

Fellowship Examination OSCE Detailed Example 2

SUBJECT AND CURRICULUM REFERENCE

History taking - diarrhoea

Medical Expertise

Communication

CLINICAL SCENARIO STEM

A 25 year old previously healthy man presents to the emergency department complaining of 2 weeks of diarrhoea.

INSTRUCTIONS

Candidate:

A 25 year old previously healthy man presents to the emergency department complaining of 2 weeks of diarrhoea. Take a history. After 6 minutes you will be asked to summarize the findings and give a differential diagnosis.

You will not be required to examine the patient. Vital signs are normal. The abdomen is soft, non-tender with no distension.

Role player - patient:

You are 25 and called Michael Jones. You started to notice that your stools were more runny than normal two weeks ago, and since then you have been opening your bowels with increasing frequency up to 10 times per day. This is very unusual for you. For the last five days you have noticed blood in the stool, and this morning the toilet pan was filled with blood, which alarmed you and made you come to the emergency department. You have no other previous visits to doctors or the hospital. You are not short of breath. If asked, say that you have felt more tired than usual recently. No nausea or vomiting and no shortness of breath. If asked about pain, say that you have had one or two twinges of pain in your stomach during attacks of the diarrhoea but otherwise not. You drink 5 pints of beer most Saturday nights, do not smoke and have no allergies. You have two sisters who are both healthy and your parents are both healthy and in their 50s. Your appetite is usually good but you have been less hungry than normal for the past two weeks. Your jeans are looser than normal. You have had no recent overseas travel.

Examiner:

Observation only. After 6 minutes ask the candidate to give a differential diagnosis.

Assessment criteria

- Confirms that reason for attendance is diarrhoea.
- Duration of symptoms.
- Amount and frequency of stools.
- Any blood – alone or mixed with stool – bright red or dark.
- Nausea, vomiting, haematemesis (coffee grounds), abdominal pain.
- Weight loss? Fever? Lethargy? Dizziness.
- PMH? Meds (NSAIDS, anticoagulants, ASA) Family history? Diet. Travel history.
Joint problems, eye problems, skin problems?
- Candidate should include inflammatory bowel disease in his differential diagnosis.