medical History Appendicetomy age 9 yrs

Drug and Alcohol- Smokes 5-10 per day; drinks 3-4 standard drinks on weekends

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

THE STORY IN DETAIL

Information to be freely given:

“Umm this is really embarrassing, but I’ve been told I might have Chlamydia”

You were called by the Health Department to say that you had been named as a contact by someone who has Chlamydia.

You have no symptoms of an STI

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

You have no regular partner

In the last 6 months you have had 2 casual male partners, mostly using condoms. You practice oral and vaginal sex, no anal sex. Most recent partner 1 month ago (had sex with him once), before that 5 months ago (had sex with him twice)

You are a bit forgetful taking the pill. If you forget, you take 2 pills the next day to make up for it.

LMP 2 weeks ago

Never had STI before.

Never had pap before. 1st sex age 16

You are vaccinated against hepatitis B

No history of injecting drug use

You would like full STI check up if doctor offers. Will do pap today if Dr offers

If contraception is discussed, will take advice on pill rules and be more diligent about taking it every day eg using alarm or marking on calendar. You are not keen on depo provera, implanon etc- you don’t like the idea of needles and would prefer a pill

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Additional HISTORY

“My mum said I should get a pap smear”

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

SYSTEMS REVIEW

Genitourinary Normal

Gynaecological Regular periods, no pains. Never had pap

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

PHYSICAL EXAMINATION

Not required

INVESTIGATIONS

Not required

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

- Enquires about symptoms of STIs
- Explores patient's knowledge of STIs
- Takes sexual history
- Asks about sexual practices eg oral, anal sex
- Takes pap history, and explores patient's knowledge of pap testing
- Takes menstrual history
- Enquires about patient's understanding and use of COCP

Appropriate management and explanation:

- Acknowledges patient's embarrassment
- Takes history sensitively
- Uses plain language, avoids jargon
- Discusses contraception
- Offers high vaginal swab and endocervical swabs for Chlamydia and gonorrhoea (or self obtained low vaginal swab and urine for PCR), pap, HIV, syphilis, hepatitis B/C
- Offers azithromycin 1g stat, explaining that asymptomatic infection is common
- Avoid sex, or use condoms, for 1 week to allow time for eradication
- Arranges follow up appointment to discuss results
- Discusses need for proof of cure after at least 4 weeks
- Discusses contact tracing and the to notify the local health authority (if applicable in your state)
- Discusses safe sex practices
- Discusses smoking cessation
- Discuss the correct use of the contraceptive pill
- Discuss and offer HPV vaccination

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

				Inadequately Covered Well		Covered
				1		10
(*) key feature relevant to this case	1	X	•	Communication and Rapport	-----	
	2		•	Inter-professional Communication Skills	-----	
	3	X	•	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	X	•	Medical Knowledge	-----	
	12	X	•	Public Health Issues	-----	
	13		•	Management	-----	

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.

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.

12. Public Health Issues

Rate the candidate's awareness of, and ability to deal with, the public health and social issues raised by this case.

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:

- Victorian Govt Dept of Human Services – Infectious Diseases (Chlamydia)
<http://www.health.vic.gov.au/ideas/bluebook/chlamydia>
http://www.health.vic.gov.au/ideas/diseases/chlam_facts
- Check Program (RACGP) 2002 Topic 4 Sexually Transmitted Diseases
- Melbourne Sexual Health Centre – Management guidelines for Health Professionals
<http://www.mshc.org.au/upload/ACF823D.pdf>