



Management

Patient management consists of the organisation of care in the context of either managing a disease or treating it in a variety of settings, from hospital wards to clinics and family medicine. You should always familiarise yourself fully with the patient's notes, paying particular attention to past investigations and treatment regimens and recent test results.

The consultation is also an opportunity for you to discuss their current problems and address any lifestyle or compliance issues that the patient may have. You should also offer supportive advice and information concerning the patient's illness, as this will help to empower the patient with regard to the management of their own illness.

Each of the scenarios below identifies the key points that you need to address during a consultation.

120 Managing diabetes

Scenario

You are a doctor in family medicine. Mrs Patel is a 65-year-old woman with type 2 diabetes. She has come to her family practice for general advice about her diabetes. You are asked to advise her about managing her diabetes.

Preparation for the consultation

Obtain and read through the medical notes and, importantly, review previous blood glucose measurements and blood tests (including HbA_{1c} and renal function).

Introduction

- Introduce yourself to the patient, confirm her identity and establish a rapport.
- Sit opposite the patient in order to allow good eye contact.
- Ascertain why she has presented to clinic, and identify her concerns and her expectations of the consultation.

The consultation

- Explain that you would like to discuss her diabetic control and management.
- Ask to see any records (e.g. a BM diary).

Complications of diabetes

Explain to the patient the possible repercussions of poor long-term diabetic control:

- eyes – retinopathy, glaucoma and cataracts
- kidneys – glucose in the urine damaging the internal structures in the kidneys, leading to renal failure which may require dialysis in the future
- nerves – peripheral neuropathy
- feet – ulceration is common, and these ulcers may become infected
- vasculature – the blood supply to the head, heart and peripheral nerves is susceptible to damage which can lead to stroke, ischaemic heart disease, myocardial infarction and limb amputation.

Education and information

Advise the patient about the following:

Diet

- Be aware that a patient's ethnicity may influence their dietary habits.
- Advise the patient to:
 - avoid long periods of starvation which can lead to hypoglycaemia
 - avoid saturated fats and sugar which can lead to hyperglycaemia
 - include complex carbohydrates, such as bread, potatoes and pasta, in their diet, and explain that wholemeal flour is always preferable to white flour
 - avoid onion, garlic and bitter gourd (kaerela) when cooking, due to their hypoglycaemic effects.
- Herbal remedies for the treatment of diabetes should not be used, especially in conjunction with conventional medical treatment, without medical advice.
- Refer the patient to a dietitian if appropriate.

344 Essential OSCE Topics for Medical & Surgical Finals

Exercise

Regular exercise with weight reduction will reduce the body's insulin requirement.

Foot care

- Highlight the importance of foot care.
- Inform the patient that a chiropodist is available.

Eyes

- Explain the importance of regular eye tests for early detection of disease.
- The DVLA needs to be informed about insulin-treated diabetics and also informed if their eyesight deteriorates.

Medical treatment

- A wide range of treatment regimes are available.
- Ensure that the patient is on the following medication. If they are not, ascertain whether there are any contraindications to starting these medications:
 - insulin – short or long acting
 - oral hypoglycaemics (e.g. metformin, gliclazide)
 - ACE inhibitors
 - aspirin
 - statins.
- Blood tests should be performed every 3 to 6 months.

General support

- Give the patient literature on diabetic control.
- Advise them about available support groups, such as the Diabetic Society.
- Tell the patient that they should make regular appointments with the diabetic nurse and doctor.

Support at home

- Give the patient a BM diary.
- Ask them to record their blood sugar levels before each meal.

- Ask them to bring the diary to each visit so that their diabetic control can be monitored.

Closure

- Outline the key points of the consultation.
- Ensure that any concerns have been elicited and addressed.
- Ask the patient whether they have any questions.
- Give the patient your contact details in case they have any more questions.
- Arrange a follow-up appointment.
- Thank the patient.

121 Sectioning a patient and the Mental Health Act

Scenario

You are a student in family medicine. The GP has asked you to accompany him to see Mr DiNozzo, a 35-year-old, mentally ill patient. Familiarise yourself with the Mental Health Act beforehand.

The patient suffers from schizophrenia and has had an acute delusional episode. He is now threatening to kill himself, as he believes there are voices telling him to do so. Summarised below are the important points that one should know about the Mental Health Act 1983.

Mental Health Act 1983

There are three important acts that doctors should be aware of:

- Section 2: Admission for assessment
- Section 3: Admission for treatment
- Section 4: Emergency admission for assessment.

Section 2

- Compulsory admission and detention at a hospital for 28 days.
- Not renewable.
- Indications: patient needs to be detained for their own health/safety or to protect others; patient suffers from a mental disorder that requires assessment for a limited period.

346 Essential OSCE Topics for Medical & Surgical Finals

- The application consists of the written recommendations of two registered medical practitioners (not from the same hospital or practice).
- Doctors need to examine the patient.

Section 3

- Admission for treatment for no longer than 6 months.
- The exact nature of the mental disorder must be stated.
- Detention is renewable for a further 6 months.
- Indications: mental illness; severe mental impairment; psychopathic disorder or mental impairment and mental disorder of a nature or degree that requires medical treatment in a hospital; admission is necessary for the health or safety of the patient or for the protection of other individuals.
- The application consists of the written recommendations of two registered medical practitioners (not from the same hospital or practice).
- Application is valid for 2 weeks.

Section 4

- Admission for 72 hours only.
- Indications: urgent necessity; mental disorder requiring admission; the patient is a danger to him- or herself or others.
- Application made by relative or approved social worker or approved senior nurse or medical practitioner who has seen the patient within the last 24 hours.
- Usually converted to Section 2 on arrival at hospital.

Note: Sectioning a patient does not allow you to treat a concurrent physical condition unless it is life-threatening.

Therefore with regard to Mr DiNozzo:

- under the Mental Health Act the GP can apply for a Section 2 for assessment, and then the psychiatrists can take over the patient's care
- if the patient refuses to go, the GP will have to take out a Section 4, and this will be converted to Section 2 on admission.

122 Managing epilepsy, including driving and childhood epilepsy

Scenario

You are a doctor in family medicine. Mr Adams, a 30-year-old builder, has been diagnosed with epilepsy. He is understandably concerned about this diagnosis, and the GP has asked you to talk to him about it.

Preparation for the consultation

- Familiarise yourself with Mr Adams' notes, paying particular attention to the type of seizures that he has been suffering.
- Past medical history, occupation and family history of diseases are also important.

Introduction

- Introduce yourself to Mr Adams.
- Explain that you are the junior doctor at the surgery and that the GP has asked you to see him to discuss his recent diagnosis.
- Ascertain what Mr Adams has been told so far, and establish his understanding of the disease.
- Ask him if there is anything he is not sure about and whether he requires any further information.
 - Mr Adams asks you to tell him more about the disease.
 - Explain that in epilepsy the neurochemistry of the brain is altered, which leads to heightened electrical activity. This is associated with loss of consciousness, jerky movements of the limbs, lip smacking, lip biting, incontinence or daydreaming (absent seizures).
- There are two main types of epilepsy:
 - partial seizures
 - generalised (tonic–clonic seizures).
- Ask the patient to describe his seizures.
 - Mr Adams tells you that he loses consciousness and falls to the ground, often also wetting himself.
- Ask him whether he experienced any such events as a child.
 - He replies that he had a few seizures in childhood, but these went away.

348 Essential OSCE Topics for Medical & Surgical Finals

- Explain that children may have febrile convulsions at a young age and soon grow out of them, and that very young children may have infantile spasms known as ‘salaam attacks.’

Treatment

- Explain that treatment revolves around inhibiting neuronal activity associated with the neurotransmitter glutamate (excitatory), and potentiating that associated with the neurotransmitter GABA (inhibitory) in an attempt to reduce the heightened neuronal activity.
- When treating epilepsy, it is important to adopt a stepwise approach. This may be achieved by titrating doses upwards to achieve seizure control, then allowing for additional anticonvulsants or tapering the first drug down to allow for substitution of other drugs.
- Use of one drug is sufficient in many patients, although when polypharmacy is involved one must consider the serious side-effects and toxicity profiles of each drug, and the possibility of drug interactions.

<i>Drug</i>	<i>Effect of drug</i>	<i>Uses</i>
Sodium valproate	Enhances GABA activity	All types of seizures
Carbamazepine	Prevents neuronal firing, membrane stabiliser	Partial and generalised seizures; not for myoclonus or absence seizure

Occupation and social aspects

- Mr Adams works as a scaffolder. You must tell him that his job is unsafe, as he spends significant amounts of time at a considerable height from the ground, and if he has a seizure he risks serious injury or death.
- Explain that he may need to go on sick leave for a while and look for another job.
- Inform him of the financial assistance available to him until he finds a more suitable occupation.

Driving

- Mr Adams drives, so you must explain to him that by law he must refrain from driving and inform the DVLA (or equivalent driving/licensing authority) of his condition.
- If you believe that the patient is not willing to do this him- or herself, it is your responsibility to inform the driving/licensing authority.
- DVLA restrictions state that in order to drive you must be seizure free for 1 year.
- Also warn the patient that while he is on anti-epileptic medication he may not operate machinery, and that he should seek medical advice with regard to potential drug interactions before taking any additional medication (prescription or otherwise).

Closure

- Ask the patient whether he has any further questions.
- Give the patient an information leaflet about epilepsy.
- Advise the patient of any support that is available to him.
- Make a follow-up appointment with the patient.
- Confirm that he has understood everything you have discussed.
- Thank the patient.

123 Managing asthma***Scenario***

You are a doctor in general practice. Miss Jones, a 25-year-old ballet dancer, comes to see you for advice about keeping her asthma under control, particularly during performances.

Preparation before consultation

- Find the patient's notes and familiarise yourself with her past medical history.
- Assess her asthma control and review her past peak flow readings.
- Check for previous hospital admissions for asthmatic events and establish whether any of these were life-threatening.
- Look at her past prescriptions and ascertain what medications she is taking.

350 Essential OSCE Topics for Medical & Surgical Finals

Introduction

- Introduce yourself to Miss Jones and establish a rapport.
- Tell Miss Jones that you understand that she would like some advice about how to control her asthma better, and ask her whether she has any other concerns.
 - Miss Jones explains that her asthma is hindering her ability to perform ballet.
 - She is also unwilling to take any form of steroids, as they cause weight gain, which makes her feel uncomfortable when wearing a tutu.
- Ask her what inhalers she is taking.
 - She says that she is not taking the brown inhaler, but takes the blue inhaler whenever her asthma flares up. She mentions that a month ago she was hospitalised with an acute asthma attack.
- At this point you should realise that there are compliance issues that you must tackle.

Treatment and management

- Ask the patient how many times she takes her inhalers a day.
- Explain that the brown inhaler is a preventive inhaler, and that she must take two puffs twice a day, and that the blue one is to be taken whenever she experiences chest tightness or feels an attack is imminent.
- Give her a dummy inhaler from a training pack and assess her inhaler technique.
 - She fails miserably.
- Explain that one of the ways you can improve control of asthma is by improving inhaler technique.
- Demonstrate the correct inhaler technique:
 - First stand up and take a few deep breaths in and out.
 - Then take three deep breaths in and out, and on the third inspiration press the inhaler, hold your breath and gently release. Repeat this again.
 - Ask Miss Jones to repeat this technique.
 - Again she fails to use the inhaler correctly.
- Explain that most of the drug is currently being released into the air, and tell her that you will make an appointment with the practice nurse for inhaler training.
- Suggest the use of a spacer device and demonstrate one to her.
 - Miss Jones is not too keen on this idea.

- Tell her about the variety of other drugs on offer, such as Seretide, a combination of Becotide and a long-acting β_2 -agonist, or another long-acting β_2 -agonist such as salmeterol. You can explain that this is a type of blue inhaler which works for longer.
- Explain that, failing this, a short course of steroids may be used in an acute attack. Tell the patient that she needs to be aware of the signs of acute asthma because it is life-threatening, she needs hospitalisation and she may need artificial ventilation.
- Explain that steroids will only be used in an acute setting, and that if she wants to avoid them then her asthma needs to be under much better control. Tell her that weight gain is one of the many possible side-effects, but that the side-effects vary from person to person.
- Other side-effects include skin thinning, easy bruising, development of osteoporosis and diabetes.
- Tell the patient that steroids are only given for short periods and will be withdrawn slowly with gradual dose reduction.

Additional support and lifestyle issues

- Give her a few lifestyle management tips on diet, i.e. recommend swimming.
- Give the patient a prescription for a peak flow meter and explain that she must take a reading every day and record it. She must bring the record of the readings to every appointment.
- Refer the patient to the hospital for spirometry and lung function tests, and explain that if her asthma remains poorly controlled you will have to send her to see a lung specialist at the hospital.
- Provide the patient with additional literature about asthma, local support groups and website addresses.

Closure

- Arrange to see Miss Jones again in a few weeks to check on her control, and enquire whether she has any other problems or questions before she leaves.
- Thank the patient.

352 Essential OSCE Topics for Medical & Surgical Finals

Additional notes on childhood asthma

Controlling childhood asthma is similar. However,

- more emphasis is needed on inhaler technique and the use of spacers
- many children suffer from poor compliance
- it is best to use short-acting β_2 -agonists and inhaled corticosteroids
- additional therapy includes:
 - long-acting β_2 -agonists (e.g. salmeterol)
 - slow-release tablets
 - leukotriene-receptor antagonists (e.g. montelukast).

124 Managing hypertension

Scenario

You are a student in general practice, and are asked to see Mr Obewi, a 56-year-old man who has been seen by the practice nurse and appears to have had elevated blood pressure on his previous three visits, despite being treated with anti-hypertensive drugs. He is of African descent and has been on a calcium-channel antagonist for the past 2 years.

Preparation before consultation

- Obtain the patient's notes and familiarise yourself with his past medical history.

Introduction

- Introduce yourself and establish a rapport.
- Explain that the practice nurse has asked you to see him.
- Ask him if he is aware of why.

Consultation

- Explain that on his previous three visits to the surgery his blood pressure has appeared to be slightly elevated.
- Ask the patient if he has any idea why this might be.
- Ask him whether there are any stresses or strains at home or if he has been at work.
- Question Mr Obewi further about his life at home, diet, exercise and work.

Management

- Ascertain whether he has been compliant and has been taking his medication.
- Ask if there are times when he has forgotten to take his medication or run out of pills (the date of a patient's latest prescription will be on record).
- Ask the patient to describe in his own words which medication he takes, when he takes it and how.
- Ascertain whether the patient is aware of the possible consequences of not taking his prescribed medication.

Complications

- Explain that uncontrolled hypertension can lead to problems with:
 - eye sight
 - kidneys
 - heart
 - lungs.
- Explain that it can increase the risk of stroke.
- Explain that it can cause headaches.

Monitoring

- Ask the patient whether he checks his own blood pressure.
- Advise him on the range of blood pressure monitors available, and recommend one for him to use.
- Tell the patient that blood pressure varies during the day, and that the best time to take his medication would be first thing in the morning.
- Ask him if he has any family history of blood pressure, strokes, loss of vision, eyesight problems or kidney problems. You need to be aware that some patients of Afro-Caribbean descent are genetically predisposed to elevated blood pressure.

Lifestyle issues

- Ask the patient about his occupation.
- Ask him about diet and exercise, and encourage him to lose weight.
- Encourage him to undertake cardiovascular aerobic exercise three times a week, and to ensure that his diet contains at least 5 portions of fruit and vegetables a day.

354 Essential OSCE Topics for Medical & Surgical Finals

- Recommend stress-reducing exercises (e.g. yoga).
- Ask him about smoking and alcohol consumption, and give smoking cessation and alcohol reduction advice.
- Advise the patient that you may need to increase the dose of his current medication or change his medication if his blood pressure remains high.
- Tell him that you would like to send him for some tests (e.g. blood tests, echocardiogram).
- Review the Hypertension Society guidelines for blood pressure management (A+B or C+D). Note that beta-blockers have been removed.

Closure

- Warn the patient that if his blood pressure remains high you may need to refer him to a specialist at the hospital.
- Give the patient a leaflet (e.g. *Blood Pressure* published by the British Heart Foundation) and the website addresses of self-help groups and the British Hypertension Society.
- If the patient was elderly, you might suggest a dosette box to aid compliance.
- Remind him that if he suffers any dizziness, faintness, paralysis, loss of consciousness or slurred speech he must seek medical attention immediately.
- Reaffirm the salient points from the consultation.
- Confirm that the patient has understood everything that has been discussed.
- Make a follow-up appointment for the patient.
- Thank the patient and remind him to get in touch if he has any questions or problems.

125 Managing high cholesterol

Scenario

You are a doctor in general practice and you have been asked to speak to Mr Williams, a 55-year-old man who has just been given the results of his serum cholesterol and triglyceride levels. Please speak to him about his test results and give him appropriate advice.

Preparation before consultation

- Obtain the patient's notes and familiarise yourself with his past medical history.
- Of particular note are any coexisting medical conditions, his weight and any family history of diabetes, hypercholesterolaemia or ischaemic heart disease.
- Look for references to his smoking habits, alcohol intake, occupation, and family and social situation.

Introduction

- Introduce yourself.
- Explain that you have been asked to talk to him about his recent blood test results and in particular his cholesterol level results.
- Ask him if he understands what the blood tests were for, and check his understanding of their significance.
- Inform the patient of his results.
 - The results for his serum cholesterol and triglycerides are elevated.
- Discuss the results with the patient, comparing them with his previous blood results.

Management

- Explain to the patient that ideally his cholesterol level should be below 5 mmol/l.
- Explain what cholesterol is and that when its levels are elevated it can increase the risk of:
 - ischaemic heart disease
 - myocardial infarction
 - pancreatitis
 - strokes and aneurysms.
- Explain that cholesterol levels can be reduced by addressing the following risk factors:
 - smoking (needs to stop) and alcohol consumption (needs to be reduced)
 - dietary fat intake (needs to be reduced)
 - lack of exercise (regular exercise should be started).

356 Essential OSCE Topics for Medical & Surgical Finals

Lifestyle issues

- Increase exercise.
- Give dietary advice about reducing saturated fat intake and increasing intake of polyunsaturated fats.
- Address the need for high-impact aerobic exercise of at least 20 minutes' duration, three times a day.

Aim of treatment

- Explain that the therapy for cholesterol involves the use of drugs such as statins, fibrates and nicotinic acid derivatives.
- Most commonly used are statins (e.g. atorvastatin, simvastatin), which act by inhibiting the production of cholesterol by the liver. Common side-effects include muscle weakness.
- Tell the patient that you would like to monitor his cholesterol levels, but he must address his risk factors.

Closure

- Ask the patient whether he has any questions or concerns.
- Reaffirm the salient points of the consultation.
- Finish by arranging a follow-up appointment, and tell the patient to feel free to come back in the mean time if he has any questions.

126 Managing warfarin

Expected knowledge

- What warfarin is
- How it works
- Indications for its use
- Side-effects and complications
- How to prescribe warfarin
- How to monitor warfarin levels

Warfarin

Warfarin is an anticoagulant (blood-thinning agent) which belongs to the coumarin family of drugs. It prevents blood clot formation by inhibiting vitamin-K-dependent clotting factors, namely factors II, VII, IX and X. Other drugs to be aware of include clopidogrel, heparin, streptokinase and tissue plasminogen activator (tPA). These drugs have a different mode of action to warfarin.

Explaining warfarin

- Introduce yourself to the patient and establish a rapport.
 - Tell them your name and who you are.
 - *Hello, my name is John Smith and I'm a final year medical student.*
- Signpost what you would like to discuss and assess the patient's understanding of his condition.
 - *I would like to talk to you about a medication called warfarin that we have started. Do you know what it is for or why we have started it?*
- Explain the need to be on warfarin as described below.

Scenario 1**Pulmonary embolism and deep vein thrombosis prophylaxis**

Explain the need for anticoagulation to a patient who has had a pulmonary embolism.

- You have a clot on your lungs, which is why the doctors have started you on a drug called warfarin. This will help to thin your blood and dissolve the clot, as well as preventing any new clots from forming.
- It is the clot on your lungs which has caused the sudden chest pain and shortness of breath that you have been experiencing, and it would also explain the blood that you've coughed up.
- You will need to be on warfarin for life.

Scenario 2**Atrial fibrillation**

Explain the need for warfarin therapy to a patient who has just been diagnosed with atrial fibrillation, and who may require warfarin for up to

358 Essential OSCE Topics for Medical & Surgical Finals

3 months prior to attempting DC cardioversion to get the heart back into sinus rhythm.

- Your heart is not beating properly, and as a result blood is being pooled in the heart, and you are at risk of blood clots forming in the heart.
- These clots, once formed, can travel to different parts of the body – for example, to the brain where they can cause a stroke and to the legs where they can disrupt the blood supply and cause pain.
- They may even get stuck in the blood vessels that supply the kidney, and cause kidney failure. We have started you on warfarin to prevent these clots from forming in the first place.

Indications for using warfarin

- Prophylaxis for deep vein thrombosis (DVT).
- Treatment for DVT and pulmonary embolism.
- Prophylaxis for prosthetic heart valves.
- Atrial fibrillation.
- Anti-arrhythmia therapy.

About the drug

- You will need to take warfarin, which comes in 1 mg, 3 mg and 5 mg tablets, on a daily basis.
- The dose or amount of warfarin that you need to take will depend on how thin your blood is, and this is assessed by a blood test which measures your INR (international standardised ratio). The higher the INR is, the thinner your blood is and therefore the less likely it is to clot.
- The INR value that we are aiming for varies for each patient, and is dependent on the indication for warfarin. In patients with atrial fibrillation and pulmonary embolism an INR between 2 and 3 is needed. Patients with prosthetic heart valves will require INR values of between 3 and 4.
- Warfarin doses will be adjusted according to your INR value.
- While you are in hospital your doctor will advise you of the dose of warfarin you have to take, and also how much warfarin you will have to take once you are at home and until your next blood test.

- When you are being discharged from hospital you will be given a standard yellow warfarin therapy book. You should keep this with you at all times and check that your name, address and other details are correct. Please read through the book, as it gives you vital information such as the dos and don'ts of warfarin therapy.
- Once you are at home, you will need to attend a warfarin clinic on a regular basis to have a blood test to measure your INR. The clinic will then advise you, based on the test result, what dose of warfarin to take.
- You must keep regular appointments with the warfarin clinic at the hospital and report any abnormal bleeding.

Additional advice for patients

- You need to know your warfarin dose and wear a Medi-alert bracelet at all times.
- As a warfarin patient you will be advised not to take any non-steroidal anti-inflammatory drugs (NSAIDs), such as aspirin, ibuprofen and sodium diclofenac.
- You must inform your family practitioner/general practitioner that you are taking warfarin. In addition, you must inform your dentist, as they will need to take precautions while treating you.
- Warfarin is not recommended in pregnancy.
- In women the menstrual bleed may be heavier than usual.
- Warfarin should not be taken with alcohol.
- Warfarin should be stopped prior to any form of surgery, due to the risk of bleeding. It must also be stopped before pacemaker insertion.

127 Managing obesity and measuring BMI

Scenario

You are a student on placement in general practice. Mr Jones, a 35-year-old man, would like his body mass index (BMI) measured. Comment on the significance of the measurement.

Introduction

- Introduce yourself and develop a rapport with the patient.
- Ask Mr Jones if he knows why he is here, and tell him you would like to measure his BMI.

360 Essential OSCE Topics for Medical & Surgical Finals

- Explain that the measurement will tell you whether he is the correct weight for his height.

Measuring BMI

- Ask the patient to remove his coat, empty his pockets and remove his shoes and socks. Then stand him with his legs apart and heels to the edge of the upright ruler. Measure the patient's height by lowering the slider to the top of the head.
- Take the measurement to the nearest centimetre. Record this measurement.
- Then ask the patient to stand on the weighing scale, and obtain the weight in kilograms.
- Calculate the patient's BMI by using the following formula:
BMI = weight (kg)/height squared (m²).

BMI defined:

- BMI < 17: anorexic
- BMI 18–20: low normal
- BMI 20–25: normal
- BMI 25–30: overweight (Grade 1)
- BMI 30–40: obese (Grade 2)
- BMI > 40: morbidly obese (Grade 3).

Lifestyle issues

- You will need to encourage:
 - weight reduction
 - exercise
 - a reduction in sugar and fat intake
 - high-fibre diet
 - cutting down or stopping smoking
 - reducing or stopping alcohol consumption
 - including 5 portions of fruit/vegetables a day in the diet
 - an overall balanced diet
 - increased aerobic exercise.
- Explain the need to expend more calories than are consumed.
- Explain that the risk of heart disease is proportional to abdominal circumference.
- Explain the need for overall weight reduction.
- Explain that there are drugs that can be used in the very overweight, with medical support.

Support

- Provide the patient with information leaflets.
- Encourage him to use the local gym.
- Give details of local support groups.

Closure

- Advise the need for referral to a dietitian.
- Check that the patient understands the significance of having an increased BMI.
- Tell him that you would like to run a few blood tests for thyroid function, urea and electrolytes, fasting cholesterol and blood glucose and a full blood count.
- Repeat the salient points from the consultation and confirm that the patient has understood them.
- Make a long-term follow-up appointment to check on progress.
- Let Mr Jones know that he will need regular appointments with the practice nurse to monitor his weight and overall health.
- Thank the patient.

128 Explaining antipsychotic therapy**Scenario**

You are a doctor in family medicine, and you are asked to see Mr Potter, a 19-year-old university student. He has been brought in by his mother, who tells you that he is behaving rather ‘oddly.’

Preparation for consultation

- Obtain the patient’s notes and familiarise yourself with his past medical history.
 - You find that he has not had an episode like this before.
 - Other than a few viral infections as a child, his medical records are unremarkable.

Introduction and consultation

- Introduce yourself to Mr Potter and his mother, and establish a rapport.

362 Essential OSCE Topics for Medical & Surgical Finals

- Ask Mr Potter what has brought him into the surgery today.
 - The patient says that there is ‘an alien invasion’ and that he is going to destroy the whole place and its inhabitants. He then falls silent.
- Ask the patient’s mother what changes in behaviour she has noticed in her son.
 - She tells you that sometimes he says there are voices telling him to kill people.
 - She says that it all began after he started university the previous year.
 - She believes that he got into ‘the wrong crowd’ and has been taking drugs.
- Mr Potter is unable to communicate coherently at this time and to confirm or deny possible drug use.
- Observe the patient, and ask him what he is thinking right now.
 - Mr Potter tells you that there are spiders crawling on the carpet.
 - He then tells you to shut up because he is hearing voices talking about him.
- Ask the patient if the voices are talking directly at him or about him.
 - He says that the voices are talking about him.
- Question the mother about the patient’s childhood and his development stages.
- Ask Mr Potter if he knows where he is, and carry out a Mini Mental State Examination (MMSE).
 - The patient is unable to complete the MMSE.
 - He appears to be elated.

Screening for other psychiatric disease

- Ask the patient if he feels life is worth living and if he has ever thought about or tried killing himself (suicidal ideation).
 - Mr Potter says he had never previously done so, but since he’s been hearing these voices he has thought about suicide.
- All of Mr Potter’s symptoms suggest that he has an acute psychotic disorder, and it would be advisable to have him admitted as he is a danger to himself and those around him.

Management**Immediate**

- Exclude or treat any organic pathology by performing blood tests (i.e. drug and alcohol levels, white cell count, C-reactive protein, glucose, liver function tests), urinary drug screen and an ECG.
- Remove predisposing, precipitating or maintaining factors.
- Assess the risks with or without:
 - hospital admission
 - referral to a psychiatrist or psychiatric liaison nurse
 - medical treatment (i.e. antipsychotic medication).

Long term

- Identify and modify risk factors.
- Review social support (i.e. finance, housing and employment).
- Ensure drug compliance.

Background information on antipsychotic therapy

- Seek specialist advice.
- A delay in starting therapy can render patients dangerous.
- Start antipsychotic therapy before admission.
- First-line antipsychotics include:
 - amisulphide
 - olanzapine
 - risperidone.
- First-line treatments should be commenced at the lowest recommended dose to reduce extrapyramidal side-effects (e.g. acute dystonia, parkinsonism, akathisia, tardive dyskinesia).
- If compliance is poor, consider the use of depot injections.
- Advise the patient of the DVLA (or equivalent driving/licensing authority) restrictions while taking antipsychotics.

Closure

- Summarise the key points of the consultation.
- Address any questions and concerns that the patient and his mother may have.
- Ensure that the patient is in a place of safety during this acute episode.
- Arrange a follow-up appointment.

364 Essential OSCE Topics for Medical & Surgical Finals

- Confirm that the patient has understood everything you have discussed.
- Thank the patient.

129 Managing depression

Scenario

You are a medical student in general practice. Miss Lambert, a 23-year-old mother of three, would like to talk to you about her low mood.

Preparation before consultation

- Familiarise yourself with the patient's notes. Including her past medical history, medication (including recreational drug use) and compliance, and social history (i.e. employment, social network, life stressors, dependents).
 - You see that she had her first child at the age of 16 years and has since had two more children, all by different fathers.
 - She lives in a council flat, is unemployed and lives on benefits.
 - In the past she had a problem with alcohol and was a known heroin addict. She has since given up alcohol and is taking methadone for heroin rehabilitation.

Introduction

- Introduce yourself to the patient and establish a rapport.
- Ask Miss Lambert what has brought her to the surgery today.
 - She tells you that she is feeling sad, and starts to cry.
 - She tells you that she has just broken up with her boyfriend after having an abortion last week.
 - She has no friends or family to turn to.
- Identify the patient's key concerns. Be empathic and encourage questions.
- Take a detailed history (screen for depression).
- Offer to examine the patient.

DSM-IV criteria for diagnosing a major depressive disorder

One of the following must be present for > 2 weeks:

- Depressed mood, or anhedonia.

Plus five of the symptoms listed below:

- Feelings of overwhelming sadness and/or fear, or the inability to feel emotion.
- Lack of interest in daily activities.
- A change in appetite with significant weight gain or loss.
- Disturbed sleep patterns, i.e. insomnia or hypersomnia.
- Psychomotor agitation or retardation.
- Mental or physical fatigue.
- Guilt, nervousness, helplessness, hopelessness, worthlessness, isolation/loneliness or anxiety.
- Lack of concentration.
- Recurrent suicidal ideation.
- Feeling of abandonment.

Management

- Advise the patient that she has ‘clinical depression’ and that support is available.
- Explain that there are a number of antidepressants available.
 - Selective serotonin reuptake inhibitors (SSRIs), i.e. citalopram.
 - (i) Drug of choice where there is a risk of overdose.
 - (ii) Side-effects: anxiety, agitation and stomach upsets, i.e. nausea and vomiting.
 - Tricyclic antidepressant drugs.
 - (i) Side-effects: drowsiness, dry mouth, blurred vision, urinary retention, constipation and cardiac toxicity.
 - Monoamine oxidase (MAO) inhibitors.
 - (i) Not to be used in combination with other therapies.
- Commence Miss Lambert on a suitable medication, i.e. citalopram.
- Advise the patient of the possible side-effects and to seek medical advice should they occur.
- Advise the patient that the beneficial effects will not be seen immediately but will take approximately six weeks.
- Management may also include:
 - referral to a counsellor or psychiatrist
 - hospital/day unit admission

366 Essential OSCE Topics for Medical & Surgical Finals

- psychotherapy
- electro-convulsive therapy (ECT)
- exercise
- social support
- social services, i.e. issues surrounding child protection.

Closure

- Summarise the key points of the consultation.
- Address any questions and concerns.
- Provide information leaflets on depression and details of support groups.
- Arrange a follow-up appointment.
- Advise the patient that should their symptoms deteriorate or they experience side-effects to the medication, they must seek immediate medical attention.
- Confirm that the patient has understood everything you have discussed.
- Thank the patient.

130 Discussing contraception

Scenario

You are a doctor in general practice. Miss Marsh, a 16-year-old girl, has just started dating a boy who is 2 years older than her, and would like to start a sexual relationship with him. She has come to see you for advice about contraception. Please discuss this with her and give her appropriate advice.

Preparation before consultation

- Familiarise yourself with the patient's notes.

Introduction

- Introduce yourself to the patient and establish a rapport.
- Ask Miss Marsh what has brought her to the surgery.
 - She explains to you that she has met a boy and has started to have a relationship with him, and would like some advice about contraception.

- Take a detailed history. Include hypertension, deep vein thrombosis, sexual history and medication.
- Offer to examine the patient, including blood pressure measurement.
- Advise that this is a major step to take in a relationship, and ascertain whether she has thought about it, is fully informed and aware of the possible consequences.
- Explain that there are a number of different contraceptives available.

Oestrogen-progesterone combined oral contraceptive

- You take oral contraceptive pills for 21 days, and stop on day 22.
- Bleed is experienced during seven-day 'break period'.
- Side-effects include nausea, vomiting, headache, breast tenderness, fluid retention, weight gain and risk of developing blood clots.
- It can interact with medication to reduce efficacy, i.e. antibiotics.

Progesterone-only pill

- Taken continuously, i.e. for 28 days.
- Menses is experienced in the fourth week.
- This is a weak form of contraception, and additional protection may be required.

Depot contraceptives

- Progesterone implant.
- Placed subcutaneously, i.e. in the arm.
- It is renewed every 3 months.
- Risk of amenorrhoea.

Condoms

- A device made out of latex or polyurethane and is used during sexual intercourse.
- It is placed on a man's erect penis and physically blocks the ejaculated semen from entering the body of a sexual partner.
- It is used to prevent pregnancy and the transmission of sexually transmitted diseases.

368 Essential OSCE Topics for Medical & Surgical Finals

Additional information

- Mutually agree and prescribe the most appropriate contraceptive.
- If the OCP is the contraceptive of choice, advise:
 - once contraception is stopped it may take months for menstruation to return to normal
 - a blood test is required to check liver function
 - regular blood pressure checks are required
 - discontinue four weeks prior to major elective surgery due to the risk of DVT/PE
 - stop the OCP if there is development of sudden chest pain, shortness of breath, calf pain or leg swelling.

Closure

- Summarise the key points of the consultation.
- Address any questions and concerns.
- Provide information leaflets on contraception.
- Arrange a follow-up appointment to check blood pressure.
- Confirm that the patient has understood everything you have discussed.
- Thank the patient.

131 Managing a patient with acne

Scenario

You are a doctor in family medicine. Miss Gurney, a 16-year-old girl, would like to speak to you about her skin problem. The GP prescribed coal tar soap on a previous occasion, which has proved to be rather smelly and she has since stopped using it. Her skin problem is now beginning to worry her and is interfering with her life.

Preparation before consultation

- Obtain the patient's notes and familiarise yourself with her condition and her medical history.

Introduction and consultation

- Introduce yourself to the patient and establish a rapport.
- Ask her what has brought her to the surgery today.

- Ascertain what her problems and concerns are.
 - She tells you that she has ‘awful’ spots on her face, chest and back.
 - Her skin is always greasy and there is white pus coming out of the spots that is worrying her and has caused her stress both at school and at home.
 - She has no friends, and other schoolchildren often tease her because of her appearance.
 - Finally she tells you that the coal tar soap is very smelly and did not help.
- You must listen to her carefully and be sure that she has said everything she wanted to tell you before offering your advice.
 - She then adds that she is eager to start the oral contraceptive pill, as a friend at school had the same problem until she started taking the pill.

Management

- Empathise with the patient.
- With regard to treatment options, tell her that there are a few more possibilities in addition to coal tar soap and the pill.
- Ask her whether she is in a sexual relationship or has a boyfriend.
- If the answer is no, tell her that you would rather start her on antibiotics, e.g. oxytetracyclines.
- Advise her that if the antibiotics do not work you will consider giving her an oral contraceptive pill, known commercially as Dianette.
- Explain that if this treatment does not work, you will refer her to the hospital to see a dermatologist for a treatment known as Roaccutane.
- You must emphasise that this is a trial-and-error process and that it may take some time to find the most effective treatment for her.
- Be aware that Roaccutane is teratogenic and that Dianette alone should not be considered sufficient contraceptive protection.

Complications

- Blood clots.
- Weight gain.

370 Essential OSCE Topics for Medical & Surgical Finals

Lifestyle issues

- Advise the patient to reduce her confectionery intake and to keep to a low-fat diet.
- Weight reduction is often helpful.
- Regular face washing with non-perfumed soap can also help.
- The use of oil-free make-up and foundation is another possibility.

Closure

- Ask the patient whether she understands everything you have discussed.
- Explain that you would like to try her on antibiotics first.
- Make an appointment to see her again in 10 days to assess whether there has been any improvement or if another treatment should be tried.
- Give her an information leaflet on acne management.
- Ask her whether there are any other issues she would like to discuss.
- Thank the patient.

132 Giving sun protection advice

Scenario

You are a doctor in family medicine and Mr Lucas comes to see you. He has a large red patch across his back and shoulders which he says is painful to the touch.

Introduction and consultation

- Introduce yourself to the patient and establish a rapport.
- Ask the patient what has brought him to see you today.
 - He explains that he returned the previous day from a week's holiday in the south of France, and that while he was out there he noticed that his skin was burning. He had applied plenty of sunscreen.
- Take a brief history, concentrating on the following:
 - the amount of time spent in the sun
 - whether he used any sunscreen and, if so, what sun protection factor it contained
 - which areas of his body were exposed.
- Mr Lucas says that he was sunbathing.
- Explain that he has sunburn.

Management and treatment

- Explain that for now the patient should use calamine lotion, but that if the skin blisters and there are any signs of infection, he may need to be prescribed some antibiotic cream to apply to the affected areas.

Advice

- Offer the patient sun protection advice.
- Advise him to wear loose white clothing, a hat, sunglasses, etc. during the summer months.
- Tell him to avoid exposure to the sun between midday and 4pm, when the sun is at its height.
- Be aware that even during winter people are still vulnerable (e.g. skiers).
- Inform the patient of the need to use sun protection (i.e. sunscreen with a high sun protection factor).
- Ask about any occupation-related sun exposure (e.g. he may be a holiday representative or a lorry driver).
- Advise him to avoid sun beds and not to work in the sun.
- Advise him of the risks of sun damage and the fact that it can lead to the development of skin cancers. Emphasise the importance of regular mole checks.
- Give him some leaflets about sun protection and the risks of sun damage.

Closure

- Ask the patient whether he has any questions.
- Check his understanding of everything you have discussed.
- Tell him to return in a few days after applying calamine lotion if the skin has not settled.
- Thank the patient.