

# CANDIDATE INSTRUCTIONS

## CONSULTATION STATION

<p><b>Your Role:</b> Family Physician in a Primary Care Clinic</p> <p><b>Type of Visit:</b> Unscheduled Visit</p>	<p><b>Stat tests that are available during the consultation:</b></p> <p>HbA1c, Capillary Glucose, FBC, ESR, Na+, K+, Creatinine, serum bilirubin INR, ECG, Urine microscopy, Urine HCG, Pulse Oximetry, Plain x-rays</p>
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You have **15 minutes** for this consultation and **1 minute** for clarification with the examiner.

Please read the case below. When the bell sounds, enter the room.

### SCENARIO

<b>Name:</b> Mr Andy Lee	<b>Age:</b> 72	<b>Gender:</b> Male
<p>Mr Andy comes in for an unscheduled visit. His vitals taken today by your assistant: Temperature 36.4°C Blood pressure 105/84mmHg Heart Rate 102/min Height 1.67m Weight 55kg BMI 19.72kg/m<sup>2</sup></p>		

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Notes from previous consultations (most recent first)

Date	History and Examination	Diagnosis	Management Plan
20/4/24	<p>Came to review lab results</p> <ul style="list-style-type: none"> <li>- Hba1c 6.4%</li> <li>- LDL 2.35mmol/L</li> <li>- TG 1.23 mmol/L</li> <li>- Cr AST ALT normal</li> </ul>	<p>Type 2 DM on diet control</p> <p>Hypertension</p> <p>Hyperlipidaemia</p>	<p>Discussed with patient, agreeable for referral for endoscopic evaluation</p> <p>Continue chronic medications:</p>

	<ul style="list-style-type: none"> <li>- TFT normal</li> <li>- Corrected Ca 2.34 (Ref:2.15-2.50mmol/L)</li> <li>- 25-OH Vit D: 32</li> </ul> <p>generally well</p> <p>adherent to medications</p> <p>but complains of constipation over the past 6 months, usually BO every day, now BO once in 2-3 days of hard stools, no blood. no abdominal pain. diet similar.</p> <p>some LOA, unsure regarding LOW.</p> <p>laxatives given previously only partially effective.</p> <p>OE</p> <p>BP 145/65mmHg HR 75/min</p> <p>Alert comfortable</p> <p>not pale</p> <p>abdomen soft nontender</p> <p>small left cervical lymph node palpable</p>	Change in bowel habits for evaluation	<p>Lisinopril 5mg OM</p> <p>Metformin 250mg BD</p> <p>Atorvastatin 40mg OM</p> <p>Glucosamine 500mg TDS</p> <p>Calcium Carbonate 1250mg OM</p> <p>Colecalciferol 1000U OM</p> <p>See in 6 months for chronic review</p>
5/1/24	<p>Complains of hard stools over past week. no abdominal pain or blood in stools noted.</p> <p>patient feels could be related to hot weather and reduced water intake recently</p> <p>OE</p>	Constipation	<p>Laxatives</p> <p>Lifestyle advice</p> <p>Return advice given</p>

	<p>alert comfortable</p> <p>slightly dry looking</p> <p>abdomen soft, non-tender</p>		
20/12/23	<p>Loose stools x 2 days</p> <p>Non-bloody</p> <p>No abdominal pain</p> <p>No fever</p> <p>Felt might have eaten something wrong during gathering with friends</p> <p>Afebrile</p> <p>Abdomen soft, non-tender</p>	Gastroenteritis	<p>Loperamide 2mg TDS PRN</p> <p>Hydration</p> <p>Return advice</p>
23/11/23	<p>Cough x 1 week</p> <p>Productive, non-bloody</p> <p>Runny nose</p> <p>No fever</p> <p>ART negative</p> <p>Afebrile</p> <p>Lungs clear</p>	URTI	<p>Dextromethorphan 10ml TDS PRN</p> <p>Loratadine 10mg OD PRN</p> <p>Return advice</p>
20/09/23	<p>Chronic review</p> <p>HbA1c 6.2%</p> <p>DFS: normal</p> <p>DRP: nil abnormalities</p> <p>Adherent to medications</p> <p>BP 120/64mmHg, HR 70/min</p>	<p>Type 2 DM</p> <p>Hypertension</p> <p>Hyperlipidaemia</p>	<p>Reduce Metformin to 250mg BD</p> <p>Continue lisinopril 5mg OM and atorvastatin 40mg OM</p> <p>TCU 6 months</p>

07/08/23	<p>Left knee pain x 3 days</p> <p>Mechanical</p> <p>Just came back from holiday</p> <p>Was walking a lot</p> <p>No fall</p> <p>O/E</p> <p>Left knee mild effusion</p> <p>Medial joint line tenderness</p> <p>Gait normal</p> <p>X-ray Left knee: mild degenerative changes</p>	<p>Osteoarthritis of the left knee</p>	<p>Paracetamol 1g QDS PRN</p> <p>Ketoprofen gel BD PRN</p> <p>Declined physiotherapy - keen to rest first</p> <p>Started on glucosamine 500mg TDS, Calcium Carbonate 1250mg OM and Colecalciferol 1000U OM</p> <p>Return advice</p>
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