



# MSSBU OSCE PRACTICE

## CASE 3\_01\_03

### Station Vignette

You are a third-year student on GP rotation.

The GP has asked you to take a brief history from Lucas Miami, a 53-year-old man who has come into the practice with abdominal pain.

#### **Vital signs:**

- **Temperature:** 37.1 degrees Celsius.
- **Blood pressure:** 130/87 mmHg.
- **Heart rate:** 68/minute.
- **Respirations:** 14/minute.
- **BMI:** 25 kg/m<sup>2</sup>.

#### **TASK**

You have a total of **7 minutes** to take a history.

This includes:

- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review.

At the end of the allotted time, you will have **1 minute** to answer the examiner's questions.

You do **NOT** need to complete a physical examination.

## **EXAMINER QUESTIONS**

1. State your top **three (3)** differential diagnoses.
2. State **three (3)** risk factors for the development of inflammatory bowel disease.

## MARKING CRITERIA – Case 3\_01\_03

	Question	Patient Information	
<b>Presenting complaint</b>		<input type="checkbox"/> Abdominal pain	/1
<b>Pain history</b>	Site Onset Character Radiation Associated symptoms Timing Exacerbating/relieving factors Severity	<input type="checkbox"/> <b>S</b> – Lower abdomen. <ul style="list-style-type: none"> <li>• – On and off over a few years.</li> </ul> <input type="checkbox"/> <b>C</b> – Dull. <input type="checkbox"/> <b>R</b> – No radiation. <input type="checkbox"/> <b>A</b> – Associated with diarrhoea. <input type="checkbox"/> <b>T</b> – Not worse on any particular time of the day. <input type="checkbox"/> <b>E</b> – Exacerbated by eating and relieved by defaecation. <input type="checkbox"/> <b>S</b> – 6 out of 10.	/7
<b>General/constitutional history</b>	General health Rashes Weight changes Appetite Diet Night sweats, fevers, and chills Sleep	<input type="checkbox"/> Generally been well. <input type="checkbox"/> No rashes. <input type="checkbox"/> Lost 3 kg in the last year. <input type="checkbox"/> Diet includes all food groups. <input type="checkbox"/> Decreased appetite. <input type="checkbox"/> No fever, night sweats, or chills. <input type="checkbox"/> Sleep has been good.	/7
<b>Systems review</b>	<b>Gastrointestinal</b> <ul style="list-style-type: none"> <li>• Nausea and vomiting.</li> <li>• Localisation of pain.</li> <li>• Bloating.</li> <li>• Reflux.</li> <li>• Faeces.</li> </ul> <b>Urinary</b> <ul style="list-style-type: none"> <li>• Colour.</li> </ul> <b>Cardiovascular</b> <ul style="list-style-type: none"> <li>• Chest pain.</li> <li>• Palpitations.</li> </ul>	<b>Gastrointestinal</b> <input type="checkbox"/> No nausea or vomiting. <input type="checkbox"/> Lower abdominal pain. <input type="checkbox"/> Bloating present after meals. <input type="checkbox"/> No reflux. <input type="checkbox"/> Bouts of diarrhoea every 3 to 4 weeks with 4 to 5 stools per day for 3 to 4 days.  <b>Urinary</b> <input type="checkbox"/> Urine colour is normal. <input type="checkbox"/> No other urinary symptoms.  <b>Cardiovascular</b> <input type="checkbox"/> No chest pain.	/10

		<input type="checkbox"/> No palpitations. <input type="checkbox"/> No other cardiovascular symptoms.	
<b>Medications history and allergies</b>	Prescribed, over the counter, and herbal remedies Allergies	<input type="checkbox"/> No medications. <input type="checkbox"/> No known allergies.	/2
<b>Medical history</b>	Past and current medical conditions	<input type="checkbox"/> Diet-controlled hypertension.	/1
<b>Surgical history</b>	Surgical procedures	<input type="checkbox"/> None.	/1
<b>Social history</b>	Home situation Occupation Immunisations Substance use (smoking, alcohol, and recreational drugs) Travel Pets	<input type="checkbox"/> Things are well at home. <input type="checkbox"/> Accountant for a large law firm (stressful). <input type="checkbox"/> Up to date with immunisations. <input type="checkbox"/> No smoking history. <input type="checkbox"/> Consumes 3 to 4 beers per week. <input type="checkbox"/> Never used recreational drugs. <input type="checkbox"/> No recent travel. <input type="checkbox"/> No pets at home.	/8
<b>Family history</b>	Parents' health Conditions that run in the family	<input type="checkbox"/> Mother alive and well, father passed away a few years ago at the age of 80 due to colorectal cancer. <input type="checkbox"/> No other known family history.	/2
<b>Communication skills</b>	<input type="checkbox"/> Appropriate questioning style <input type="checkbox"/> Actively listens to patient <input type="checkbox"/> Systematic approach to history taking <input type="checkbox"/> Appropriate conclusion and summary		/2
<b>Global score</b>	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent		/5
<b>Questions</b>	1. State your top three differential diagnoses: <ol style="list-style-type: none"> <li>Inflammatory bowel disease.</li> <li>Diverticulitis.</li> <li>Infectious colitis.</li> </ol> 2. State three risk factors for the development of inflammatory bowel disease <ol style="list-style-type: none"> <li>Family history.</li> <li>Recurrent infections.</li> <li>Presence of HLA-B27.</li> </ol>		/6
<b>Total score</b>			/50

<b>Comments:</b>	
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