

## Year 4 Formative OSCE 2018

# Reading for Station 5

## Candidate Instructions

### Clinical Scenario

You are an intern in the local GP practice and Alice, a 25-year-old female, has come in. She was discharged from Logan ED last week after having an asthma attack. The discharge summary reads as follows:

*'25 yo F presented with tachypnoea, 96% O2 saturation, audible wheeze and increased work of breathing. She remained in ED for 12 hours requiring regular nebulised salbutamol. We commenced her on a 5-day course of 25mg prednisolone. Our recommendation was that she rest over the weekend and see you later in the week for a discussion about long term management which we leave to your discretion.'*

### Task

In a total of eight (8) minutes:

- Take an appropriate history from Alice about her long term asthma symptoms and management, her recent acute asthma attack and any other relevant history
- Discuss with the patient your assessment of her overall asthma severity
- Discuss with the patient your proposed long-term treatment plan

## Simulated Patient Information

### The candidate has the following scenario and task

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### Instructions for simulated patient

- You are a 25-year-old business student, Alice who has come into her GP after suffering a severe asthma attack last week. You work part time at Woolworths.

History of the acute attack:

- The attack began around lunch time Friday. You were out at a park with friends and started to become wheezy at 1:30pm. You were not doing anything strenuous. You took 2 puffs of Ventolin (no spacer) which improved slightly. You went home, and your symptoms continued to worsen. You took another 2 puffs of Ventolin at 2pm with no improvement. This was the worst you can remember your ever being. Your friend drove you to the ED around 4pm that afternoon.
- Exacerbating factors – movement/activity, being outside
- Relieving factors – ventolin puffer (somewhat)
- Severity – worst it has ever been
- Symptoms: you had a wheeze, found it very hard to breathe/get air in, breathing faster than normal, chest was very tight.
- No cough.

Asthma history:

- Onset at age 5, has become worse as you have aged
- You have asthma attacks roughly 3 times per week, which is usually relieved by taking it easy and 2 doses of Ventolin. Some of these are early in the morning. You cough a lot at night.
- You have missed 5 days of work in the last 2 months due to asthma and have stopped exercising in the last month as it exacerbates your symptoms.
- You have been hospitalised twice before for asthma at 9 years and at 17 years and took steroids then. You were on a preventative 'ages' ago Triggers/Exposure:
- You do not have other atopic diseases (eczema, allergic rhinitis etc)

Medication History:

- You use your puffer (ventolin) at least daily due to wheezing. You do not use a spacer because you find it inconvenient.
- You do not currently take a preventative medication
- If asked, of previous medications:
  - o You were on a preventative 'ages' ago but it ran out and you never refilled the script
  - o You took steroids after your hospitalisations for asthma
- You are otherwise fit and well

Social history/triggers and exposures:

- Nil smoking
- If asked – your father smokes at home, usually outside but you find it still triggers your asthma
- Nil alcohol
- Nil illicit drugs
- You notice your asthma is worse when spending time outside and during spring.
- You have a dog but they spend most of their time outside.

Family History:

- Your mum has hay fever and your little brother had eczema as a toddler
- No family history of asthma

The ED advised you follow up with your GP after finishing steroids for ongoing management.

## 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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#### Instructions

- You are playing the role of the examiner in this exam. You shouldn't need to address the student 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 during the history. 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 8 minutes to complete the history and provide their assessment and recommendations to the patient.
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

#### Props and Sundries

- Simulated patient
- Handwash

**Author** – Maddison Taylor. Revised by Rhys Harris.

# Y4 2018 formative Stn 5

**Candidate:** \_\_\_\_\_

**A**

## 1 Infection Control

appropriately washes hands before · appropriately washes hands after

has 0  has 1  has 2

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## 2 Acute Attack History

onset/activity at time of onset · time course · exacerbating factors · relieving factors/puffer · severity

has 0  has 1  has 2  has 3  has 4  has 5

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## 3 Associated Symptoms during acute attack

chest tightness · cough · wheeze · stridor · tachypnoea

has 0  has 1  has 2  has 3  has 4  has 5

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## 4 Asthma History

age of onset · improvement/worsening with age · family history of asthma · family history of other atopic diseases · previous hospitalisation for asthma · other medical conditions

has 0  has 1  has 2  has 3  has 4  has 5  has 6

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## 5 Medication History

use of reliever · frequency of use of reliever · use of spacer · use of preventer · previous use of preventative · other medication

has 0  has 1  has 2  has 3  has 4  has 5  has 6

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## 6 Asthma severity assessment

daily symptoms · frequency of attacks · morning symptoms · night time symptoms · limitations of daily activities

has 0  has 1  has 2  has 3  has 4  has 5

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## 7 Exposure History

personal smoking · passive smoke · pets · worse in spring · exercising · outside · occupation

has 0  has 1  has 2  has 3  has 4  has 5  has 6 or more

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## 8 Assessment

persistent asthma · moderate-severe · not well controlled

has 0  has 1  has 2  has 3

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## 9 Management plan

Add a regular preventative medication (inhaled corticosteroid) · use/review inhaler technique + spacer · provide education · asthma action plan · trigger avoidance · other reasonable

has 0  has 1  has 2  has 3  has 4  has 5  has 6 or more

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**10 Clarity** *organisation, appropriate confidence*

- 1. Confused, disorganised, unclear
  - 2. -|
  - 3. Below expected
  - 4. -|
  - 5. Above expected
  - 6. -|
  - 7. Outstanding
- 

**11 Warmth** *engagement, compassion, care for patient*

- 1. Cold, uncaring, brusque
  - 2. -|
  - 3. Below expected
  - 4. -|
  - 5. Above expected
  - 6. -|
  - 7. Outstanding
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**Notes**

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