GPRA ONLINE EXAM RESOURCES
CLINICAL CASES

CASE TYPE:

Short Case – 8 minutes

NAME:

Bethany Jones

AUTHOR:

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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 INSTRUCTIONS

- **There will be no patient present, but you will need to take an appropriate history from the patient's mother.**
- **Outline to the examiner the appropriate physical examination of the patient you would undertake, ask for specific signs. The observing examiner will disclose findings as you go.**
- **Outline your diagnostic impressions 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: You are rural GP in a small town with a district hospital where you have admitting rights.

You are asked to see as an extra patient as there are no appointments for the next week. Bethany is an 11 month old baby brought in by her mother. Bethany has been unwell for 3 days with
a history of fever, being "snuffly" and irritable, some cough and noisy breathing for the past day

Bethany is bottle-fed and Mum reports she is not feeding as well. Her breathing seems to have gotten worse in the past day.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name	Bethany Jones
D.O.B./Age	11 months
Allergies	NKDA
Social History	Lives with parents and 3 siblings on a farm about 1 hour from town
Family History	Older brother, 6 yo has asthma and eczema
Current Medications	Nil
Immunizations	Up to date. Due 12 month
Past Medical History	Born at term. No problems at birth. Mild facial atopic eczema.

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

THE STORY IN DETAIL

Information to be freely given:

Mum is concerned whether this could be asthma. Another sibling was recently unwell with a cold and had a flare of his asthma. As they live out of town, Mum is worried about what to do if Bethany gets worse over night. Temperature when measured at home up to 38C.

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

No rash, no vomiting, no unusual crying.
No apnoea, no cyanosis.
Bottle feeds reduced to about 50% of normal in the past day.
Making 2 wet nappies a day, but not as damp as usual.
First episode of wheezing.

Mum and Dad do not smoke.
Older sibling has had to attend Dr to have salbutamol nebulisers before, but his asthma is now only triggered by colds. Mum feels she would be able to recognise when the older sibling's asthma needs more treatment, but because Bethany is so young she is a bit uncertain what to look for and what to do.

NOTES TO EXAMINERS

Suggested Cues/prompts if candidate requires assistance:

Encourage candidate to:
- Take a history to exclude serious illness
- Ask about features of respiratory distress
- Ask about hydration and feeding
- Enquire about home, Mother's concerns and ability to recognise illness.

Additional HISTORY

As above

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

PHYSICAL EXAMINATION

Candidates are to outline in detail what examination they would undertake and ask for specific examination signs they would look for.

General Appearance	Alert and active infant, sounds snuffly		
Weight 11.6 kg	**Height**	**BMI**	**Temp** 37.8°C
BP	**Pulse 104**	**RespRate** 38/min	**O2 sats – not available in rooms**
Cardiovascular	HS dual		
Ear, Nose Throat	Mild erythema of throat, ears NAD		
Respiratory	Mild sub-costal rib recession, Chest appears hyper expanded. Bilateral wide spread wheeze and fine crepitations No sternal/tracheal tug, no head bobbing (accessory muscle use), no grunting, no nasal flaring		
Abdomen/PR	soft		
Skin)	Capillary Return < 2 secs, no mottling of skin, slightly dry mucous membranes, normal tissue turgor. No rash		
Lymph Nodes	Small submandibular nodes		
Other	Normal fontanelle		

INVESTIGATIONS

There are no investigations available currently

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

How much feeding has reduced?
Enquire and assess hydration status
Assess for features of respiratory distress
Enquire and examine to exclude serious infection eg meningitis

Diagnosis

Bronchiolitis – viral
Asthma
Pneumonia

Appropriate management and explanation:

Explanation of the diagnosis and causes of bronchiolitis should be discussed by the candidate. Illness severity and duration should be discussed.
Review and safety net should be discussed as patient lives away from town, but baby is probably currently experiencing the worst symptoms and will likely improve in next few days.

Management should be aimed at symptomatic relief. These should include:

1. Symptomatic treatment: maintain bottle feeds, Paracetamol if febrile and irritable, N/saline drops for nasal congestion, warm environment.
2. Discuss signs of worsening respiratory distress or dehydration. To attend hospital overnight if these features develop.
3. Could offer observation in local hospital overnight, or organise review the next day depending on how confident the mother is, distance from home to hospital etc.
4. Reassure that antibiotics not helpful.
5. Could ask Mum to take Bethany to the local hospital for check O2 sats while having a feed and have the result phoned through to you.
6. Explain that asthma difficult to diagnose at this age. Unlikely, as this is first episode, but pt may develop asthma.
7. Trial of salbutamol via spacer could be given in surgery to assess response.
8. Could suggest obtaining PNA to confirm diagnosis. More of an issue if admitted to hospital for infection control issues.

9. CXR could be considered to Ix for pneumonia, but clinical picture suggests mild-moderate bronchiolitis without significant systemic features.

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	Feature	Inadequately Covered 1 — Covered Well 10
1	*	Communication and Rapport	
2		Inter-professional Communication	
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	
14		Procedural Skills	
15		Ethical and Medico Legal Issues	
16		Critical Appraisal Skills	

#		Feature	Frequently — Not at all
17		Prompting Required	

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 focused 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.

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.

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:

NSW Clinical practice guidelines for Paediatric Care

http://www.health.nsw.gov.au/public-health/clinical_policy/guidelines/index.html

NSW Bronchiolitis management guideline.

http://www.health.nsw.gov.au/fcsd/rmc/cib/circulars/2004/cir2004-64.pdf