



## Year 4 Formative OSCE (August) 2019

# Reading for Station 4

## Candidate Instructions

### Clinical Scenario

You are a 4<sup>th</sup> year medical student in GP rotation. Eli Richmond is a 60 year old patient who presents with diarrhoea.

### Task

In a total of eight (8) minutes:

- Take a history in the first 6 minutes
- At 6 minutes:
  - Provide three differential diagnoses to the examiner
  - Explain what investigations you would like to order

You do not need to examine the patient.

## Simulated Patient Information

The candidate has the following scenario and task

### Clinical Scenario

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### Instructions for simulated patient

- Your name is Eli Richmond and your DOB is 04/04/1959 (aged 60)
- You are wearing casual clothes and you are sitting on a chair in front of a table.

### Presenting Complaint: Diarrhoea

You have been suffering with diarrhoea for the last 3 weeks. You go about 5 times a day and it is always watery and a bit green in appearance. You think there is some blood. You are unaware of the amount as it's watery. You feel like you have a fever but have not measured this. You have lost your appetite over the past few weeks often skipping dinner because the single slice of cake in the afternoon is enough. You think the medications are making you nauseous. There is some mild abdominal tenderness in lower part, 3-4 severity, dull, started with the diarrhoea. Pain comes and goes. Sometimes feels better after going to the bathroom.

Your normal bowel habits were once a day in the morning. You have not noticed any flatulence but you are sure you do. You do not strain nor have any tenesmus.

No aggravating/relieving factors. You initially had some diarrhoea (around twice a week), but over the past week, it has gotten more frequent. You've had something like this before after travelling when you were in your 40s but don't remember the details. However, you think that previous episode was from drinking contaminated water, so you always drink boiled water now and you do not remember eating any foods that had gone off. You live in a nursing home and was recently visited by your nephew who returned from a long holiday in Nepal. You wonder whether this had anything to do with the diarrhoea.

No recent travel, Some nausea, Feels hot, Has night sweats/fatigue, No rash, No pain in joints, No urinary problems, Eating less, Unintentionally lost 3 kg in past 3 months. Had pneumonia 2 weeks ago and is currently on antibiotics.

Past medical history: GORD, otherwise healthy apart from recent pneumonia 2 weeks ago.

Medication: ranitidine, an antibiotic starting with c but you forgot what it was called, calcium tablets and iron tablets. Nil allergies.

Surgical hx: femoral hernia at 40 years, gall bladder removed at 35, c-section at 28.

Family hx: father diagnosed with colon cancer at 46. Mother died of uterine cancer.

Worked as a librarian but currently retired and living in a nursing home.

You almost had an accident but managed to reach the toilet in time. However, since then you haven't been able to leave your nursing home or go anywhere as you're afraid you won't be able to make it to the bathroom. Wearing diapers. Was embarrassed to tell the carers but was concerned after finding out you had lost some weight. Was advised by the carers to see the doctors asap. Lives alone but close to other residents.

Did drink alcohol in the past, occasional wines for dinner. Did smoke 5 cigarettes per day for past 20 years. Quit 5 years ago. Nil recreational drugs. Likes going for a walk. Eats same meals as the other nursing home residents. You do not feel depressed or anxious.

Your main concern is that you are unable to go outside due to the diarrhoea.

## 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

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#### Task

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You do not need to examine the patient.

#### Instructions

- You are playing the role of the GP in this exam. Please address the student as a GP 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 6 minutes to complete a history. **At 6 minutes, stop the candidate and state the following:**
  - **“What are your top 3 differential diagnoses?”**
  - **“What investigations would you like to order”**
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

#### Aim of this station:

- Understanding history taking for diarrhoea

#### Props and Sundries

- Simulated patient
- Handwash

**Author** – Hiroki Hayashi and Grace Low

**OSCE Score Sheet**  
**Station 4 – Diarrhoea history**

Student Name/Number.....

Examiners Name: .....

SP: .....

No.	Assessment Item (details)	PLEASE MAKE ONE TICK IN EVERY ROW																															
1	<b>Infection Control and Introduces self</b> appropriately washes hands before, introduces self, appropriately washes hands after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
		0	1	2	3																												
2	<b>History of presenting complaint</b> Onset, Duration/Timeline, Exacerbating/Relieving, Previous episodes, Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
		0	1	2	3	4	5																										
3	<b>Presenting complaint – Diarrhoea (max 12 marks)</b> Normal bowel habits, Frequency, Pattern, Consistency, Colour, Blood/Mucous/Pus, Flatulence, Tenesmus, Straining, Urgency/Fecal incontinence, Volume, Diurnal variation, Steatorrhea, Other appropriate	<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"/>																						
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		<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"/>																						
		7	8	9	10	11	12																										
4	<b>Associated symptoms (max 8 marks)</b> Nausea/Vomiting, Fatigue, Dizziness, Urinary changes, Weight loss, Fevers, Abdominal pain, Bloating, Abdominal mass, Other appropriate	<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																														
5	<b>Precipitating factors</b> Recent travel, Contaminated water/food intake, Recent hospitalisation, Diet changes, Anxiety/Depression	<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	<b>Past medical hx</b> Previous GI disease (e.g. IBD, Diverticulitis), Diabetes, Previous malignancies, Thyroid disorders, Immunocompromise (e.g. HIV), Other appropriate	<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																										
7	<b>Other history</b> Medication hx (e.g. Antibiotics, Laxatives, Metformin), Allergies, Family hx of GI disease, Surgical hx, Social hx (smoking, alcohol, recreational drugs, occupation), Sexual history, Living status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																										
		0	1	2	3	4																											
8	<b>Differential diagnosis</b> Pseudomembranous colitis, Gastroenteritis, IBD, IBS, Malabsorption, Bowel cancer, Diverticular disease, Traveller’s diarrhoea, Pancreatitis, Drugs, Hyperthyroidism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
		0	1	2	3																												
9	<b>Investigations</b> Vitals, Blood tests (FBC, U&E, LFTs, Calcium), CRP, TFTs, Blood cultures, CT abdomen, Stool sample, C.difficile toxin, Other appropriate	<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	<b>CLARITY</b> (organisation, appropriate confidence)	<table border="1" style="width:100%; text-align:center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <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="3">Confused, disorganised, unclear</td> <td colspan="2">Below expected</td> <td colspan="2">Above expected</td> <td>Outstanding</td> </tr> </table>										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
1	2	3	4	5	6	7																											
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11	<b>WARMTH</b> (engagement, compassion, care for patient)	<table border="1" style="width:100%; text-align:center;"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <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="3">Cold, uncaring, brusque</td> <td colspan="2">Below expected</td> <td colspan="2">Above expected</td> <td>Outstanding</td> </tr> </table>										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
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**Comments:**