

## **Specialities within the Emergency Department 3 – Notes for Candidate**

### **Specialities within the Emergency Department 10 minutes**

#### **Patient:**

You are the FY1 working in the Emergency Department.

John Smith is a 57-year-old male presenting with nausea and excessive thirst. He has recently been diagnosed with squamous cell carcinoma of the lung.

You are expected to:

- Take a history from the patient
- Explain the likely diagnosis, any investigations that may be required, and your management plan
- Answer any questions the patient has

## **Specialities within the Emergency Department 3 – Notes for Actor**

### **Patient demographics:**

John Smith is a 57-year-old male presenting with nausea and excessive thirst. He has recently been diagnosed with squamous cell carcinoma of the lung.

### **History of Presenting Complaint**

- Nausea and thirst started yesterday, however it has been getting worse since then
- Tried some over the counter anti-sickness medication which has not been helping
- No vomiting
- Has had loss of appetite since yesterday and not felt like eating
- Has been passing more urine than usual however has put that down to drinking more water
- Feeling fatigued over last 2 months (which led to cancer diagnosis) but has been worse since yesterday
- Bowels last opened 3 days ago- does not usually struggle to open bowels
- Not aware of any episodes of confusion or drowsiness
- No syncope or loss of consciousness
- No fevers
- Long-standing cough and shortness of breath (3 months) which led to cancer diagnosis, dry cough
- Mild abdominal discomfort due to constipation
- No headaches or visual changes
- Ongoing weight loss secondary to cancer

### **Oncological History**

- Recent diagnosis of squamous cell carcinoma from scans and biopsies in the left lung
- Scans 2 weeks ago showed cancer is only confined to lung and has not yet spread anywhere else
- Is due to start a chemotherapy regime next week- not had any treatment yet

### **PMH + DH**

- Erectile dysfunction – has medication for this
- Taking iron supplements for anaemia due to cancer
- NKDA

### **FH**

- Nil

### **SH**

### **OSCE Express – Sumedh Sridhar, Dr Nidhi Agarwal**

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- Smoker- smoker for 30 years with 20 cigarettes a day, however since diagnosis has cut down to 5 a day and hoping to stop soon
- Drinks 6 units a week
- No illicit drug use
- Lives with wife and disabled son who he is a carer for

#### **ICE**

- Ideas: Not sure if this is something to do with the cancer or something else going on
- Concerns: Feeling really unwell, worried it is something serious
- Expectations: To get something to help with the sickness

**Diagnosis:** Hypercalcaemia secondary to PTH-rp secretion from squamous cell carcinoma

#### **Questions to ask (if the student has not already answered these)**

- What do you think is going on? Is it to do with the cancer?
- Is it because the cancer has spread?
- What is the plan now?
- How will you treat me?
- Can I still have my chemotherapy next week?

## Specialities within the Emergency Department 3 – Examiner marksheet

<b>MARKING RUBRIC</b>	✓
<b>Opening:</b> <ul style="list-style-type: none"> <li>• Introduces themselves.</li> <li>• Confirms Patient demographics.</li> <li>• Explains and gains consent from patient about consultation.</li> </ul>	
<b>History of Presenting Complaint</b> <ul style="list-style-type: none"> <li>• Sufficiently explores the presenting complaint to explore timing, onset, progression and associated symptoms</li> </ul>	
<b>Explores red flag symptoms</b> <ul style="list-style-type: none"> <li>• Explores red flag symptoms including syncope, fevers, shortness of breath and weight loss</li> </ul>	
<b>Oncological history</b> <ul style="list-style-type: none"> <li>• Takes a brief oncological history to explore cancer diagnosis and intended treatment</li> </ul>	
<b>PMH, DH, FH and SH</b> <ul style="list-style-type: none"> <li>• Explores patient’s background briefly and only asks relevant questions</li> <li>• Confirms patient’s allergy status</li> </ul>	
<b>ICE</b> <ul style="list-style-type: none"> <li>• Appropriately explores the patient’s ideas, concerns and expectations</li> <li>• Answers questions in a confident and clear manner, avoiding use of jargon</li> <li>• Demonstrates empathy throughout consultation</li> </ul>	
<b>Explanation of diagnosis</b> <ul style="list-style-type: none"> <li>• Explains suspected diagnosis of hypercalcaemia secondary to PTH-rp release from squamous cell carcinoma</li> <li>• Briefly explains the cause of hypercalcaemia</li> </ul>	
<b>Explanation of Plan (Investigations and Management)</b> <ul style="list-style-type: none"> <li>• Explains plan in a confident and jargon-free manner</li> <li>• Blood tests- bone profile to check PTH, calcium and phosphate (can also mention other blood tests for baseline/progression monitoring)</li> <li>• Treatment with IV fluids (0.9% sodium chloride) for 24 hours followed by IV bisphosphonates (pamidronate or zoledronic acid)</li> <li>• Can mention that bisphosphonates can cause renal failure so will ensure rehydration with fluids occurs first</li> <li>• Will need admission to oncology unit for intravenous treatment</li> <li>• Should be able to go ahead with chemotherapy if feels well enough by next week- systemic treatment of malignancy should help in long term to prevent hypercalcaemia from occurring</li> </ul>	
<b>Ending consultation:</b> <ul style="list-style-type: none"> <li>• Summaries and clarifies any points</li> <li>• Thanks Patient</li> <li>• Signposting</li> </ul>	

### Global Impression:

- Excellent
- Good
- **OSCE Express – Sumedh Sridhar, Dr Nidhi Agarwal**
- **OSCE ACE**
- Fail

### Patient Impression/comments: