

SECTION A: This information is given to the candidate

INSTRUCTIONS TO CANDIDATES

- This is an 8 minute station.
- Read the following scenario.
- If investigations are requested, this consultation may be conducted as if it were more than one session.
- Take an appropriate history from the patient.
- When you are ready, request the details of an appropriate physical examination from the observing examiner.
- Outline your diagnostic impressions to the patient and advise on the need for further investigations if any.
- Request the results of any investigations from the observing examiner.
- Outline your conclusions and proposed management plan to the patient.
- Outline your initial management plan with the patient.

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SCENARIO : Nicky, a 36 yo woman whom you see irregularly, presents to your clinic again. You last saw her a month ago.

A copy of the patient record summary sheet is attached.

FULL SUMMARY

Patient Details

Name: Nicky Rogers
D.O.B.: 6/8/1969 (36)
Allergies: Nil Known

Social History

Lives with partner and son
Works in vegetable processing plant

Family History

Nil relevant

Current Medications

Epilim 1g bd
Mirena IUD
Seretide 500/50 2 bd
Ventolin 2 puffs qid prn

Immunisations

Up To Date

Past Medical History

1975 Asthma
1980 Epilepsy
1990 Bipolar Disorder
G2P1

SECTION B: This information is given to the patient role player/examiner

DEMOGRAPHICS

NAME Nicky Rogers
AGE 36
OCCUPATION Cabbage Trimmer

PRESENTING COMPLAINT (To be stated exactly as written)

‘I’ve got these boils again and I’m sick of them. What can you do about them?’

THE STORY IN DETAIL

Examiners are reminded that this background information is given to enable you to respond appropriately to candidate’s history taking questions. The information is not to be given without appropriate enquiry from the candidate. It is vital to stick with the facts as given to ensure consistency across Australia.

Nicky has presented several times in the last year with infected boils in her axilla and around her labia. Each time they are red, painful and obviously infected, and respond partially to antibiotics, although Nicky usually doesn’t attend for follow up appointments. The current infection in both her axillae has been present for 2 weeks and hasn’t responded to Tea-Tree oil, which she has been applying liberally. She is starting to feel a bit warm and unwell, although she is not having sweats or rigors. Movement of her arms is painful.

NOTES TO EXAMINERS

This case is intended to demonstrate the candidates knowledge of management of recurrent staphylococcal infections, so it is important to stress that you wish the problem to be fixed for good, not just temporarily.

SUGGESTED CUES

- “If I have more antibiotics, they’ll only work for a couple of weeks and the boils will be back. Can’t you fix them for good?”

Additional HISTORY

Past Medical History

1975 Asthma
1980 Epilepsy
1990 Bipolar Disorder
G2P1

Family History

Nil relevant

Cigarettes

25/day

Alcohol

Seldom

Other Drugs

Daily uses about 1/2g of cannabis

Medications

Epilim 1g bd
Mirena IUD
Seretide 500/50 2 bd
Ventolin 2 puffs qid prn

Allergies

Nil Known

Immunisations

Up To Date

SECTION B: This information is given to the patient role player/examiner

SYSTEMS REVIEW *(Delete those not relevant)*

Energy

Good – was down a while ago, but now feels stable

Appetite

Normal

Weight Change

Gaining slowly

Sleep Pattern

Good if she smokes dope, otherwise insomniac

Cardiovascular

Normal

Respiratory

Uses ventolin and gets by OK.

Gastrointestinal

Normal

Genitourinary

Nil

Neurological

Nil

SECTION B: This information is given to the patient role player/examiner

PHYSICAL EXAMINATION

1/All other physical findings are normal.

General Appearance	Obese 36 year old woman, well presented. Strong body odour		
Weight 85kg	Height 1.60m	BMI 31.25	Temp 37.8°C
BP 140/80	Pulse 70	RespRate 12/min	
Skin	Several large, tender, red lumps in each axilla. Raised, red and indurated, some appear to be 'pointing.' One is discharging a small amount of creamy coloured pus. No lesions in labia this time.		
Thyroid			
Lymph Nodes	Tender lymphadenopathy in axillae		

SECTION B: This information is given to the patient role player/examiner

INVESTIGATIONS

1/Candidates are to ask for specific investigations.

Surgery Tests

Urinalysis - normal

Random Blood Glucose – 6.1

Urine Pregnancy Test - negative

Other Investigations

Pathology

Wound swab – Staphylococcus aureus. Sensitive to flucloxacillin, cephalixin.

Fasting glucose – 4.8

SECTION C: This information is given to the examiner/facilitator

Listed below are the key issues to be covered in this case. *(The facilitator/examiner can “tick” these as covered during the consult)*

DIAGNOSIS

Recurrent Staphylococcal skin infection

MANAGEMENT

1. Current episode: dicloxacillin 500mg qid or cephalexin 500mg qid for 7 days
2. Long term treatment:
 - a. Mupirocin nasal ointment bd for 7 days
 - b. Daily wash with antiseptic skin wash for 4 weeks
 - c. Wash towels and sheets in hot water
 - d. If persists, use diclox and rifampicin together for 7 days.
 - e. Weight loss

This checklist below is a guide to Key Features used by Examiners to assist in clinical case ratings. The lists are not intended to be prescriptive or exhaustive and do not form part of the marking. *(Please place an asterisk next to the Clinical Case Rating Key Features that are most relevant to this case).*

On completion of the case, the candidate/examiner/group may wish to score themselves as part of a feedback process.

Place a cross (X) along each line according to the candidate's performance on that item.

CLINICAL CASE RATINGS KEY FEATURES CHECKLIST

	Not Adequately Covered	Covered
• Communication and Rapport	_____	_____
• History and Physical Examination	_____	_____
• History of recurrent boils	_____	_____
• Prior treatment and treatment so far	_____	_____
• Allergies	_____	_____
• Other medications	_____	_____
• Examines skin	_____	_____
• Examines lymph nodes	_____	_____
• Asks for temperature	_____	_____
• Height/Weight/BMI	_____	_____

	Not Adequately Covered	Covered
• Investigations	_____	_____
• Wound swab	_____	_____
• Random BSL/Fasting BSL	_____	_____
• Diagnosis	_____	_____
• Management	_____	_____
• Oral antibiotics	_____	_____
• Nasal eradication	_____	_____
• Topical antiseptic wash	_____	_____
• Weight loss	_____	_____

Key Features Clinical Case Rating Descriptions

Remove those not used

1. Communication and Rapport

Rate the candidate on their ability to establish rapport and to communicate effectively with the patient in a pleasant, clear and logical manner using appropriate communication skills and language.

2. History and Physical Examination

Rate the candidate on their ability to take a relevant and organised history; following appropriate cues and eliciting details important to the assessment and management of the patient. Also rate the candidate on their ability to perform an appropriate and systematic examination which is focussed and not overly inclusive.

3. Investigations

Rate the candidate on their ability to select relevant, cost-effective investigations in an appropriate sequence, displaying consideration for the safety and comfort of the patient.

4. Diagnosis

Rate the candidate's ability to make an accurate diagnosis based on interpretation of the history, physical examination and investigations.

5. Medical Knowledge

Rate the candidate's medical knowledge of the physical, psychological and social issues involved in this question.

6. Management

Rate the candidate on their ability to manage the issues raised in this case, both now and in the future. Candidates should offer effective explanations, education and choices to patients, and involve the patient, family and relevant community resources in their immediate and on going management plans. Candidates should demonstrate responsibility for the immediate and ongoing management of the patient.

7. Prompting

To what extent was prompting/probing necessary to assist the candidate?

The 6 categories are: Almost continuously (cross on far left), very frequently, frequently, occasionally, minimally, not at all (cross on far right).

References and Study Notes:

List any useful references relevant to this case