

## **History (2015.2)**

### **Candidate's information**

A 65 year old man has presented via his GP. His GP letter is reproduced below. Please take a history only (you are not expected to examine the patient) and discuss with the patient your anticipated further investigation/management steps.

*You have 7 minutes to complete the task.*

### **Domains assessed;**

Medical expertise

Communication

Health advocacy

## **Actor information**

You are a 65 year old man who was sent to the ED by your LMO following several episodes of haemoptysis.

You have a history of 'borderline' diabetes (diet controlled) and hypertension (on Karvezide, but you cant remember the dose). Recently your LMO commenced you on something for cholesterol, and aspirin.

You drink a moderate amount of alcohol per day (3-5 glasses wine/day). You have been a heavy smoker since a teenager – at least a pack/day but at times more, and still smoking. You recently retired, are divorced and have three children.

For the last 2-3 weeks you have been feeling a little more tired than usual, and you have been coughing a bit more than usual. You put this down to a viral infection (but have not fevers or nasal congestion). Over the last 24 hrs you have had 3 episodes of frank haemoptysis (ranging from a teaspoon to up to a ½ cup each time). This has been painless. You haven't had any feelings of dyspnea.

You have lost a little weight over the last 6 months since you retired, but have put this down to eating healthier and increasing your exercise. You have had no symptoms of DVT, and have not been travelling.

Your LMO performed a CXR today which he tells you is normal (you don't have the films with you)

You are concerned but not distressed about your risk of cancer.

Some questions to ask (if not addresses by the candidate)

“Could this be cancer?”

“If it is cancer, can it be treated?”

“What else could it be?”

“What tests do I need?”

Referral letter

Dear Casualty doctor

Herewith Mr Smith with haemoptysis.

Pmhx: diabetes

Meds: none

CXR performed – normal

Please do the needful.

Regards

Dr Jones



Domain	Criteria for High Rating
<b>Medical Expertise</b>	Detailed history Explanation of appropriate differentials Explanation of further tests required Admission decision based upon further Ix and availability of outpatient follow up
<b>Communication</b>	Introduction to patient Verbal clarity, conciseness, specificity – ability for patient to understand Explanation of findings to patient, further investigation and management
<b>Professionalism</b>	Professional appearance, demeanor and conduct Empathic interaction with patient. Addresses concerns of patient appropriately

## Examiner's assessment

Candidate Name:

### A. Component Assessment

Select ONE option that best represents the candidate's performance in this OSCE. Use the 9-point graded scale, where 1 is poorest and 9 is best. TICK ONE CELL for each row below.

	1	2	3	4	5	6	7	8	9
Medical Expertise									
Communication									
Professionalism									

B. Station Difficulty (please circle):                      Low                      Moderate                      High

### C. Examiner Notes on Candidate Performance

Positives

Areas for Improvement

Suggestions

### D. Global Rating for Standard Setting (please circle)

Clear Fail

Marginal Fail

Borderline

Marginal Pass

Clear Pas