**MD3 OSCE Recalls**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Women’s Health** |  | **CAH** |  | **Mental Health** |  | **Aged Care** |  | **General Practice** |
|  |  | **Obstetrics** |  | **Gynaecology** |  |  |  |  |  |  |  |  |
|  2018 |  | Placental Insufficiency Hx |  | Cervical Screening Test (explain, do) |  | 1. HEADSS Screen (epilepsy, alcohol, teenager) 2. R) Supracondylar fracture of the humerus (exam, diagnosis, management)  |  | 1. Obsessive compulsive disorder Hx 2. 1st manic episode (Bipolar 1) Hx (+ MSE) |  | 1. Falls Hx – Hx with aim of discharge and management 2. Depression in elderly Hx |  | 1. Acute cholecystitis (Hx, Ex and management) 2. Asthma Hx and management |
| 2017 | 1. | Caesarean Counselling | 1. | Heavy Menstrual Bleeding | 1. | Surgical Abdomen Examination | 1. | Post-MI Depression | 1. | Falls History | 1. | Iron-deficiency Anaemia |
|  |  |  |  |  | 2. | Immunisation counselling | 2. | Bulimia history | 2. | End of life counselling | 2. | Back examination |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2016 | 2. | Preeclampsia | 2. | Stress incontinence | 3. | Asthma | 3. | Personality Disorder | 3. | Falls | 3. | Lipid results and check-up |
|  |  |  |  |  | 4. | HEADS Screen | 4. | Post-Partum depression | 4. | Faecal incontinence | 4. | Diabetes examination |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2015 | 1. | Decreased fetal movements | 1. | Menopause | 1. | Surgical Abdo Exam | 1. | ?Depression post AMI | 1. | End of life care | 1. | Asthma Hx and counsel on inhaler |
|  |  |  |  |  | 2. | Febrile convulsion/breath | 2. | Unusual behavior - Bipolar | 2. | Memory Hx |  | and spacer use |
|  |  |  |  |  |  | holding spell Hx |  |  |  |  | 2. | Alcohol Hx |
| 2014 | 1. | PP fever | 2. | Pelvic pain (endometriosis) | 4. | Asthma counselling | 3. | Eating disorder (BN) | 3. | Carer distress (burns) | 4. | Back pain mets from breast ca. (Hx) |
|  |  |  | 3. | HMB | 5. | Abdo exam | 4. | Guy going crazy (OCD) | 3. | Commencing Warfarin | 5. | Explain the OCP |
| 2013 | 1. | Headache (PET) | 1. | 1st pap smear (explain, do) | 2. | Cardiac murmur | 1. | Social withdrawal (Hx) | 1. | Confirm death + explain to daughter | 1. | Explain results of OGTT + Lipids |
|  |  |  |  |  | 3. | Epilepsy, alcohol, teenager | 2. | Heart attack = panic attack | 2. | Elderly man trouble sleeping | 2. | Fever in returned traveller |
|  |  |  |  |  | 4. | Anxiety |  |  |  | (depression in elderly) |  | (Malaria) |
|  |  |  |  |  | 5. | Asthma Rx |  |  |  |  |  |  |
| 2012 | 1. | Advice on twin’s preg | 1. | Amenorrhoea | 1. | Neonatal Jaundice | 1. | First manic episode (Hx) | 1. | Urge Incontinence |  |  |
|  | 2. | Fundus less than dates | 2. | Urinary incontinence | 2. | Resp Sitress Exam | 2. | OCD (Hx) | 2. | Pt about to die (address concerns – |  |  |
|  |  |  | 3. | How to take the pill | 3. | Asthma Rx |  |  |  | POA, living) |  |  |
| 2011 | 1. | Headache (PET) | 1. | Menorrhagia + dysmenorrhoea | 1. | Neonatal Jaundice (x2) | 1. | PP depression | 1. | Depression in elderly |  |  |
|  | 2. | Post dates Mx (Hx + IOL) | 2. | Infertility | 2. | Neonatal pics | 2. | Social withdrawal – schizo |  |  |  |  |
|  | 3. | PPH (Hx) | 3. | Pelvic mass (Hx) | 3. | Asthma Rx |  |  |  |  |  |  |
|  | 4. | First antenatal visit | 4. | Menopause (Hx) | 4. | Breath holding spells |  |  |  |  |  |  |
|  | 5. | PP fever (Hx) | 5. | Pap smear procedure |  |  |  |  |  |  |  |  |
| 2010 | 1. | 1st antenatal visit | 1. | Explain Cin II/III + | 1. | Neonatal Jaundice (x2) | 1. | Social withdrawal | 1. | Rehab post stroke (neuro exam + | 1. | PP fatigue |
|  | 2. | 40+2 - no progress, | 2. | Dysmneorrhoea (Hx – endometriosis vs | 2. | Neonatal pics | 2. | child who’s ‘not himself’ |  | higher function) | 2. | Counsel on OCP |
|  |  | CTG/partograter |  | adenomysosi) |  |  | 3. | 25 yo bit ‘going mad’ - Manic | 2. | Confirm death + explain to daughter | 3. | Fever in returned traveller |
|  | 3. | HG vommy | 3. | Pelvic Pain – ectopic |  |  | 4. | PP depression | 3. | Carer distress (burns) |  | (Malaria) |
|  | 4. | Headache EPT | 4. | PM incontinence |  |  |  |  | 4. | Falls risk history | 4. | OA (exam) |
|  | 5. |  |  |  |  |  |  |  |  |  |  |  |
| 2009 | 1. | Early preg bleed | 1. | Amenorrhoea (prolactinoma) | 1. | Neonatal pics | 1. | Eating disorder | 1. | Palliative Care issues at home | 1. | History from woman on many |
|  | 2. | IP Rx of failure to progress | 2. | Pap test (explain/do) | 2. | Breathholding spells |  |  | 2. | Falls examination |  | meds |
|  | 3. |  |  |  |  |  |  |  | 3. | Memory history from son |  |  |
| 2008 | 1. | Post dates Mx + counselling | 1. | Pap test (explain/do) |  |  | 1. | Social withdrawal (Hx) – | 1. | Depression Hx (old man) | 1. | Back pain mets (Hx) + ll Neuro, |
|  | 2. | Explain partogram | 2. | Pelvic mass ( |  |  |  | shizo/1st psychosis | 2. | Back pain with METS |  | PR/Back |
|  |  |  |  |  |  |  | 2. |  | 4. | MS history | 2. | Counselling on MS |
|  |  |  |  |  |  |  |  |  |  |  | 3. | Erectile dysfunction |
|  |  |  |  |  |  |  |  |  |  |  | 4. | Teenager w epilepsy |
|  |  |  |  |  |  |  |  |  |  |  | 2. | Full Social History |
| 2007 | 1. | PP fever (mastitis) | 1. | Explain CIN II | 1. | Neonatal jaundice |  |  | 1. | Hx from NUM – delirium/BPSD | 1. | Migraine |
|  | 2. | Obstructed labour (CTG + | 2. | Pelvic Pain - ectopic | 2. | Asthma Rx |  |  |  | history | 2. | Anaemia |
|  |  | Mx) | 3. |  |  |  |  |  | 2. | Gait + Balance assessment | 3. | Give lipid results |
|  | 3. | RIF pain in preg (ectopic) |  |  |  |  |  |  |  |  | 4. | OA DM CRECS |
| 2006 | 1. | 1st antenatal visit (Ixs) | 1. | Menorrhagia | 1. | Neonatal derm |  |  | 1. | Urinary incontinence | 1. | Smoking cessation |
|  | 2. | Twin pregnancy (Risks etc) | 2. | Incontinence in PM woman |  |  |  |  | 2. | Breaking bad news to relative | 2. | Explain lipids |
|  |  |  |  |  |  |  |  |  |  |  | 3. | Back pain and Mets |
| 2005 |  |  |  |  |  |  |  |  | 1. | Urinary incontinence |  |  |
|  |  |  |  |  |  |  |  |  | 2. | Falls examination |  |  |
|  |  |  |  |  |  |  |  |  | 3. | Carer distress (Hx) |  |  |
|  |  |  |  |  |  |  |  |  | 4. | MS history |  |  |
|  |  |  |  |  |  |  |  |  | 5. | Confirming death and break bad |  |  |
|  |  |  |  |  |  |  |  |  |  | news |  |  |



|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2004 |  | 1. | Menorrhagia | 2. | Neonate pictures |  | 1. | Falls assessment (ex) | 1. | Pain management in Prostate |
|  |  | 3. | CIN III |  |  |  | 2. | Depression in elderly |  | Cancer |
|  |  |  |  |  |  |  | 3. | LT pain mx |  |  |

Placental Insufficiency

* A G1P0 lady who went to rural lady presented with concerns regarding decreased fetal movement at 32 weeks for a few days. Lower than expected fundal height, otherwise normal examination findings.
* What is the most likely diagnosis?
* Why are you concerned about this situation?

Cervical screening test

* Please explain and perform a new cervical screening.
* Interpret the finding (normal result. No 16/18 subtype) and advise the patient.

HEADSS Screen

* A teenager has presented with poorly controlled epilepsy. Please take an appropriate history (did not specify HEADSS)
* Explain confidentiality
* Partying, no bullying but peer pressure at school. Drinking.
* What issues have you identified in the history?
* What is the most important thing you need to manage first to control her epilepsy?

Supracondylar fracture of R) humerus

* A 7yo boy presented to the ED with mother after falling from a monkey bar. His mother is talking with a registrar outside the cubicle. Please take an appropriate history and perform an examination.
* Please interpret X-ray image (Gartland type 2 or 3). What is the diagnosis?
* Please explain to the mother about the management

Obsessive compulsive disorder

* A young man has been worried that he is going mad. No medical cause has been found. Please take a history with a view to establishing a diagnosis.
* An OCD patient who is worried about developing Ebola and needed to wash hands to stop getting sick. No significant history (risk assessment normal, no perceptual abnormalities).
* What is the most likely diagnosis and why?

Bipolar Disorder (BPAD 1)

* Please take a history
* 25M with a first manic episode of bipolar disorder. Sleepless.
* What is the diagnosis? Give reasons (based on DSM-5, MSE)

Depression in elderly

* Please take a history from 70M who presented with worsening insomnia
* Stopped medications without doctors’ discretion. Nil social support.
* What is the most likely diagnosis?
* How would you manage this patient?

Falls Hx

* An elderly lady had a fall at Flinders St station. She was admitted to hospital for a few days. Please take a history with an aim for discharge
* Dislocated right arm and fractured right leg. ?Handedness. Nil medical causes found.
* Social history revealed a double storey house, stairs, bedroom upstairs, no guardrails, bathroom inaccessible, no social support, nil gait support, nil allied health support.
* Please explain to the patient what your management should be

Acute Cholecystitis

* A 50M presented with sudden abdominal pain. Please take an appropriate history and examination.
* Persistent RUQ pain with fever for 1/7 after fatty meal last night. Nil Jaundice. Peritonism ++
* What is the most likely diagnosis?
* How would you manage this patient?

Asthma

* A young lady presented with poorly controlled asthma. Please take an appropriate history
* Using salbutamol puffers only, not compliant with controllers. Recently moved to an old house, housemates smoke indoors.
* Please explain to the patient how you would like to manage this
	+ Education about spacer use, asthma action plan, avoiding triggers