



GPRA ONLINE EXAM RESOURCES CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Shonelle Roberts

AUTHOR:

Dr Siew-Lee Thoo



GPRA wishes to acknowledge Aspen Australia for their support for this resource in the form of an unrestricted educational grant. This case has been prepared by GPRA



Disclaimer and Copyright

All rights related to GPRA's Online Exams Resources (OER) are reserved. All materials contained in this website are protected by Australian copyright law and may not be reproduced, distributed, transmitted, displayed, published or broadcast without the prior written permission of General Practice Registrars Australia Ltd. (GPRA) or in the case of third party materials, the owner of that content. You may not alter or remove any trademark, copyright or other notice from copies of the clinical cases provided. All efforts have been made to ensure that material presented in this publication is correct at the time of publishing. Due to the rapidly changing nature of the industry, GPRA does not make any warranty or guarantee concerning the continued accuracy or reliability of the content.

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**
- **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 diagnostic impressions to the patient and advise on the need for further investigations if any**
- **Discuss the essential issues that arise with the patient and suggest appropriate management**

SECTION A: This information is given to the candidate

SCENARIO: You are a GP working in a remote town with a high indigenous population, many of which live in smaller communities away from town. While doing an emergency shift at the local hospital, Shonelle is brought in by an Aunty. She has sore ears and “muck coming out”.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Shonelle Roberts

D.O.B.: 12 yo

Allergies: **NKDA**

Social History: Lives with Mum in a community 100km from town

Occupation: School Student

Family History

Current Medications

Immunisations Unknown

Past Medical History Past hospital notes indicate presentations for respiratory tract infections and ear infections.

Drug and Alcohol Unknown

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

THE STORY IN DETAIL

Information to be freely given:

Shonelle is a 12 yo Aboriginal girl who usually lives with her Mum and family in community 100km out of town. Her ears are only “a little bit sore”. There has been a discharge from both ears for a “long time”. It got worse last week, after she had a swim in the river. Aunty is concerned as the ears don’t seem to be getting better, Shonelle was asking for panadol the other day.

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

Aunty states that Shonelle’s ears have been discharging for about 1-2 weeks. Her aunty recalls that Shonelle complained of really sore ears about 2 weeks ago. There have not been any recent URTI symptoms or fevers.

Shonelle has seen Drs and nurses before for sore ears, but not in the last 6 months. The community where she lives has a GP visit once a week and there is a local clinic staffed by a nurse. She has never seen an ear specialist.

Shonelle’s Mum has gone to another town, so she will stay with her Aunty until Mum returns.

Shonelle does attend school regularly, but has got in trouble a bit recently for not listening properly in class.

Aunty doesn’t know for sure about immunisations, but thinks Shonelle was seen by the clinic nurse as a baby.

NOTES TO EXAMINERS – Suggested cues

Duration of symptoms, association with recent URTI or increasing pain
Possible hearing loss

Additional HISTORY

If there is additional information for the role player that must be elicited by the candidate, note below in green text

Past Medical History As above

Family History As above

Cigarettes Denies, but entire family smokes

Alcohol Denies

Other Drugs Denies

Medications Nil

Allergies Nil

Immunisations Unsure, need to check with clinic and Childhood Immunisation Register

Nutrition Mostly chips, cool drink, take-away

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

SYSTEMS REVIEW

Nil Relevant

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

PHYSICAL EXAMINATION

1/These clinical findings are available on a separate sheet that can be described to candidates when they ask for physical examination findings.

General Appearance	Shy Aboriginal girl, looks generally well		
Weight 38 kg	Height 154cm	on 50th percentile for height Between 25th-50th percentile for weight	Temp 37°C
	Pulse 65 reg	RespRate 14 /min	
Respiratory	Normal		
Ear, Nose & Throat	Pinna non-tender to touch, bilateral white discharge, unable to visualise tympanic membrane on the left, tympanic membrane on the right appears perforated. Throat and nose NAD		
Lymph Nodes	Normal		

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

INVESTIGATIONS

Examiner is to ask the Candidates if they would like to do any investigations at this stage.

Test results are not yet available.

Candidates should consider taking an ear swab for MC&S, however, it would be reasonable management for the candidate to state they would do this at the next follow-up visit if symptoms are not improving.

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

1. Duration and pattern of symptoms to distinguish Chronic Suppurative Otitis Media from Acute Otitis Media with perforation
2. Effect on hearing
3. Determine social situation to ensure correct caregiver provides treatment and ensure that follow-up occurs
4. Frequency of ear infections to decide if prophylactic antibiotics should be considered.
5. Ask for examination findings to exclude Otitis Externa, Mastoiditis, Sepsis.

Diagnosis

1. Bilateral Chronic Suppurative Otitis Media with possible hearing loss
2. Acute Otitis Media with perforation (<6 weeks since perforation)

Appropriate management and explanation:

Otitis Externa should be excluded. Aboriginal children can have significant long-term sequelae from Otitis Media. Management can be challenging because of the mobility of patients and difficulties ensuring compliance with prolonged treatment.

- Exact duration of symptoms is unclear, perforation may have occurred within the last 6 weeks.
- Oral high dose amoxicillin (50-90mg/kg/day) for at least 2 weeks AND Sofradex/Otodex drops would be appropriate.
- Offer to dispense medicines from hospital/clinic or via local Aboriginal Medical Service if Aunty states she cannot afford to buy medications.
- An ear swab should be taken at some stage to ensure antibiotic susceptibility.
- Drops need to be continued until the ears are dry for 3 days, up to 16 weeks.
- Tissue spear toilette prior to drops and tragal pumping should be demonstrated to patient and Aunty. Ask them to show doctor they can do it.
- Avoid swimming while perforation exists.
- Review ears weekly to ensure treatment successful.
- Consider change to amoxicillin + clavulanic acid, formal hearing assessment. Referral to ENT if dry perforation with hearing loss persists.
- Call Clinic nurse at the community where patient usually lives to ensure patient is followed up.
- Must appropriately explain the need for compliance with treatment, duration of treatment and need for follow up. Otherwise long term hearing loss, and difficulty at school become problematic.
- Questioning should have elucidated poor dietary history – comment should be made about need to follow this up as it relates to risk of future illness, especially Obesity/T2DM/IHD.

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 1 10	Covered
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

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.

7. Physical Examination Findings

Rate the candidate on their ability to detect physical examination findings accurately and to interpret them correctly.

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.

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:

OATSIH guidelines on management of Otitis Media in Aboriginal and Torres Strait Islanders
<http://www.health.gov.au/internet/wcms/publishing.nsf/content/health-oatsih-pubs-omp.htm>

eTG complete. Therapeutic Guidelines Limited; Antibiotic Guidelines
<http://www.tg.com.au>