

Managing Uncertainty 1 - Notes for candidates

Patient: Mark Smith

Setting: GP surgery

You are Working as a foundation doctor in General Practice and you are about to see Mark who has not been feeling himself for the past few months.

You will need to:

- 0-5 minutes - take a focused history from the patient. You will then be told the examination findings.
- 5-10 minutes - explain your differential diagnosis and your suggested management to the patient

Managing Uncertainty 1 - Notes for the Actor

Patient Demographics:

Mark Smith, 24M

History of presenting complaint

- Feeling unwell since the last few months. Constant headaches and every time he goes out he feels like he develops pain in his abdomen and like he needs to open his bowels.
- Therefore has avoided going out too much, flatmates are concerned about him and so he's come to the doctor.

Presenting information/ Questions to ask

- When asked about what they mean by 'unwell' - no energy to do anything and frequent headaches.
- Headache history: started 3 months ago, around his forehead, shoulders and back, feels tight, has been taking paracetamol regularly since this has started - minimal relief, worse when he comes back home from university.
- E+D: Does not have an appetite, has been picking at his food, flatmates have started to become concerned.
- Bowels: Loose, not his norm. Not increased in frequency, no blood, mucus.
- Has constant abdominal cramps as well.
- Weight loss: None. No fever. no night sweats.

PMH + Surgical History

- Nil
- ACL repair when he was younger due to an accident when playing football.

Drugs History

- Nil

Family History

- Nil

Social History:

- No smoking
- Occasionally drinks alcohol
- No illicit drug use
- Lived in shared accommodation with his mates from university
- Currently a university student - pursuing a masters in geography - has a dissertation due but is not stressed because of it.

Mood:

- Has no interest in doing his normal hobbies anymore, feels tired and sad.
- Unsure why as there is nothing to be sad about.
- Sleeps almost all day when he does not have university.

ICE:

- I: Not sure why he has all of a sudden been feeling so tired.
- C: He is afraid that he has something serious going on - a cancer. He is very afraid because he is so young and has so much life ahead of him. This has been bothering him since the headaches first started then all the other symptoms developed.

OSCE Express – Sumedh Sridhar, Dr Nidhi Agarwal

OsceAce - ©OSCEACE 2024 - Sumedh Sridhar, Hemanshu Monga, Ronit Hardasani

- E: He would like a scan of his head to make sure he doesn't have cancer.

Examination Findings:

Observations:

- RR: 18
- O2: 98 % RA
- Temp: 36.7
- HR: 99
- Bp: 120/77

Examination:

- Pulse: Regular, fast
- HS 1+2 +0
- Abdomen soft non-tender
- Breath sounds clear, bilateral air entry
- Calves soft non-tender
- Neurological examination: Nil acute
- No palpable lymph nodes

Differential List:

- Haematological: Anaemia, Lymphoma, Leukaemia (FBC)
- Endocrine: Hyperthyroidism (TFT)
- GI: Coeliac, IBS (Stress management)
- Psychiatric: Depression, Anxiety (GP practice can send questionnaires)

Most likely diagnosis is a tension type headache. The tension can present with several systematic symptoms.

Explain will rule out some of the more common other differentials such as anaemia with FBC, Thyroid conditions with TFTs as symptoms presenting fit both under/over. CRP and autoantibody screen to rule out other systemic conditions.

As for the concerns regarding headache: does not warrant a scan yet as Red flag symptoms are negative (no papilloedema or other neurological findings, no changes to consciousness, no seizures, no history of cancer)

Be sincere and say that you do not know the exact diagnosis and will need some investigative work up.

Give advice on how to manage stress, exercise, diet.

Also, another appointment in a week's time to review symptoms and blood tests. Suggest keeping a headache diary.

If still concerned about a scan: can say at next review we can consider a scan but as common things are common it is better to rule these out first.

Give safety netting advice.

Managing Uncertainty 11 - Examiner Marksheet

Marking Rubric	
Opening <ul style="list-style-type: none">• Introduces themselves• Confirms Patient Demographics• Explains and gains consent from patient about consultation	
Communication and consultation skills <ul style="list-style-type: none">• Demonstrates sensitivity and empathy in questioning• Explains differential diagnosis clearly avoiding jargon• Explains management plans with empathy and sensitivity• Achieves a shared understanding of the nature of the problem	
Data Gathering <ul style="list-style-type: none">• Establishes focused presenting complaint and associated supporting history• Explores symptoms in adequate depth• Asks specifically about relevant red flag symptoms• Is well - organized / systematic in approach to data - gathering	
Management of patient <ul style="list-style-type: none">• Investigations to consider (FBC, CRP, TFT), stool sample (calprotectin),• Possibly also sigmoidoscopy/ colonoscopy• Discuss appropriate treatment to include diet• Discuss management of stress	
Patient centered care <ul style="list-style-type: none">• Effectively explores patients ideas, concerns, expectations• Acknowledges patients agenda - demonstrates understanding of issues and challenges of patient• Effectively negotiates an acceptable and appropriate management plan with patient	
Professionalism <ul style="list-style-type: none">• Demonstrates professionalism during the consultation• Demonstrates good time management skills• Identifies and advices for patient safety issues	