



Year 1 Formative OSCE 2017

Reading for Station 2

Candidate Instructions

Clinical scenario

You are a 2nd year medical student at a family medical centre in Pacific Pines.

Jennifer Robinson, 28 year old female has presented to your clinic with **weight loss**. She is a new patient to you today.

Task

In a total of five (5) minutes:

- Complete a **history of presenting complaint** and relevant background.

Do **not** perform any physical examination on the patient

Simulated Patient Information

Thank you for supporting this important School of Medicine formative exam, your contribution is greatly appreciated. Each candidate will be with you for 5 minutes with a 2 minute break in between. Your comfort is important to us. If you have any needs during the exam please tell the examiner in your room and attention will be sought. There will be scheduled breaks of 7 minutes during each run of the exam for brief refreshment or bathroom stops.

The candidate has the following scenario and task

Clinical scenario

You are a 2nd year medical student at a family medical centre in Pacific Pines.

Jennifer Robinson, 28 year old female has presented to your clinic with **weight loss**. She is a new patient to you today.

Task

In a total of five (5) minutes:

- Complete a **history of presenting complaint** and relevant background.

Instructions for simulated patient

You have come into the GP clinic today as you are concerned about your recent weight loss. It has been 10kg within the last 3 months, and you have not changed your diet or exercise regime. The weight loss doesn't show any signs of stabilising. Along with this weight loss you find you have an increased appetite as well. You regularly eat red meat as part of your balanced diet, and have had no issues with iron deficiency before.

You have also noticed that you have been fatigued and you attribute this to the lack of sleep you have been getting recently. This issue with tiredness has been going on within the last month; this means you just feel a general tiredness throughout the day, as though you haven't slept well. You have been finding it difficult to get to sleep and are restless through the night. You do not use a computer, phone or TV while in bed, and go sleep at the same most nights.

You have also been finding it hotter than usual, wearing lighter layers even though it is winter. You do not find this particularly important or concerning.

Other symptoms you have noted are a tremor in your hands, but it is not much of an issue for you. You have also noticed increased perspiration to go along with the heat intolerance.

You have had no gastrointestinal disturbance, no cough or respiratory symptoms, no fever/chills/rigors, no swollen lymph nodes, no bruising, bleeding, joint or muscle pain.

You have not been overseas recently. You do not own any pets. Your vaccinations are complete and up to date. You have had no new sexual partners, being with your partner for the last 5 years. However you did have a flu like illness which you recovered from 2 ½ months ago. Your aunt has had issues with her thyroid, but you do not know much about this.

You don't have any major stressors in your life currently, and you are the manager at the Robina Glassons. You have no history of mental illness, and would not describe yourself as a worrier or anxious person BUT you are starting to worry you might have cancer. You have a positive opinion of your body image. You are on the oral contraceptive pill and have been since 18.

Please only volunteer the information in response to students specific questions.

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.

The candidate has the following scenario and task

Clinical scenario

You are a 2nd year medical student at a family medical centre in Pacific Pines.

Jennifer Robinson, 28 year old female has presented to your clinic with **weight loss**. She is a new patient to you today.

Task

In a total of five (5) minutes:

- Complete a **history of presenting complaint** and relevant background.

- You are an observer examiner. 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.
- The candidate has only 5 minutes to complete the station. When the PA instructs, they should be asked to finish and leave immediately.
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

Props and Sundries

- Simulated Patient
- 3 chairs (examiner, patient, SP)
- Handwash
- Notepad and pen

Learning outcomes assessed

Demonstrate competence in exploring a patient's experience of constitutional symptoms (fever, sweats, rigours, lethargy, arthralgia or myalgia), including:

- the cardinal characteristics of the symptoms and their time course
- relevant associated symptoms
- the patient's understanding of, and concerns about, what they are experiencing

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OSCE Score Sheet * indicates where mark should be awarded

ID Check
(please tick)

Station 2

Student Name/Number

.....

Examiners Name:

Simulated patients name:.....

PLEASE MAKE ONE TICK IN EVERY ROW

No. Assessment Item (details)

1	Introduces self & Infection Control (appropriately, washes hands before & after)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0	1	2	3		
2	Open Question (starts with)	<input type="checkbox"/>	<input type="checkbox"/>				
		0	1				
3	Presenting Complaint (determines when weight loss began, progression of W L, quantifies W L, asks about lifestyle changes, appetite changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3	4	5
4	Associated Symptoms (asks about sleep changes, fatigue, heat intolerance, sweating, tremor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		0	1	2	3		
5	Significant Negatives (GIT symptoms, respiratory symptoms, lymphadenopathy, anxiety, fevers/chills, joint/muscle pain, bruising/bleeding)	<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	History (Checks for travel history, previous episodes, mental health conditions, previous infection, relevant family history, vaccination, sexual history, medications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		0	1	2	3	4	5
7	Asks about patient understanding and concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		0	1	2			
8	CLARITY (appropriate confidence, organisation,)						
		1	2	3	4	5	6
		<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
9	WARMTH (engagement, compassion, care for patient)						
		1	2	3	4	5	6
		<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

Comments: