

Station Vignette

You are a third-year student on GP rotation.

The GP has asked you to take a brief history from Jason Oxenford, a 50-year-old man who has come into the practice with abdominal pain.

Vital signs:

- **Temperature:** 37.6 degrees Celsius.

- Blood pressure: 140/92 mmHg.

Heart rate: 75/minute.Respirations: 16/minute.

- **BMI**: 28 kg/m².

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 most likely condition as found in the history.

$\textbf{MARKING CRITERIA} - \text{Case } 3_01_04$

Presenting complaint		Question	Patient Information S	Score
Onset Character Radiation Associated symptoms Timing Exacerbating/relieving factors Severity General/constitutional history General/constitutional history General/constitutional history General/constitutional history General/constitutional history General health Weight changes Appetite Diet Night sweats, fevers, and chills Sleep Gastrointestinal Nausea and vomiting. Localisation of pain. Bloating. Jaundice. Faeces. Urinary Cardiovascular Chest pain. Palpitations. Neurological Parallo vandiding. Generally been well, recently (last few days) been more tired than usual. Gained 5 kg in the last 6 months. Diet mainly consists of fatty foods. Decreased appetite. Feeling a little cold. Sleep has been good. Gastrointestinal Nausea present without vomiting. Right upper quadrant abdominal pain. Bloating present. Wife had noticed patient looks yellow. Faeces are looking paler than usual (last 3 to 4 weeks). Urinary Cradiovascular Urinary Urine is looking very dark (almost like coca-cola) also for the last 3 to 4 weeks. No other urinary symptoms. Cardiovascular No chest pain.	Presenting complaint		☐ Abdominal pain /	/1
Nistory	Pain history	Onset Character Radiation Associated symptoms Timing Exacerbating/relieving factors	 Onset over 3 weeks. C – Dull. R – No radiation. A – Associated with nausea. T – Constant. E – Exacerbated by drinking alcohol. 	17
Systems review Gastrointestinal Nausea and vomiting. Localisation of pain. Bloating. Jaundice. Faeces. Urinary Colour. Cardiovascular Chest pain. Palpitations. Neurological Gastrointestinal Nausea present without vomiting. Right upper quadrant abdominal pain. Bloating present. Wife had noticed patient looks yellow. Faeces are looking paler than usual (last 3 to 4 weeks). Urinary Urinary Urine is looking very dark (almost like coca-cola) also for the last 3 to 4 weeks. No other urinary symptoms. Cardiovascular No chest pain.		Weight changes Appetite Diet Night sweats, fevers, and chills	recently (last few days) been more tired than usual. Gained 5 kg in the last 6 months. Diet mainly consists of fatty foods. Decreased appetite. Feeling a little cold.	/6
□ No palpitations. □ No other cardiovascular symptoms.	Systems review	 Nausea and vomiting. Localisation of pain. Bloating. Jaundice. Faeces. Urinary Colour. Cardiovascular Chest pain. Palpitations. 	 □ Nausea present without vomiting. □ Right upper quadrant abdominal pain. □ Bloating present. □ Wife had noticed patient looks yellow. □ Faeces are looking paler than usual (last 3 to 4 weeks). □ Urinary □ Urine is looking very dark (almost like coca-cola) also for the last 3 to 4 weeks. □ No other urinary symptoms. □ Cardiovascular □ No chest pain. □ No palpitations. □ No other cardiovascular 	/12

		1		
			No changes in mood or cognitive function (hepatic encephalopathy). No other neurological	
Medications history and allergies	symptoms. Prescribed, over the counter, and herbal remedies Allergies symptoms. Takes an antihypertensive (perindopril). Takes a statin (simvastatin). No known allergies.			/3
Medical history	Past and current medical conditions Hypercholesterolaemia. History of hepatitis A at the age of 20, which resolved.			/3
Surgical history	Surgical procedures		None.	/1
Social history	Home situation Occupation Immunisations Substance use (smoking, alcohol, and recreational drugs) Travel Pets		Things are well at home. Business owner (stressful). Up to date with immunisations. Used to consume 1 packs a day for 10 years from the age of 20 to 30), consumes 5 standard drinks of alcohol per day on weekdays and up to 10 per day in weekends. Has never tried recreational drugs. Travels to southeast Asia frequently for business. No pets at home.	/7
Family history	Parents' health Conditions that run in the family		Both parents have passed away (mother of an unknown lover disease (aged 72) and father of a myocardial infarction (aged 45). No other known family history.	/2
Communication skills	☐ Appropriate questioni			/4
	☐ Actively listens to patient			
	☐ Systematic approach		istory taking	
	☐ Appropriate conclusion			
Questions	 3. State your top three differential diagnoses a. Viral hepatitis. b. Alcoholic hepatitis. c. Gallstone disease. 4. State three risk factors for the most likely condition as found in the patient's history. a. High alcohol consumption. b. Previous hepatitis A infection. c. High-risk sexual behaviours. 			
Global score	Overall impression of ca	ndic	late based on warmth, clarity	/5

	2 = borderline 3 = pass/expected 4 = good 5 = excellent	
Total score		/53
Comments:		