



Year 4 Formative OSCE (September) 2018

Reading for Station 4

Candidate Instructions

Clinical Scenario

You are a fourth-year medical student on placement at a GP clinic in Robina.

Blake is a 55-year-old-man who presenting complaining of 'trouble with sex'. The GP has asked you to talk to Blake.

[Assume Blake has a BMI of 29.5]

Task

In the first six (6) minutes:

- Take a **focussed history** regarding Blake's presentation to the clinic and any other relevant history.

In the last two (2) minutes, you will be prompted to:

- Provide possible causes of Blake's problems to the GP
- Provide a management plan to the GP

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

The examiner will assume the role of the GP.

Simulated Patient Information

The candidate has the following scenario and task

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Instructions for simulated patient

You are a 55-year-old male, Blake, who is presenting with erectile dysfunction after your wife, Jenny, has encouraged you to attend. You have been putting off making an appointment for a while because you are embarrassed. You find it difficult to talk about this and appear uncomfortable. Do not say the word 'erection' until you become more comfortable in the scenario. As the student begins taking the history, asks about your concerns and show empathy, you should begin to relax and speak more openly. The erectile dysfunction has made you feel 'a bit down' lately.

Presenting Complaint:

- You have had difficulty "getting it up" (erections).
- This has been happening for the past 12 months, and has worsened over the 12 months.
- The onset was gradual. Initially, you could get erections but would have difficulty maintaining them. However, you now cannot get an erection at all (during sex or self-stimulation) and have not had an erection for the past 3 months.
- This started causing tension in your relationship with your wife, Jenny, 1 year ago when you stopped being able to have regular sex. You and Jenny have not had sex for 3 months.
 - Jenny consistently tells you not to worry about it but you know that it frustrates her.
 - You feel guilty that you are not able to 'perform' and 'satisfy' Jenny
 - In the past few months, Jenny and you have both been more irritable of late and argue more often than you used to. You are worried that Jenny thinks of you as 'less of a man' and that she may leave you or have an affair.
 - Jenny has encouraged you to come to the doctor, despite you previously putting this off.

Sexual History:

- You first had sex at age 17 (penile-vaginal & oral) with girlfriend in high school.
- Had a few casual female partners from age 19 to 22 (penile-vaginal & oral)

- Met your wife (Jenny) at age 22 and she has been your only sexual partner since then (penile-vaginal & oral). No current casual partners. You used to have sex with Jenny 3 to 4 times per week on a regular basis. You have enjoyed a healthy sex life with Jenny, up until 1 year ago, when you started having problems with erections.
- Neither you nor Jenny have had any genital or sexual problems previously (other than your current erectile dysfunction)
- Sex has always been consensual
- Contraception – Jenny used to take the oral contraceptive pill and you would always use condoms, before she had her ‘tubes tied’ 15 years ago.
- Never had anal intercourse.

Associated symptoms:

- 12 months ago you noticed you were having less morning erections and for the past 6 months you have not had any morning erections.
- You have lost your sex drive (libido) in the past 2 months, because you have had so much trouble with erections. Prior to this your libido was normal.
- You have NOT noticed:
 - Decreased hair growth
 - Growth of the breasts (gynaecomastia)
 - Problems with ejaculation
 - Warts, lumps, ulcers, urethral discharge
 - Urinary incontinence

Medical History:

- Age 35 – Type 2 diabetes & high blood pressure. Both well managed by medication. You were diagnosed at age 35, after your father died from a heart attack which prompted you to go to the doctor. Before this, you never went to the doctor.
- Age 54 – Enlarged prostate. 6 months ago you noticed you were having trouble urinating and were waking up in the night to urinate but were having trouble passing urine. Another GP prescribed you Finasteride. The doctor told you it was not cancer. Your PSA was high.
- Other than feeling “a bit down” on-and-off for the past year (which you believe is because of your trouble with erections), you do not have any mental health problems. You do feel guilty about not being able to have erections. No current or previous self harm or suicidal thoughts or attempts.
- No history of cancer.
- No other genital or sexual problems prior to this
- Normal cholesterol

Surgical History:

- Broken arm when you were 12.
- Appendectomy age 17
- No prostate or genital surgery
- No radiotherapy

Medication History:

- Current Medications:
 - Hydrochlorothiazide for high blood pressure (ongoing)

- Irbesartan for high blood pressure (ongoing)
- Metformin for diabetes (ongoing)
- Recent changes:
 - Added hydrochlorothiazide 12 months ago
- Previous Medications:
 - Finasteride – for enlarged prostate, prescribed 3 months ago and took it for 2 months.
- Over the counter:
 - Panadol or cold and flu tablets when required
- CAMS:
 - Multivitamin that your wife makes you take
- You have never taken any antidepressants, antipsychotics or anti-androgens
- No allergies or previous adverse drug reactions

Family History:

- Your father died of a heart attack at age 63
- Your mother had high blood pressure, diabetes and died from a stroke at age 67
- Brother (age 59) has high blood pressure but is otherwise well
- 3 sons (aged 22, 23, 25) – all healthy, other than 25 year old who has suffered depression and substance abuse for the past 5 years.

Social History:

- Smoking – you do not currently smoke. You gave up smoking at age 35 after being diagnosed with diabetes and high blood pressure. Prior to this you smoked 25 cigarettes per day, from age 16.
- Alcohol – 3 to 4 beers per weekend day, 1 to 2 glasses of wine occasionally on week nights
- Illicit drugs – never used
- Occupation – Work as an accountant at your own accountancy firm. You have worked here since your early 20s, however have found this stressful of late, because the firm has been struggling for the past year. You have had to lay off some of your employees, with whom you had a close working relationship.
- Financial situation – previously you have never worried about your finances, but due to the recent work related stress, this is something that concerns you and your wife.

Examiner Instructions

- Please verify that you are examining the correct student by checking the name on the student's ID card against the name on the score sheet, as the student enters the room.

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

The examiner will assume the role of the GP.

- For the first 6 minutes of the station, please do not speak to the candidate, after you have checked ID. Please do not provide prompts on the station content.
- Stay out of the line of sight between the candidate and the patient. Do not provide any positive or negative feedback to the candidate.
- Please record your observations on the scoresheet **as you go**, as discussed in the briefing.
- **At 6 minutes** please assume the role of the GP and interrupt the candidate and ask for them to identify possible causes of Blake's problems, and to provide a management plan.
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

Props and Sundries

- Simulated patient
- 3 chairs (examiner, patient and student)
- Hand wash

Author – Rhys Harris

OSCE Score Sheet

Station 4 – Erectile Dysfunction

ID Check

(please tick)

Student Name/Number.....



Examiners Name:

SP:

| No. | Assessment Item (details) | PLEASE MAKE ONE TICK IN EVERY ROW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|---|---|---|---|---|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|--|----------------|--|----------------|--|-------------|
| 1 | Introduces self & Infection Control Introduces self appropriately, hand hygiene before, hand hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | History of Presenting Complaint (erectile dysfunction) Nature of problem (difficulty obtaining erections), onset, change over time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Associated Symptoms (maximum 6 marks) Morning erections, libido, decreased hair growth, gynaecomastia, ejaculation problems, STI symptoms, other relevant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Sexual History Regular partner, casual partners, types of sex, contraception, happy with relationship, past history of STIs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Psychiatric History (maximum 6 marks) Stress, previous mental health, current mental health, performance anxiety, relationship prior to erectile dysfunction, impact of erectile dysfunction on relationship, discusses patient concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Medical & Surgical History (maximum 6 marks) Diabetes, hypertension, dyslipidaemia, stroke, other neurological disease, asks for surgical history, asks for family history, other relevant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Medication History Asks current medications, asks previous medications, asks over the counter medication, asks CAMS, changes to medication, anti-depressants, anti-psychotics, anti-androgens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Social History Current smoking, previous smoking, alcohol, illicit drugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Possible Causes – discussed with examiner (maximum 6 marks) Likely organic cause due to loss of morning erections & gradual onset, discusses previous smoking, cardiovascular risk factors, current medications, past medications, psychogenic cause (stress) possibly contributing now, other relevant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Management Plan – discussed with examiner (maximum 10 marks) Physical examination, review current medications, referral to psychologist, referral to specialist care, commence oral therapy Blood test (maximum 3): testosterone, glucose, cholesterol, LFT, PSA, FBC Lifestyle changes (maximum 2): alcohol, weight loss, diet, exercise | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 7 | 8 | 9 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | CLARITY Organisation, appropriate confidence | <table border="1"> <thead> <tr> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Confused, disorganised, unclear</td> <td colspan="2">Below expected</td> <td colspan="2">Above expected</td> <td>Outstanding</td> </tr> </tbody> </table> | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <input type="checkbox"/> | Confused, disorganised, unclear | | Below expected | | Above expected | | Outstanding |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Confused, disorganised, unclear | | Below expected | | Above expected | | Outstanding | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | WARMTH Engagement, compassion, care for patient | <table border="1"> <thead> <tr> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td colspan="2">Cold, uncaring, brusque</td> <td colspan="2">Below expected</td> <td colspan="2">Above expected</td> <td>Outstanding</td> </tr> </tbody> </table> | | | | | | | | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | <input type="checkbox"/> | Cold, uncaring, brusque | | Below expected | | Above expected | | Outstanding |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cold, uncaring, brusque | | Below expected | | Above expected | | Outstanding | | | | | | | | | | | | | | | | | | | | | | | | | | |