



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Ms Sarah Allenby

AUTHOR:

Michael Light

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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.
- 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.
- Outline your conclusions and proposed management plan to the patient.

SECTION A: This information is given to the candidate

SCENARIO : Ms Sarah Allenby is a 24 year old patient of yours, who usually only attends for minor infections and her pill prescription

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Ms Sarah Allenby

D.O.B. (Age): 24 years

Allergies: Shellfish

Social History Lives with boyfriend

Occupation- secretary

Family History- Brother has asthma. Grandmother had stroke at age 70

Current Medications Diane (ethinylloestradiol 35mcg; cyproterone acetate 2mg), ventolin (Salbutamol) inhaler

Immunisations Last tetanus (ADT) 4 years ago

Past Medical History Viral URTIs; Asthma

Drug and Alcohol- non smoker; rarely drinks alcohol

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

THE STORY IN DETAIL

Information to be freely given:

"I don't feel very well. I think I have a bladder infection."

3 days ago you started to notice some suprapubic discomfort and dysuria. Your mum thought it sounded like a bladder infection so you started using Ural. This helped initially but yesterday you started feeling worse with fevers and a backache on the right

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

You have nausea and have vomited twice. You can tolerate fluids but not solid food. Bowels have been normal.

You have no cough, sore throat or rhinitis.

You have not been travelling anywhere in the last year.

You are sexually active, with a boyfriend of 2 years. No other partners

No blood in the urine.

No vaginal discharge/rash.

No rigors.

No chest pain or dyspnoea

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Additional HISTORY

Past Medical History As above (no history kidney problems as child, still has appendix)

Family History As above

Cigarettes None

Alcohol 1-2 drinks per month

Other Drugs None

Medications Diane; Ventolin about 1-2 times per month in winter, hardly ever in summer

Allergies Shellfish

Immunisations As above

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

SYSTEMS REVIEW

Respiratory- No cough, wheeze or SOB

Gastrointestinal- No diarrhoea

Genitourinary- As above

Gynaecological- Last period began 7 days ago and ceased 2 days ago. The period was normal. Last pap was 1 year ago and was normal

Musculoskeletal- Pain in the back on the right. Not colicky. Not related to movement

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

PHYSICAL EXAMINATION

Candidates are to ask for specific examination findings.

General Appearance	Looks unwell. Sweaty. Pale.		
Weight 55kg	Height 164cm	BMI 20.4	Temp °C 38.1
BP 110/70	Pulse 100	RespRate 24/min	
Cardiovascular	Normal		
Respiratory	Normal		
Ear, Nose & Throat	Normal		
Abdomen/PR	Suprapubic and right renal angle tenderness. No guarding/rigidity. Kidney not ballotable. PR not done.		

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

INVESTIGATIONS

Candidates are to ask for specific investigations.

Surgery Tests

Urinalysis – large blood, large leucocytes, nitrites positive, large protein, specific gravity 1.030

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

- Asks for symptoms of UTI
- Considers differential diagnosis
- Asks about underlying causes eg sexual intercourse, diarrhoea
- Asks re Phx/childhood hx of renal problems/UTI

Diagnosis

- Pyelonephritis
- DDx includes renal stone

Appropriate management and explanation:

- Explain diagnosis incl more severe than simple UTI/cystitis
- Refer to ED for hospital admission
- Will need IV antibiotics, fluids, analgesia.
- Arrange MSU, blood tests (eg FBE for WCC, inflammatory markers, EUC/renal function)
- Discusses UTI prevention- hygiene, hydration, post coital micturition etc
- Imaging not indicated at present (perhaps if renal stone suspected)
- Follow up may include rpt MSU/renal USS when well
- Quick discussion of asthma management
- Any questions?

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 * • 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	-----	

Key Features Clinical Case Rating Descriptions

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.

5. History and Physical Examination

Rate the candidate on their ability to take a relevant and organised history; following appropriate cues and eliciting details important to the assessment and management of the patient. Also rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive.

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.

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.

References and Study Notes:

- GP Notebook – topic “Acute Pyelonephritis”

<http://www.gpnotebook.co.uk/simplepage.cfm?ID=161087527&linkID=28472&cook=yes>

- Check Program (RACGP) 2003 Topic 5 Renal Disease

- British Medical Journal Article:

“Urinary tract infections in women: diagnosis and management in primary care.” *Car J. BMJ* 2006;332:94-97

<http://www.bmj.com/cgi/content/full/332/7533/94?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=uti+pyelonephritis&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

- Australian doctor “How to Treat”

Topic “UTIs in Childhood” (20 Apr 2005)

Go to <http://www.australiandoctor.com.au> and login (RACGP number or Provider number)

http://www.australiandoctor.com.au/HTT/PDF/ad_htt_o25_032__apr22_05.pdf