
Station TWO: History taking

Candidate instructions

You are about to see a 25 year old female patient called Tamika.

You have the following information from the triage note:

Presenting complaint: Feeling faint and dizzy for a few days, now worse. Mum concerned about recent weight loss.

Vitals:

- HR 60 regular
- BP 90/60
- Sats 100% on room air
- RR 16
- Temp 37.2
- Weight 45kg

The patients mother will not be present in the interview room.

Your tasks are to:

- Take a history from the patient
- Discuss your plan for investigation and management with her

You will not have an opportunity to examine the patient in this station. You will not have access to results of any investigations.

This OSCE will assess the following domains:

- Medical Expertise
 - Communication
-

Role player instructions

Summary

You are a 25 year old female called Tamika who has been persuaded to come to the ED by your concerned mother. Your symptoms are feeling light headed for a few days intermittently, but your mother is concerned you have an eating disorder. You have poor insight and will make light of your symptoms and mums concerns. On questioning you will give the information asked for (you won't conceal any), but in general you don't feel your behaviour is out of the ordinary. You have lost 6kg in weight over the last month, due to recently starting a new job. You also haven't had a period for 3 months.

The candidate is expected to question you about your symptoms, and background behaviours which could indicate an eating disorder. They are expected to recognise that this is the likely diagnosis and suggest a management plan including investigation for your physical symptoms, as well as psychiatric evaluation +/- admission. You are not resistant to the steps of their management plan.

At 5 minutes if the candidate hasn't moved on to diagnosis and management you will ask them what they think is going on, and what the next steps are. The candidate is not expected to examine you during this station.

Further detail

Presenting complaint: Feeling light headed on and off for a few days

Nature of light headedness: you have been generally a bit tired, and having episodes of pre syncope once or twice a day for the last week. It is a vague symptom, which could indicate an electrolyte disturbance, dehydration, arrhythmia or hypotension, the idea is that the candidate will need to test for all of the above. There are no preceding symptoms, and specifically no palpitations. If asked it is more likely to happen with postural change eg standing up. You haven't had fevers, headaches or any other associated symptoms. You have had episodes before like this, but it is more frequent and severe this week. You have not lost consciousness or sustained any falls or injuries.

Weight loss: You have lost 6kg over the last month. When asked you will report that this isn't your lowest weight, which was 42kg a couple of years ago (at university). Your max in the last few years is 52kg, and you are 165cm tall. (current BMI = 16.5)

Other physical symptoms (must be asked for directly):

- No menstrual period for 3 months, you think this is due to stress
- Anxiety symptoms - poor sleep, difficulty settling in and concentrating in your new job.
- Hair loss - you have noticed hair thinning a bit which again you think is stress related
- Negatives - no night sweats, no pain, not pregnant (you are taking no contraceptive, but have tested yourself since amenorrhoea), no other chronic disease symptoms that might be asked for.

Social and psychological background:

- new job is a promotion to a management level role in a technology company. You are a high achiever and hard working. You love the new job, but have found it stressful. You are a 'perfectionist'
- You run daily in the morning before work and often walk long distances after work, which helps you to unwind.
- You don't drink or smoke, no drugs
- You live in a share flat, and get along well with your flatmates, they are supportive. If asked they have not confronted you about your weight
- You have no intimate partner at the moment, and have not been sexually active for a few months

Eating

- when asked about this you 'try to eat healthy food... like most people'. When pressed further you often skip meals due to being too busy, and you avoid situations where you might eat with other people 'I don't really like eating out'
- You don't purge after meals. No laxative abuse etc
- If asked about body image you would like to be thinner, and are afraid of putting on any weight.

Mood

- You have always been an anxious person and this has been exacerbated with recent work situation. You frequently feel overwhelmed and panicky
- sometimes you do get depressed, but have not had any suicidal ideation, or self harm.
- No definite OCD symptoms

Insight - poor. You think most of your symptoms are attributable to stress, and the light headedness is probably dehydration. Your mum has always worried about your weight but you don't really see a problem here.

History

- no pmh, regular meds or allergies
- No previous pregnancy
- Up to date with smear screening, fully vaccinated etc, no recent exotic travel
- Parents are both in high power city jobs. No fam history of anorexia that you know of

Examiner instructions

Candidate is expected to take a history and outline management plan including investigations. Their manner should be appropriate to the potentially sensitive nature of some of their questions, rather than accusatory or dismissive.

Essential pass criteria

Comprehensive and Structured History

- Able to take appropriate history of light headedness, specifically cardiac symptoms, asks about syncope +/- injuries
 - Asks about weight change and eating/exercise habits
 - Asks about psychological symptoms, depression/anxiety, substance misuse and brief suicide risk assessment
 - Obtains some detail of the social background situation
 - Develops rapport and uses non judgemental language
 - Appropriate differential diagnosis and management plan
 - Explains to patient they will need ECG, Bloods, and psychiatric evaluation
 - Conveys clear information about the need for blood tests
 - Conveys clear information about the need for admission due to significant recent weight loss
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General Communication Strengths

- Introduces person and purpose
 - Establishes rapport with patient
 - Maintains confidentiality and assures patient of this
 - Starts with open ended questions and keeps this approach for initial questioning
 - Resists interrupting early
 - Actively listens to patient
 - Responds to non-verbal cues
 - Follows leads
 - Conveys understanding and empathy
 - Logically uses second order questioning to focus on and differentiate presenting problem/s
 - Avoids premature closure
 - Addresses aspects including past, family, social, allergies
 - Repeats parts of history to patient to confirm listening and understanding
 - Concludes by invitation for any further information that the patient wishes to convey
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OSCE Station:

COMPONENT ASSESSMENT

For each domain below select the **ONE** option which best represents this candidates performance. The option '**Minimum level of competency displayed**' represents the minimum level of safe independent practice as a junior FACEM in Australasia.



Response Category	Percentage
Very poor	35%
Well below minimum standard	25%
Below minimum standard	15%
At minimum standard	10%
Above minimum standard	5%
High standard	5%
Very High standard	5%

Please rate all the following domains:

[illegible]

EXAMINER'S COMMENTS

GLOBAL ASSESSMENT RATING

Please rate this candidate's OVERALL performance in this OSCE:

In terms of a **safely practising junior emergency physician** please select the ONE option which best reflects this candidate's performance in this station

**Well
Below
Standard**

☐

**Below
Standard**

☐

**Just at
Standard**

☐

**Above
Standard**

☐

**Well
Above
Standard**

☐