



## Year 3 Formative OSCE 2019

# Reading for Station 4

## Candidate Instructions

### Clinical Scenario

You are a 4<sup>th</sup> year medical student on your GP placement. Ashleigh Jones is a 16 year old female who was brought in by her mother who is concerned about Ashleigh's recent change in eating habits. Her mother is in the waiting room during the consultation.

### Task

In a total of eight (8) minutes:

- Take a relevant history from the patient
- At 7 minutes, provide two provisional diagnoses and an immediate management plan to the registrar

[The examiner in the room will assume the role of the registrar]

## Simulated Patient Information

The candidate has the following scenario and task

### Clinical Scenario

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### Instructions for simulated patient

- Your name is Ashleigh Jones and your DOB is 04/04/2003 (aged 16)
- You are wearing casual clothes and you are sitting on a chair in front of a table.
- At the beginning, appear nervous

Presenting complaint:

- 3-month history of slowly decreasing food intake to lose weight.
- Food intake:
  - Past: 3 meals a day balanced diet with carbohydrates and protein
  - Current: (Do not reveal quantity of each meal unless asked)
    - Do not give away the quantity (in brackets) until asked by student
    - Breakfast:
      - Cereal (one tablespoon) and Banana (one bite)
    - Lunch:
      - Skips lunch
    - Dinner:
      - Porkchop (two bites) and Salad (handful of lettuce)
    - No snacks
    - Mother makes all meals – but you do not finish them
    - Does not feel full afterwards but believes it is necessary to lose weight
- Weight:
  - Lost 13kg over past 3 months (Past: 58kg; Current: 45kg)
  - Has never been above 60kg in your life
  - Height: 170cm
- Reason:
  - You are a sprinter on the state sprinting team. You were improving your times at the 200m until 4 months ago when you began to stagnate. To improve your time, you started to eat less, and it worked. Hence you have continued to do so. Currently your times have become worse than before, but you attribute this to not losing enough weight. You have aspirations to be a professional athlete.
- Nil previous episodes

## Associated symptoms

- Vomiting – nil
  - However sometimes feels nauseous during the day
- Laxative use – nil
  - Does not believe losing weight using medication is healthy and thus doesn't use laxatives
- Bingeing – nil
- Purging - nil
- Physical signs (cold, dizziness, weakness, thin hair)
  - Has not noticed thinning of hair but sometimes sprinting tires you out very quickly these days. You occasionally feel weaker and faint during the day, however you have not fainted.
- Endocrine dysfunction (amenorrhoea, libido)
  - Your periods have stopped but you are not worried. You do not think you are pregnant as you do not have a boyfriend.

## Social hx:

- Smoking: Nil
- Alcohol: Nil
- Drug use: Nil
- Exercise: On average, you train for 3 hours x 5 times per week. You have not increased your training hours over the past few months.
- Home environment: Lives with mother, father, 2 older sisters and 3 younger brothers

## Body image disturbance

- Explores Triggers/Stressors
- Explores body image perception (body shape ideas, fear of fatness, perception of normal weight)
- Views on consequences of behaviours
- Impact on life
- You do not think this is a problem.
- You do not want any help with medications but are willing to listen to the doctor's opinions on how to lose weight.
- You deny being ill as you are doing well academically and are popular at school

## Psychiatric hx

- You state your mood is good and you enjoy going to school
- You have never tried to harm yourself nor had suicide ideations
- However, you are slightly anxious about your sprinting times getting worse. You believe you need to be stricter in losing weight and have thought about not eating at all.
- You enjoy sprinting and hanging out with your friends.
- Your mother is concerned about your health, but you do not listen to her as you think she does not understand what it takes to be a professional athlete. This causing some additional stress in your life but otherwise you listen to your mother and are a good daughter.
- You are popular at school with many friends.

No regular medications

No allergies

No previous/current medical conditions.

No previous eating disorders/psychiatric conditions

Family history of psychiatric/ medical disorders

## 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

In a total of eight (8) minutes:

- Take a relevant history from the patient
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[The examiner in the room will assume the role of the registrar]

#### Instructions

- You are playing the role of the registrar in this exam. Please address the student as a registrar 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 physical exam. 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 7 minutes to complete a history. **At 7 minutes, stop the candidate and state the following:**
  - "Please provide one provisional diagnosis and your management for this patient"
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

#### Aim of this station:

- Understanding history taking for eating disorders
- Performing a risk assessment for mental conditions

#### Props and Sundries

- Simulated patient
- Handwash

**Author** – Hiroki Hayashi and Grace Low

**OSCE Score Sheet**  
**Station 4 – Eating disorder**

**ID Check**  
(please tick)

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, Precipitating/Relieving, Severity, Previous episodes, Previous/Current weight and height	<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																										
3	<b>Eating</b> Pattern of eating, Quantity, Frequency, Diet, Reasons for avoiding food, Premorbid obesity	<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																											
4	<b>Associated sx</b> Binging, Purging, Constipation, Laxative use, Exercise	<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																											
5	<b>Physical signs (max 6 marks)</b> Cold, Dizziness, Weakness, Thin hair, Menstrual changes, Libido, Muscle cramps, Palpitations, 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																										
6	<b>Body image perception</b> Body shape ideas, Fears of fatness, Perception of normal weight, Thoughts/Feelings associated with eating, Other appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
		0	1	2	3	4																												
7	<b>Risk assessment</b> Self-harm, Suicide ideations, Anxiety, Low mood, Anergia, Anhedonia, Impact on life, Supports, Stressors, Insight, Willingness to accept treatment	<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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		7	8	9	10	11																												
6	<b>Other histories</b> Past medical hx, Previous eating disorders, Previous psychiatric hx, Medication hx, Allergies, Family hx	<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	<b>Social hx</b> Smoking hx, Alcohol hx, Occupation, Recreational drugs, Home environment	<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																											
8	<b>Provides appropriate provisional diagnosis</b> Anorexia Nervosa, Bulimia nervosa, Body dysmorphic disorder	<input type="checkbox"/>	<input type="checkbox"/>																															
		0	1																															
9	<b>Management</b> Admit to hospital, Serum (FBC, U&Es, LFTs), Blood glucose, Psychotherapy (e.g. CBT), Nutritional support, Monitor weight gain, 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
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Confused, disorganised, unclear			Below expected		Above expected		Outstanding																											
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:**