Griffith UNIVERSITY
School of Medicine

GUMS

Year 4 Formative OSCE (August) 2019

Reading for Station 1

Candidate Instructions

Clinical Scenario

You are a 4th year medical student on your GP rotation. Leslie/Luke Newton is a 45-year-old female/male who has presented with a new onset lower back pain. The GP has asked you to take a history.

Task

In a total of eight (8) minutes:

- Take a history in the first 5 minutes
- At 5 minutes, explain to the examiner your differential diagnosis
- Answer any questions the patient may have

You do not need to examine the patient.

Simulated Patient Information

The candidate has the following scenario and task

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Instructions for simulated patient

- Your name is Leslie/Luke Newton and your DOB is 01/01/1974 (aged 45)
- You are wearing casual clothes and you are sitting on a chair in front of a table.

Presenting Complaint: Lower back pain

You started having back pain one week ago. It is in the lower part of your back in the centre and about 3cm to the left of the spine. It feels like a dull ache about 6/10 severity. It is constant and you haven't noticed it getting worse at a particular time of the day. It happened when you tripped over the cat and you initially thought you had pulled a muscle. When it happened, it hurt a lot and you got your friend to drive you to the emergency department. You underwent an x-ray and received a report of the scan. You did not stay overnight. As a recommendation upon discharge, you were advised to visit the GP if the pain is not improving hence why you are here today.

Inactivity and standing still for too long will make it worse and you will need to sit down to relieve the pain. It is also worsened when bending down to lift heavy objects. You have tried bed rest for the past couple of days but it doesn't seem to be getting any better but hot showers do provide some relief.

The pain does not go down the legs. There is no altered sensation or leg weakness. You think you have lost a bit of weight because you haven't been eating much recently. You deny fevers or night sweats. You are passing urine and stool normally.

Previously about two years ago you also tripped over the dog and you had sharp pain in the same region. You had no shooting pain. You took codeine and it was resolved in a few weeks. This pain is different.

Past medical history: You have hypertension and hypercholesterolaemia and are on ramipril and atorvastatin. You have no allergies.

Family history: Your mother died of a heart attack at 75 years of age. You dad has osteoarthritis in his knees.

You are a factory worker who often lifts heavy boxes and have been working there for the past 5 years. You smoke 20 cigarettes per day for the past 3 years. You do not drink alcohol. You have never done recreational drugs. You live with your husband/wife, 2 children, 1 dog and 1 cat.

At 5 minutes, the student will explain his/her differential diagnoses to the examiner. After this, immediately ask the following questions in order:

- "I have the X-ray report from ED last week, can you please tell me what it means?"
    - [Give the student the 'X-ray report']
- "What can we do to manage this back pain?"
- "Should I go back to work?"

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. Please address the student as an examiner would, 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 station. 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 5 minutes to complete a history**. At 5 minutes, stop the candidate and state the following:**
  - **"What are your top 3 differential diagnoses?"**
  - When the student has finished answering this question, state **"The patient has a few more questions she/he would like to ask you."**
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

Aim of this station:

- Understanding history taking for lower back pain
- Confidently communicating investigation results and a management plan to the patient

Props and Sundries

- Simulated patient
- Handwash
- X-ray lumbar spine report

Author – Hiroki Hayashi and Grace Low

Year 4 Formative OSCE 2019 (August)

ID Check
(please tick)
☐

OSCE Score Sheet

Station 1 – Lower back pain history

Student Name/Number……..

Examiners Name: …… SP: ……

No.	Assessment Item (details)	PLEASE MAKE ONE TICK IN EVERY ROW
1	**Infection Control and Introduces self** appropriately washes hands before, introduces self, appropriately washes hands after	0 1 2 3
2	**History of presenting complaint** Site, Onset, Character, Radiation, Duration/Timeline, Exacerbating/Relieving, Severity, Previous episodes, Concerns	0 1 2 3 4 5 6 7 8 9
3	**Associated symptoms (max 10 marks)** Lower limb neurological symptoms (pain/numbness/weakness/gait disturbance), Urinary retention/incontinence, Fecal incontinence, Saddle paraesthesia Night pains, Central spinal tenderness/pain, Weight loss, Night sweats, Fever Trauma, Stiffness, Other appropriate	0 1 2 3 4 5 6 7 8 9 10
4	**Past medical history** History of cancer, Osteoporosis, Scoliosis, Recent infections, Immunosuppression, Cardiovascular disease, Other appropriate	0 1 2 3 4 5 6
5	**Other history** Medication hx (analgesia, corticosteroids), Allergies, Family hx (CV disease, Rheumatological conditions, Osteoporosis, Malignancy), Surgical history (orthopaedic/spinal), Social hx (Smoking/Alcohol/Recreational drugs), Occupation	0 1 2 3 4 5 6
6	**Differential diagnosis** Idiopathic, Muscular, Osteomyelitis/Discitis, Vertebral fracture, Disc prolapse, Osteoarthritis, Malignancy, Myeloma, Cord compression, Other appropriate	0 1 2 3
7	**Management** Simple analgesia, Ice/heat packs, Light mobilisation, Considers care plan/Physiotherapy, Avoid heavy lifting, Advise return if any red flags/ fails to improve in 6 weeks, Other appropriate	0 1 2 3 4 5 6
8	**Communication** Clear explanation of the results to the patient, Reassures patient, Answers questions appropriately, Checks understanding	0 1 2 3 4
9	**CLARITY** (organisation, appropriate confidence)	**1 2 3 4 5 6 7** Confused, disorganised, unclear — Below expected — Above expected — Outstanding
10	**WARMTH** (engagement, compassion, care for patient)	**1 2 3 4 5 6 7** Cold, uncaring, brusque — Below expected — Above expected — Outstanding

Comments:

X-ray Report: Lumbar spine

PATIENT NAME: Leslie/Luke Newton
D.O.B: 01/01/1974
ID NUMBER: 1234 890
REFERRING PHYSICIAN: Dr Steve Edwards
DATE OF SERVICE: 20/08/2019 1600

Indication: Lower back pain

Technique: 4 views of the lumbosacral spine:

Findings:
The vertebral body and disc space heights are preserved. The spinal alignment is maintained without evidence of spondylolisthesis. No acute fracture is identified. The SI joints are unremarkable.

Impression:
Unremarkable examination of the lumbosacral spine