GASTROENTEROLOGY

ALCOHOLIC HEPATITIS

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

Mr. Smith, a 45-year-old male, presents to the emergency department with complaints of abdominal pain, nausea, vomiting, and yellow discoloration of eyes and skin for the past few days.

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces self and role (1 point)
- Establishes rapport and makes the patient and mother comfortable (1 point)
- Explains the purpose of the consultation (1 point)

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Obtain a detailed history of alcohol consumption (type, quantity, duration, frequency).
- Ask about any previous episodes of alcohol-related illness.
- Enquire about the onset and progression of symptoms related to the presenting complaint.
- Gather information on any associated symptoms such as jaundice, abdominal pain, and vomiting.
- Explore any potential risk factors such as hepatitis C, obesity, or malnutrition.
- Obtain a comprehensive drug history including any known allergies or adverse reactions.
- Gather information on past medical and surgical history.
- Enquire about social history including living situation, occupation, and support systems.
- Ask about any family history of liver disease or alcoholism.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Good morning/afternoon, my name is Dr. [Name], and I'll be looking after you today. If it's okay with you, I'd like to ask you some questions to better understand your health situation. Let's start by discussing your alcohol consumption - could you tell me about the type of alcohol you usually consume, how much and how often? Have you experienced any alcohol-related illnesses before? I'm also interested in hearing about any symptoms you've been experiencing lately. Have you noticed jaundice, abdominal pain, or vomiting? As for your overall health, do you have any known medical conditions or allergies? Could you also tell me a bit about your living situation, your work, and who supports you in your daily life? Lastly, does your family have a history of liver disease or alcoholism?"

OSCE

01

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "I understand that this can be a tough topic to discuss, but it's crucial to identify any symptoms you may be experiencing to provide the best care. The most common symptoms of alcoholic hepatitis include jaundice, abdominal pain, and fever. Have you been experiencing any of these? Or perhaps feelings of nausea, vomiting, or loss of appetite?"

MORE DETAILS + COLLATERAL

- Most common symptoms of alcoholic hepatitis are jaundice, abdominal pain, and fever.
- Patients may also present with nausea, vomiting, and anorexia.
- Look for signs of encephalopathy, such as confusion or altered mental status.
- Ask about the duration and severity of symptoms related to the presenting complaint.
- Gather information on any previous episodes of similar symptoms.
- Obtain collateral history from family members or caregivers, if possible.
- Enquire about any changes in mental status, behavior, or personality.

MORE DETAILS + COLLATERAL

- "Could you provide more details about your symptoms? How long have they been going on and have they been getting worse? Have you had similar symptoms in the past? If possible, would it be okay for me to speak with any family members or caregivers to gather additional information? Also, have you noticed any changes in your mood, behaviors, or personality?"

RED FLAGS/COMPLICATIONS

- Red flag
  - Altered mental status or confusion.
  - Hematemesis or melena.
  - Hypotension or tachycardia.
  - Ascites or peripheral edema.
  - Signs of sepsis such as fever or leukocytosis.
- Common complications:
  - Hepatic encephalopathy.
  - Acute kidney injury.
  - Variceal bleeding.
  - Spontaneous bacterial peritonitis.
  - Hepatorenal syndrome.

RED FLAGS/COMPLICATIONS

- **Common red flag symptoms:** "I'd like to ensure we're not missing anything critical. Have you noticed any changes in your mental state, such as confusion? Have you experienced any bleeding, perhaps vomiting blood or passing black stools? Any signs of low blood pressure or rapid heartbeat, fluid in your abdomen, or swelling in your legs?"

- **Common complications:** "It's important for you to know that in some cases, complications can occur. These may include problems with brain function, kidney function, bleeding from veins in your esophagus, bacterial infection in your abdomen, and a syndrome affecting the kidneys. I bring these up not to scare you, but to ensure you're informed about the importance of managing this condition."

OSCE

01

EXAMINATION

- Vital signs including weight, airway, breathing, cardiovascular findings, respiratory examination findings, abdominal findings, neurological findings (including cranial nerves).
- Look for signs of jaundice, hepatosplenomegaly, or ascites.
- Evaluate for any signs of encephalopathy such as confusion or altered mental status.

- INVESTIGATION
  - Laboratory values for bloods, swabs, and imaging.
  - Serum bilirubin, transaminases, albumin, INR, and creatinine levels.
  - Imaging studies such as ultrasound or CT scan.
  - Ascitic fluid analysis if ascites is present.
- Differential Diagnoses
  - Other causes of liver disease such as viral hepatitis, autoimmune hepatitis, or drug-induced liver injury.
  - Non-hepatic causes of abdominal pain such as pancreatitis, cholecystitis, or peptic ulcer disease.

EXAMINATION

- **Examination findings:** "Next, with your permission, I would like to perform a physical examination. This will involve assessing your general health, checking for signs like jaundice or any swelling in your abdomen, and examining your mental status."

- **Investigation findings:** "Based on our discussion and examination, we may need to conduct a few tests. These could include blood tests, swabs, and imaging like an ultrasound or a CT scan. This will help us get a more complete understanding of your condition."

- **Differential diagnoses:** "While alcoholic hepatitis is one possibility, other conditions could cause similar symptoms. These can include viral hepatitis, autoimmune hepatitis, or even non-liver-related conditions like pancreatitis or peptic ulcer disease."

MANAGEMENT PLAN

- First line:
  - Abstinence from alcohol, adequate nutrition, and supportive care.
- Second line:
  - Corticosteroids, pentoxifylline, or N-acetylcysteine.
- Third line:
  - Liver transplantation in severe cases.

- Management in the community:
  - Provide education on the risks of continued alcohol consumption and the importance of abstinence.
  - Encourage regular follow-up with primary care physician or specialist.

MANAGEMENT PLAN

- "Your health is our primary concern, and we have several ways to manage this condition. The first step is to abstain from alcohol, maintain good nutrition, and provide supportive care. If necessary, medications like corticosteroids, pentoxifylline, or N-acetylcysteine may be used. In severe cases, a liver transplant might be considered."

Management in the community: "Once you're home, it's important to continue to abstain from alcohol and ensure good nutrition. Regular check-ups with your primary care physician or specialist will also be crucial."

DISCHARGE PLANNING, GUARDIAN ADVICE

- Key principles before discharge:
  - Stabilization of vital signs and resolution of symptoms.
  - Improvement in laboratory values such as serum bilirubin and transaminases.
  - Appropriate discharge planning and follow-up care.
- Advice to guardians:
  - Encourage abstinence from alcohol and adherence to medical treatment.
  - Emphasize the importance of close monitoring for any signs of deterioration.
- Complications of medication and surgical therapy:
  - Corticosteroids may increase the risk of infection or gastrointestinal bleeding.
  - Pentoxifylline may cause nausea, vomiting, or headache.
  - Liver transplantation carries the risk of surgical complications and rejection.

DISCHARGE PLANNING, GUARDIAN ADVICE

- **Key principles before discharge:** "Before you leave the hospital, we'll need to see that your vital signs are stable, your symptoms have improved, and your lab values are improving. We'll also work together on a discharge plan that includes appropriate follow-up care."

- **Advice to guardians:** "It's crucial that you encourage abstinence from alcohol and adherence to medical treatment at home. Also, please be vigilant about any signs of deterioration and seek immediate medical attention if necessary."

MEDICAL AND SURGICAL COMPLICATIONS

- Corticosteroids may increase the risk of infection or gastrointestinal bleeding.
- Pentoxifylline may cause nausea, vomiting, or headache.
- Liver transplantation carries the risk of surgical complications and rejection.

- Mechanism of action of medication therapies:
  - Corticosteroids and pentoxifylline have anti-inflammatory effects.
  - N-acetylcysteine acts as an antioxidant and may reduce liver injury.

- Basic overview of surgical therapies:
  - Liver transplantation involves replacing the diseased liver with a healthy one from a donor.

MEDICAL AND SURGICAL COMPLICATIONS

- **Complications of medication and surgical therapy:** "All treatments have potential risks. Some medications might increase the risk of infection or gastrointestinal bleeding, and you may experience side effects like nausea, vomiting, or headaches. In the case of liver transplantation, there are risks associated with any major surgery, as well as the possibility of organ rejection."

- **Mechanism of action of medication therapies**: "The medications we're considering work in different ways. Corticosteroids and pentoxifylline work by reducing inflammation, while N-acetylcysteine acts as an antioxidant, which may help reduce liver injury."

- **Basic overview of surgical therapies:** "In severe cases, a liver transplant might be necessary. This involves replacing the diseased liver with a healthy one from a donor."

FOLLOW UP

- Regular monitoring of liver function tests and other laboratory values.
- Evaluation for any signs of complications or disease progression.
- Encourage adherence to abstinence from alcohol and medical treatment.

GRADING SYSTEMS

- The Maddrey Discriminant Function is commonly used in the UK to assess the severity of alcoholic hepatitis.
- Other systems include the Glasgow Alcoholic Hepatitis Score and the Lille Model.

FU

- **Follow-up plan:** "Regular follow-up care is crucial. We'll need to monitor your liver function and other lab values, watch for any signs of complications, and ensure adherence to the plan of abstaining from alcohol and taking prescribed medications."

- **Severity systems to objectively measure disease activity:** "To assess the severity of alcoholic hepatitis, we use systems like the Maddrey Discriminant Function, the Glasgow Alcoholic Hepatitis Score, or the Lille Model. These tools help us determine the best course of action for your care."

NEVER MISS

- Obtain a detailed history of alcohol consumption and any previous episodes of alcohol-related illness.
- Look for signs of encephalopathy and evaluate for any associated symptoms such as jaundice, abdominal pain, and vomiting.
- Consider other causes of liver disease and non-hepatic causes of abdominal pain.
- Encourage abstinence from alcohol and provide education on the risks of continued alcohol consumption.
- Regular monitoring of liver function tests and other laboratory values is important in the follow-up plan.

TOP 1% QUESTIONS

- What is the mechanism of action of corticosteroids in alcoholic hepatitis?
- Can pentoxifylline be used as a first-line therapy in severe cases of alcoholic hepatitis?
- What are the indications for liver transplantation in alcoholic hepatitis?
- How does the Maddrey Discriminant Function measure disease severity in alcoholic hepatitis?
- What are the potential complications of spontaneous bacterial peritonitis in alcoholic hepatitis?

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

GASTROENTEROLOGY

APPENDICITIS

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

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OSCE

01

PROMPT

A 12-year-old boy presents to the emergency department with a 24-hour history of generalized abdominal pain. The pain started in the periumbilical area and has since migrated to the right lower quadrant. He reports nausea and vomiting, but no diarrhea or fever.

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces self and role (1 point)
- Establishes rapport and makes the patient and mother comfortable (1 point)
- Explains the purpose of the consultation (1 point)

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Chief complaint: abdominal pain
- Location, onset, duration, radiation, intensity, exacerbating/alleviating factors
- Associated symptoms: nausea, vomiting, anorexia, fever, chills, diarrhea/constipation
- Previous episodes of similar pain
- Bowel and bladder habits
- Menstrual history in females

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- **Chief complaint:** "I understand you're here because you're experiencing abdominal pain. Can you tell me more about that?"

- **Location, onset, duration, radiation, intensity, exacerbating/alleviating factors:** "Could you describe where the pain is? When did it start and how long does it last? Does the pain travel anywhere else? On a scale of 1 to 10, how severe would you rate the pain? Have you noticed anything that makes the pain worse or better?"

- **Associated symptoms:** "Have you experienced any other symptoms like nausea, vomiting, loss of appetite, fever, chills, diarrhea or constipation?"

FURTHER EXPLORATION...

- Right lower quadrant pain
- Pain migration from periumbilical region to the RLQ
- Rebound tenderness, guarding, and rigidity
- Pain worsens with coughing or movement
- Anorexia and nausea

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- **Previous episodes of similar pain:** "Have you ever experienced a similar kind of pain before?"
- **Bowel and bladder habits:** "Have there been any changes to your bowel movements or urination recently?"
- **Menstrual history in females:** "If applicable, can you tell me about your menstrual cycle? Have you noticed any changes or irregularities recently?"
- **Exploration of symptoms:** "It seems like your pain is in the right lower quadrant of your abdomen. Did this pain start around your belly button and then move? Does it get worse when you cough or move? Have you lost your appetite or felt sick to your stomach?"

MORE DETAILS + COLLATERAL

- ·Nature and onset of pain
- ·Time and course of pain
- ·Associated symptoms
- ·Similar episodes in the past
- ·Any medications or home remedies used
- ·Collateral history for red flags: weight loss, change in bowel habits, rectal bleeding, fever, jaundice, recent surgery or trauma, immunocompromised state

MORE DETAILS + COLLATERAL

- "Could you provide more details about your symptoms? How long have they been going on and have they been getting worse? Have you had similar symptoms in the past? If possible, would it be okay for me to speak with any family members or caregivers to gather additional information? Also, have you noticed any changes in your mood, behaviors, or personality?"

- "Could you describe the nature and course of your pain? Have you tried any medications or home remedies? Have you noticed any weight loss, change in bowel habits, rectal bleeding, fever, or jaundice? Have you had any recent surgeries or traumas, or are you in an immunocompromised state?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - High-grade fever
  - Severe or worsening pain
  - Rebound tenderness
  - Tachycardia
  - Hypotension
  - Peritoneal signs (rigidity, guarding)
- **Common Complications:**
  - Perforation
  - Abscess formation
  - Sepsis
  - Bowel obstruction
  - Fertility problems in females

RED FLAGS/COMPLICATIONS

- **Common red flag symptoms:** "If you experience any of these symptoms such as high-grade fever, severe or worsening pain, rebound tenderness, fast heart rate, low blood pressure, or signs of peritoneal irritation, please let me know right away."

- **Common complications:** "Left untreated, appendicitis can lead to complications such as perforation, abscess formation, sepsis, bowel obstruction, and fertility problems in women."

OSCE

01

EXAMINATION

- **Examination Findings:**
  - Vital signs: fever, tachycardia, hypotension
  - Airway: normal; Breathing: normal breath sounds, no respiratory distress, Neurological: no focal deficits; cranial nerves intact
  - Cardiovascular: tachycardia, normal heart sounds
  - Abdominal: RLQ tenderness, guarding, and rigidity; rebound tenderness; percussion tenderness; bowel sounds present
- **Investigation Findings:**
  - CBC: elevated WBC count (>10,000/mm3)
  - CRP: elevated (>20 mg/L)
  - Urinalysis: may reveal leukocyturia or hematuria
  - Abdominal CT scan: may show an enlarged appendix, peri-appendiceal inflammation, or abscess formation
  - Ultrasound: may show an enlarged appendix and peri-appendiceal fluid collection
- **Differential Diagnoses:**
  - Gastroenteritis
  - Ovarian torsion
  - Ectopic pregnancy
  - Urinary tract infection
  - Kidney stones

EXAMINATION

- "Now, with your permission, I'd like to perform a physical examination. I'll check your vital signs, listen to your heart and lungs, examine your abdomen, and conduct a neurological assessment."

- **Investigation findings:** "Based on our discussion and my physical examination, we may need to conduct a few tests including a complete blood count, C-reactive protein test, urinalysis, and possibly a CT scan or ultrasound of your abdomen. These tests can help us confirm a diagnosis."

- **Differential Diagnoses:** "While your symptoms are suggestive of appendicitis, there are other conditions with similar symptoms we need to consider, such as gastroenteritis, ovarian torsion, ectopic pregnancy, urinary tract infection, and kidney stones."

MANAGEMENT PLAN

- First line: Appendectomy
- Second line: Antibiotics if surgery is delayed or not feasible
- Third line: Drainage of abscess if present

- Management in the Community:
  - Symptomatic management with pain relief and antiemetics
  - Close observation for any signs of worsening or complications
  - Patient education about signs and symptoms of worsening or complications

MANAGEMENT PLAN

- **Management Plan:** "The first line of treatment for appendicitis is usually surgery to remove the appendix. If surgery is not immediately feasible, we may use antibiotics. If an abscess is present, drainage may be necessary."

- **Management in the Community:** "In the meantime, managing your symptoms with pain relief and antiemetic medications will be important. We'll need to closely observe you for any signs of worsening or complications, and I'll educate you about what signs and symptoms to watch for."

DISCHARGE PLANNING, GUARDIAN ADVICE

- **Key Principles before Discharge**
  - Ensure adequate pain relief and hydration
  - Start prophylactic antibiotics if surgery is delayed
  - Monitor vital signs and urine output
  - Plan for early postoperative mobilization

- **Complications of Medication and Surgical Therapy:**
  - Antibiotic-associated diarrhea
  - Wound infection or dehiscence
  - Adverse reaction to anesthesia
  - Bowel obstruction or ileus post-surgery

DISCHARGE PLANNING, GUARDIAN ADVICE

- **Key principles before discharge:** "Before you leave the hospital, we'll need to see that your vital signs are stable, your symptoms have improved, and your lab values are improving. We'll also work together on a discharge plan that includes appropriate follow-up care."

- **Advice to guardians:** "It's crucial that you encourage abstinence from alcohol and adherence to medical treatment at home. Also, please be vigilant about any signs of deterioration and seek immediate medical attention if necessary."

MOA/OVV SX MX

- **Mechanism of Action of Medication Therapies:**
  - • Antibiotics target the bacterial infection causing appendicitis
  - • Pain relief medications target the pain associated with appendicitis

- **Basic Overview of Surgical Therapies:**
  - • Appendectomy involves surgical removal of the appendix
  - • Can be done via open or laparoscopic surgery
  - • Goal is to prevent perforation and other complications

FOLLOW UP

- Follow-up appointment within 1-2 weeks post-surgery
- Monitor for signs of wound infection or dehiscence
- Provide patient education on proper wound care and incision care
- Discuss return to normal activities and any necessary precautions

- **Severity Systems:**
  - Alvarado score is commonly used in the UK to assess the likelihood of appendicitis
  - Other scoring systems include the Appendicitis Inflammatory Response (AIR) score and the Pediatric Appendicitis Score (PAS)

NEVER MISS

1.Appendicitis typically presents with right lower quadrant pain, anorexia, nausea, and fever.
2.Red flag symptoms that require urgent evaluation include high fever, severe or worsening pain, and peritoneal signs.
3.Appendectomy is the first-line treatment for appendicitis to prevent complications such as perforation and abscess formation.
4.Antibiotics may be used as a second-line treatment if surgery is delayed or not feasible.
5.Follow-up care after surgery includes monitoring for wound infection or dehiscence, providing patient education on proper wound care, and discussing return to normal activities.

TOP 1% QUESTIONS

1.What are the most common complications of appendicitis, and how are they managed?
2.What is the mechanism of action of the antibiotics commonly used to treat appendicitis?
3.What is the Alvarado score, and how is it used to assess the likelihood of appendicitis?
4.What is the most common differential diagnosis for appendicitis in females, and how is it diagnosed?
5.What are the key principles for management of appendicitis in the community, and when is surgery indicated?

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

KEY LEARNING POINTS

- Computed tomography (CT) is a widely used imaging modality in the diagnosis of acute appendicitis, but it is associated with radiation exposure. Ultrasound is a radiation-free alternative that can be used in pediatric patients and pregnant women.
- The Alvarado score is a grading tool that can be used to assess the probability of acute appendicitis based on clinical and laboratory findings such as abdominal pain, nausea and vomiting, migration of pain to the right lower quadrant, and elevated white blood cell count. A score of 7 or higher is suggestive of acute appendicitis.
- In cases where the diagnosis of appendicitis is unclear, observation and serial clinical examinations can be considered. If symptoms persist or worsen, surgical management may be necessary.
- Postoperative ileus is a common complication following appendectomy, and management includes supportive measures such as hydration and bowel rest. Pharmacologic agents such as prokinetic agents and opioid antagonists can also be used.
- Delay in diagnosis and treatment of acute appendicitis can lead to potentially life-threatening complications such as perforation and peritonitis. Therefore, prompt recognition and management is essential.
- Specific considerations in dealing with comorbidities:
    - In patients with a history of sickle cell disease, pain control may be more challenging and may require higher doses of opioids due to altered pain perception. Close monitoring for potential complications such as acute chest syndrome is also important

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

GASTROENTEROLOGY

ACUTE CHOLECYSTITIS

OSCE 13

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

63-year-old female presents with acute right upper quadrant (RUQ) abdominal pain, nausea, vomiting, and fever

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]

INTRODUCTION AND RAPPORT BUILDING

- "Hello, my name is Dr. [Name], and I'm here to help you today. May I confirm your name and date of birth, please? I understand that you may be feeling anxious, and I want to assure you that you are in good hands. I'd like to talk to you about what brought you here, examine you, and discuss our plan of care. Is that alright with you? Please know that your comfort is my priority."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Main Symptoms: Clarifies the presenting symptoms such as pain, nausea, vomiting, or fever, especially right upper quadrant pain. [1 point]
- Onset and Duration: Identifies the onset, frequency, duration, and any precipitating factors, such as meals rich in fat. [1 point]
- Associated Symptoms: Explores associated symptoms like jaundice, changes in bowel habits, or changes in urine color. [1 point]

COLLATERAL

- Family and Friends' Observations: If the patient is unable to communicate effectively, seeks information from family, friends, or previous medical records. [1 point]
- Confirming History with Medical Records: Reviews any previous medical records, especially if dealing with a complicated or recurrent issue. [1 point]

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Main Symptoms: "I understand you've been feeling unwell. Can you please describe any pain, nausea, or other symptoms you've been experiencing, especially in the upper right side of your abdomen?"
- Onset and Duration: "Can you tell me when these symptoms started? Have you noticed if anything specific, like certain foods, triggers them?"
- Associated Symptoms: "Have you noticed any other changes, like a yellowing of the skin or eyes, or changes in your bowel movements or urine color?"

FURTHER EXPLORATION...

- Pain Characterization: Explores the character, radiation, intensity, and aggravating or relieving factors of pain. [1 point]
- Previous Episodes: Asks about previous similar episodes and their management, if any. [1 point]
- Changes in Symptoms: Inquires about any change in the symptoms or any improvement or worsening with medications or dietary changes. [1 point]

FURTHER EXPLORATION

- Pain Characterization: "Could you describe the pain a bit more? Is it sharp or dull? Does it spread anywhere, and what makes it better or worse?"
- Previous Episodes: "Have you ever experienced something like this before? If so, how was it managed?"
- Changes in Symptoms: "Have the symptoms changed at all, either on their own or with any medications or diet changes you've tried?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Altered Mental Status or Severe Pain: Identifies and responds to signs of immediate danger, such as changes in consciousness or excruciating pain. [1 point]

- **Common Complications:**
  - Signs of Complications: Inquires about symptoms suggestive of complications like gallbladder rupture, pancreatitis, or ascending cholangitis, such as severe abdominal pain, fever, or jaundice. [1 point]

- **Risk factors**
  - Obesity, pregnancy, rapid weight loss, female gender, age above 40. [2 points]

RED FLAGS...

- Assessing Danger Signs: "I need to ask a few more urgent questions to ensure your safety. Have you experienced any severe pain or changes in consciousness? These could be signs of something more serious."

COMPLICATIONS

- "Acute cholecystitis, if not treated promptly, can lead to gallbladder rupture, abscess formation, sepsis, and other severe complications. These can be life-threatening and require immediate medical intervention."

RISK FACTORS

- Predisposing Factors: "We should discuss any factors that might have contributed to this condition, such as weight changes, pregnancy, or specific diets."

- Personal Habits: "Let's also review any personal habits like dietary patterns, alcohol consumption, or physical activity that might play a role."

PAST MEDICAL HISTORY

- Previous gallbladder issues, liver disease, cardiovascular diseases. [1 point]
- Childhood illnesses, relevant surgical procedures (e.g., abdominal surgeries). [1 point]

DRUG HISTORY

- Current medications, over-the-counter drugs, and supplements; allergies and reactions. [2 points]

FAMILY HISTORY

- Family history of gallbladder disease or other gastrointestinal disorders. [1 point]

SOCIAL HISTORY:

- Lifestyle, occupation, diet (high-fat diet). [1 point]

PAST MEDICAL HISTORY

- Past Medical Details: "Have you ever had any issues with your gallbladder or liver before? What about any heart conditions, childhood illnesses, or surgeries, especially in the abdomen?"

DH

- Medications and Allergies: "Can you please list any current medications, over-the-counter drugs, or supplements you are taking? And do you have any known allergies or reactions to medications?"

FH

- Family Health Background: "Does anyone in your family have a history of gallbladder disease or other gastrointestinal issues?"

SH

- Lifestyle Inquiry: "Can we talk a bit about your daily habits? Such as your occupation, dietary preferences, especially if you consume a high-fat diet?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings:**
  - Vital signs including weight: Temperature, pulse, blood pressure, respiratory rate, weight. [1 point]
  - Airway, Breathing, Cardiovascular findings: Assessing for distress or instability. [1 point]
  - Respiratory examination: Normal breath sounds. [1 point]
  - Abdominal findings: Tenderness in the right upper quadrant, Murphy's sign, palpable gallbladder. [3 points]
  - Neurological findings, including cranial nerves: Alertness, orientation. [1 point]
  - Psychiatric findings & MMSE: Mood, thought content, cognition. [1 point]
  - Risk Assessment: Evaluating for risk of complications such as gallbladder rupture. [1 point]
  - Specialty examinations: Hepatic, biliary, and pancreatic examination. [3 points]

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EXAMINATION

- Abdominal Findings: "I'm going to examine your abdomen now, especially the upper right side. You might feel some discomfort, so please let me know if anything is painful."
- Risk Assessment: "Based on our examination, we'll need to evaluate the risk of complications and consider appropriate steps."

DIFFERENTIAL DIAGNOSIS

- Differentiation from peptic ulcer, pancreatitis, hepatic abscess; explanation of why these are not likely. [2 points]

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DIFFERENTIAL DIAGNOSIS

- Explaining Possibilities: "We need to consider different possibilities for your symptoms, like a peptic ulcer or pancreatitis. However, your signs are pointing more towards gallbladder issues."

HISTORY

OSCE

01

INVESTIGATION

- Laboratory values: WBC count, bilirubin, liver enzymes (ALT, AST), Alkaline phosphatase. [2 points]
- Imaging and tests: Ultrasound, HIDA scan, CT or MRI if needed. [3 points]

OSCE

01

INVESTIGATION

- Laboratory and Imaging: "We might need to conduct some blood tests and possibly an ultrasound or other scans to get a clear picture of what's happening inside."

MANAGEMENT PLAN

- First line: IV fluids, antibiotics, pain management. [2 points]
- Second and third line: Possible cholecystectomy (surgical removal), ERCP. [2 points]

COMMUNITY MANAGEMENT

- Regular follow-up with primary care provider, diet modification (low-fat diet), and monitoring for signs of complications. [1 point]

MANAGEMENT PLAN

- Outline Treatment Options: "Initially, we'll focus on hydration, antibiotics, and pain management. If needed, surgical intervention might be considered. We'll also discuss dietary changes and follow-up care."

- Management in the Community (1 point)
  - "Once you're feeling better, we recommend some counseling and regular check-ups to ensure you continue to feel well."
  - "Before you leave, we'll provide you with clear instructions on what to watch out for and who to contact if you have any concerns."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Discharge Guidelines: Ensure that patients understand their medications, diet, and follow-up plan. [1 point]
- Safety Netting: Provide emergency contact information and instructions for recognizing complications. [1 point]

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

"Before you leave the hospital, we'll ensure you understand the post-operative care or medication regimen tailored to your specific condition. For those who have undergone gallbladder removal, special attention will be given to wound care and dietary adjustments. You might need to follow a low-fat diet initially, gradually reintroducing regular foods as tolerated. If antibiotics have been prescribed, it's crucial to complete the full course, even if you feel better before they're finished."

"It's vital to recognize signs that might indicate a problem after discharge. Please seek immediate medical attention if you experience symptoms such as severe abdominal pain, high fever, persistent vomiting, yellowing of the skin or eyes (jaundice), or unusual swelling or discharge from the wound site. We'll provide you with an emergency contact number, and your general practitioner will also be informed of your treatment, ensuring a seamless continuation of care."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients and Relatives (2 points):**
  - Condition, treatment options, potential surgical interventions. [2 points]

- **Advice to Guardians and Useful Resources (1 point):**
  - Support groups, educational materials, helplines. [1 point]

ADVICE TO GUARDIANS/RELATIVES

- "Acute cholecystitis is an inflammation of the gallbladder, often caused by gallstones blocking the flow of bile. This can lead to symptoms such as severe right upper quadrant pain, fever, and nausea. If left untreated, it can lead to serious complications. The treatment usually involves medications to manage pain and fight infection, and sometimes surgery to remove the gallbladder."

COMPLICATIONS OF TREATMENT

MOA

- Antibiotics: Bacterial cell wall inhibition; IV Fluids: Rehydration and electrolyte balance. [1 point]
- Cholecystectomy: Open or laparoscopic removal of the gallbladder; ERCP if choledocholithiasis is present. [1 point]

COMPLICATIONS

- Possible side effects of antibiotics, risks of surgery (bleeding, infection). [2 points]

COMPLICATIONS OF TREATMENT

Mx of Therapies

- "Antibiotics work by inhibiting the growth of bacteria, either by disrupting the bacterial cell wall or interfering with vital processes within the bacteria. This helps clear the infection that may be contributing to the inflammation of the gallbladder."
- "Intravenous (IV) fluids are used to rehydrate the body and maintain a balance of electrolytes (salts and minerals) in the blood. This can be essential in supporting the body's overall function, particularly if nausea and vomiting have led to dehydration."

Cx of Therapies

- "Antibiotics are used to combat any underlying infection, but they can sometimes lead to side effects such as diarrhea, rashes, or allergic reactions. IV fluids help maintain hydration and balance electrolytes but might cause swelling or electrolyte imbalances if not carefully monitored."
- "Surgical removal of the gallbladder, or cholecystectomy, is sometimes required. This procedure, although generally safe, may lead to bleeding, infection, injury to surrounding structures like the bile duct, or problems related to anesthesia."

FOLLOW UP

- Surveillance plan with lab work, potential referrals to specialists, according to UK guidelines. [2 points]

FOLLOW UP

- "We'll need to keep an eye on your recovery through regular appointments and lab work. We'll follow the guidelines to ensure you get the best possible care, including referrals to specialists if needed."

NEVER MISS

1. Accurate identification of Murphy's sign.
2. Timely recognition of complications like gallbladder rupture or sepsis.
3. Appropriate use of imaging (Ultrasound/HIDA) for diagnosis.
4. Proper explanation of potential need for cholecystectomy.
5. Providing a clear and accessible safety netting plan.

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01

TOP 1% QUESTIONS

1. How does acute acalculous cholecystitis differ from calculous cholecystitis in clinical presentation and management?
2. What is the role of HIDA scan compared to Ultrasound in diagnosing acute cholecystitis?
3. Explain the Tokyo Guidelines (TG18) and their relevance in managing acute cholecystitis.
4. Discuss the choice of antibiotics in acute cholecystitis and the rationale behind them.
5. What are the specific considerations for managing acute cholecystitis in pregnant women?

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

GASTROENTEROLOGY

HEPATIC CIRRHOSIS

OSCE 1.4

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

PROMPT

The patient, a 52-year-old male, presents with complaints of increasing abdominal distension, generalized weakness, and easy fatigability over the past few months. He has also noticed swelling in his lower limbs and worsening of his breathing.

OSCE

02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduces Self and Purpose: Introduction of the medical professional, confirms patient identity, explains the purpose of the conversation, and ensures patient comfort. [1 point]
- Obtains Consent: Asks for consent to proceed with the questions and possibly a physical examination later on. [1 point]
- Chief complaint and duration.

OSCE

01

INTRODUCTION AND RAPPORT BUILDING

"Hello [patient's name], thank you for taking the time to meet with me today. I'd like to discuss your symptoms and health in detail to best understand how we can help. If you have any questions or concerns at any point, please feel free to stop me."

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Onset and duration of symptoms.
- Any history of jaundice or dark urine.
- Presence of abdominal swelling or pain.
- Nausea, vomiting, or changes in appetite.
- Changes in bowel habits, especially pale stools or bloody stools.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you tell me when you first started noticing your symptoms and how long they have been going on?"
- "Have you observed any yellowing of your skin or eyes or noticed your urine being darker than usual?"
- "Have you experienced any swelling or discomfort in your abdomen?"
- "Any feelings of nausea or changes in your appetite recently?"
- "Have you noticed any changes in your bowel movements, like pale-colored stools or any blood?"

FURTHER EXPLORATION...

- Fatigue or weakness.
- Ascites: progressive abdominal swelling.
- Portal hypertension: blood in vomit, bloody or tarry stools.
- Encephalopathy: confusion, personality changes, or slurred speech.
- Presence of pruritus or itching.

- **Detailed History of Presenting Complaint:**
  - Frequency and pattern of symptoms.
  - Precipitating or relieving factors.
  - Interventions tried and their effects.

COLLATERAL

- Information from family or close friends about behavioral changes, alcohol consumption, or any noticeable symptoms.

FURTHER EXPLORATION

- "Do you often feel tired or weak?"
- "You mentioned abdominal swelling; did it develop gradually over time?"
- "Have you ever vomited blood or noticed black, tarry stools?"
- "Have there been instances where you felt confused or noticed a change in your behavior?"
- "Do you feel itching anywhere on your body?"

- "How often do these symptoms occur?"
- "Have you noticed anything that seems to make them better or worse?"
- "Have you tried any treatments or interventions for these symptoms? If so, how did they work for you?"

COLLATERAL

- "Would you mind if we ask your family or close friends if they've observed any changes in your behavior, drinking habits, or any other symptoms?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Severe abdominal pain.
  - Rapid onset confusion.
  - Sudden yellowing of skin and eyes.
  - Hematemesis (vomiting blood).
  - Hematochezia (fresh blood in stools) or melena (black tarry stools).

- **Common Complications:**
  - Spontaneous bacterial peritonitis (SBP).
  - Hepatorenal syndrome.
  - Hepatopulmonary syndrome.

- **Risk factors**
  - Alcohol consumption patterns.
  - Drug use, especially intravenous.
  - Unsafe sexual practices.
  - Travel history, raw seafood consumption, tattoos, and piercings.

RED FLAGS...

"I'd like you to be aware of certain serious symptoms. Please seek immediate medical attention if you experience severe abdominal pain, sudden confusion, rapid yellowing of the skin and eyes, vomiting of blood, or passing black tarry stools."

COMPLICATIONS

- "In some cases, infections within the abdominal fluid, kidney problems, or lung issues can arise."
- "It's also important to be aware of potential mental changes, which are a result of the liver not filtering toxins properly."

RISK FACTORS

- "Can you talk a bit about your alcohol consumption habits?"
- "Have you ever used recreational drugs, especially through injections?"
- "Any history of unprotected sexual encounters?"
- "Have you traveled recently or consumed raw seafood? Do you have any tattoos or piercings?"

PAST MEDICAL HISTORY

- Previous liver diseases or conditions, viral hepatitis, fatty liver, or autoimmune liver diseases.

DRUG HISTORY

- Current and past medications, including over-the-counter and herbal supplements.
- Any known allergies and the nature of the reactions.

FAMILY HISTORY

- Liver diseases, especially cirrhosis or hepatocellular carcinoma.

Social History:

- Alcohol consumption, smoking, and drug use.
- Occupation, especially if exposed to hepatotoxins.
- Support system and care structure at home.

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01

PAST MEDICAL HISTORY

Past Medical and Surgical History:

- "Have you had any previous issues with your liver, like hepatitis, fatty liver, or any autoimmune conditions?"

DH

- "I'd like to understand any medications you're currently on or have been on, including over-the-counter drugs or supplements. Also, do you have any known allergies?"

FAMILY AND SOCIAL HISTORY:

- "Are there any family members who had liver issues, particularly cirrhosis or liver cancer?"
- "Do you consume alcohol, smoke, or use drugs?"
- "What's your profession? Are you exposed to any chemicals or toxins there?"
- "At home, do you have a good support system and someone who helps take care of you?"

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings: - <u>CHAPERONE</u>**
  - Vital Signs: Blood pressure, heart rate, respiratory rate, temperature, weight, oxygen saturation.
  - Airway: Clear, no obstructions.
  - Breathing: Respiratory rate, lung auscultation.
  - Cardiovascular: Heart sounds, peripheral pulses, signs of fluid overload.
  - Respiratory: Lung bases (checking for pleural effusion).
  - Abdominal:
    - Inspection for jaundice, spider nevi, distension.
    - Palpation for hepatosplenomegaly, ascites.
    - Percussion for shifting dullness.
    - Auscultation for bowel sounds.
  - Neurological:
    - Basic neurological examination.
    - Cranial nerves.
    - Asterixis or 'flapping tremor'.
  - Peripheral Examination: Check for edema.
  - Psychiatric Findings and MMSE: Orientation, attention, recent and remote memory, language, and visuospatial skills.
  - Risk Assessment: Potential harm to self or others, especially if encephalopathic.

01
EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**

(While examining) "I'm just going to check your vital signs, look at your skin for any signs, listen to your lungs and heart, and feel your abdomen. This will help us understand your current health better.

DIFFERENTIAL DIAGNOSIS

- Alcoholic liver disease: History of significant alcohol intake, macrocytosis.
- Fatty liver disease: Obesity, diabetes, hyperlipidemia.
- Autoimmune hepatitis: Other autoimmune diseases, raised IgG.
- Primary biliary cirrhosis: Middle-aged women, pruritus, raised ALP.
- Hemochromatosis: Iron overload, skin hyperpigmentation.
- Wilson's disease: Young patients, neurological symptoms, Kayser-Fleischer rings.
- Hepatic Cirrhosis (the main diagnosis): Based on combination of history, physical examination, and investigations.

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01

DIFFERENTIAL DIAGNOSIS

- "While cirrhosis is our main concern, other conditions can have similar symptoms. We consider conditions like alcoholic liver disease, fatty liver disease, and a few others. We will use the information and tests to confirm your diagnosis."

HISTORY

OSCE

01

INVESTIGATION

- Laboratory Values:
  - Liver function tests: ALT, AST, ALP, GGT.
  - Bilirubin.
  - Coagulation profile: INR.
  - Albumin and total protein.
  - Complete blood count.
  - Urea and electrolytes.
- Imaging:
  - Abdominal ultrasound with Doppler for portal vein.
  - CT or MRI if needed.
- Other Tests:
  - Endoscopy for varices.
  - Ascitic fluid analysis if ascites is present.

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INVESTIGATION

- "We'll need to run some tests, including blood tests and possibly an ultrasound, to get a clearer picture of your liver's condition."

OSCE

01

MANAGEMENT PLAN

- **Immediate Management:**
  - If active bleeding, resuscitation and possible banding or sclerotherapy.
  - If encephalopathic, lactulose and possible rifaximin.
  - If ascites, diuretics, and possible therapeutic paracentesis.
- **First Line:**
  - Abstinence from alcohol.
  - Vaccinations (Hepatitis A and B, pneumococcal).
  - Screen for hepatocellular carcinoma.
- **Second Line:**
  - Beta-blockers (like propranolol) for varices.
  - Albumin for large-volume paracentesis.
- **Third Line:** Transjugular intrahepatic portosystemic shunt (TIPS) for refractory ascites.
- **Prevention:**
  - Alcohol moderation or abstinence.
  - Avoiding hepatotoxic medications.
  - Safe practices to prevent hepatitis.
- **Lifestyle Changes:**
  - Low salt diet for ascites.
  - Regular monitoring and follow-up.
- **Management in the Community:**
  - Regular blood tests.
  - Fluid balance charting for ascites.
  - Regular clinical reviews.

MANAGEMENT PLAN

- "Our immediate goal is to manage any pressing issues. For example, if there's active bleeding, we will prioritize that."
- "The most important step is to abstain from alcohol and ensure you're vaccinated against specific diseases."
- "We might also prescribe medications like beta-blockers and, in certain situations, consider a procedure to help with the symptoms."

Prevention: "It's crucial to moderate or entirely avoid alcohol, be cautious with medications, and follow practices that reduce your risk of hepatitis."

Lifestyle Changes: "I'd advise a low salt diet, especially if you're experiencing swelling. And we'll set up regular follow-up appointments."

Management in the Community: "Between our visits, it's crucial to monitor your health. Regular blood tests, keeping track of fluid balance if you have swelling, and clinical reviews are essential."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Understanding of diagnosis and its implications.
- Awareness of red flag symptoms.
- Medication regimen clarity.
- Follow-up plan established.
- Emergency contact details provided.

- **SAFETYNETTING (1 Point):**
  - Advise on seeking emergency care for worsening jaundice, confusion, abdominal pain, or bleeding.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "I want to ensure you understand your diagnosis and what it means for your health."
- "Please remember the critical symptoms we discussed."
- "Ensure you're clear on the medications we've prescribed."
- "We'll schedule follow-up appointments."
- "We're also providing you with emergency contact details, just in case."

Safety Netting: "Should you notice a significant worsening in your symptoms, especially yellowing of the skin, confusion, intense abdominal pain, or any bleeding, please seek emergency care."

ADVICE TO GUARDIANS/RELATIVES

- Cirrhosis is a late stage of scarring (fibrosis) of the liver caused by various forms of liver diseases and conditions.
- Discuss complications, management, and prognosis.
- Emphasize the importance of follow-up and lifestyle changes.

- **Advice to Guardians, Useful Resources (2 points):**
  - Importance of medication adherence.
  - Monitoring for symptoms of worsening.
  - British Liver Trust.
  - Local liver patient support groups.

ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients/Relatives:** "Cirrhosis is essentially scarring of the liver, which happens after prolonged liver diseases or conditions. This can lead to complications, but with the right management and care, we can manage the symptoms and improve your quality of life."

- **Advice to Guardians:** "For those taking care of [patient's name], it's crucial to ensure he/she is taking the prescribed medications and monitor for any worsening symptoms."

- **Useful Resources:** "I recommend looking into the British Liver Trust and local patient support groups. They offer valuable information and support."

COMPLICATIONS OF TREATMENT

Complications of Medication:

1. Diuretics: Electrolyte imbalance.
2. Beta-blockers: Hypotension, fatigue.
3. TIPS: Possible liver failure, hepatic encephalopathy.

Mechanism of Action:

1. Diuretics: Increase urine production to remove excess fluid.
2. Beta-blockers: Reduce portal blood flow and pressure.
3. Lactulose: Acidifies the gut to trap ammonia.

Surgical Therapies:

1. Liver transplantation: Replacement of diseased liver with a healthy one.
2. Shunt surgeries like TIPS: Bypass for blood flow in the liver.

COMPLICATIONS OF TREATMENT

Complications of Medication/Surgical Therapy: "Please be aware that while our treatments aim to help, there can be side effects. Diuretics can cause an imbalance in electrolytes, beta-blockers might lead to low blood pressure, and some procedures have risks like liver failure."

FOLLOW UP

- Regular 6-monthly ultrasounds for hepatocellular carcinoma screening.
- 3-monthly liver function tests.
- Endoscopy every 2 years or if varices previously found.

SEVERITY SYSTEM

- Mild: Compensated cirrhosis, no varices or ascites, normal cognitive function.
- Moderate: Presence of varices or ascites, mild cognitive changes.
- Severe: Previous variceal bleed, recurrent ascites, overt hepatic encephalopathy.

FOLLOW UP

- "We'll be scheduling regular check-ups, including ultrasounds and blood tests, to monitor your health."

NEVER MISS

1. Avoiding alcohol.
2. Recognizing and acting on red flag symptoms.
3. Adherence to medications.
4. Importance of regular monitoring and follow-up.
5. Understanding the potential for progression to liver failure.

TOP 1% QUESTIONS

1. Explain the mechanism by which cirrhosis leads to hepatorenal syndrome.
2. How does hepatic encephalopathy affect neurotransmission in the brain?
3. Why might a patient with cirrhosis have coagulopathy even if their INR is normal?
4. How does TIPS procedure work and what are its indications?
5. Discuss the role of gut microbiota in cirrhosis and its complications.

SOFT SKILLS

- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

OSCE

03

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE

02

LET'S DISCUSS

OSCE

03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT

ACUTE MEDICINE

COLORECTAL CANCER

HISTORY X MANAGEMENT

OSCE
01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE
01

PROMPT

Mr. Smith has been experiencing a range of symptoms over the past six months, which have progressively worsened. His primary concerns include change in Bowel Habits: Mr. Smith reports a persistent change in his bowel habits. Initially, he had episodes of diarrhea alternating with constipation, but lately, he's noticed that his stool is more frequently loose and contains blood.

OSCE
02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Introduce self and verify patient's identity.
- Obtain consent.
- Open-ended question about presenting complaint.

OSCE
01

INTRODUCTION AND RAPPORT BUILDING

1. Good morning, my name is Dr. [Your Name], and I'll be your physician today. May I kindly confirm your name and date of birth?"
2. "Before we proceed, I'd like to ask for your consent to discuss your medical history and perform an examination."
3. "Could you please start by telling me about the reason for your visit today? Is there anything specific that's been bothering you?"

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Duration of symptoms.
- Nature of bowel habits change: frequency, consistency, urgency.
- Color and consistency of blood in stool.
- Associated pain or discomfort.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "I understand you've been having some changes in your bowel habits. Could you please describe these changes and how long you've been experiencing them?"
- "Tell me more about any presence of blood in your stools, whether it's frank red or black, tarry stools."
- "You've mentioned weight loss and fatigue. I'm concerned about these symptoms. Can you provide more details, such as how much weight you've lost and how tired you've been?"
- "I'm sorry to hear about the abdominal discomfort you've been facing. Could you explain where you feel this discomfort and when it's most bothersome?"

FURTHER EXPLORATION...

- Onset, Progression, Duration, and Severity.
- Bowel frequency, consistency, presence of mucus or pus.
- Presence of systemic symptoms: weight loss, fatigue, ANOREXIA
- JAUNDICE?

- COLLATERAL HISTORY:
  - Information from family or caregivers about patient's changes in behavior, diet, or bowel habits.

FURTHER EXPLORATION

- Have you noticed any changes in the calibre or consistency of your stool?"
- "You mentioned a loss of appetite. Could you describe how it's affecting your eating habits?"
- "Has there been any yellowing of your eyes or skin, which could be a sign of jaundice?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Unintended weight loss, fatigue, persistent abdominal pain
  - Rectal bleeding with no anal symptoms.
  - Iron-deficiency anaemia.
  - Palpable mass in abdomen or rectum.

- **Common Complications:**
  - Bowel obstruction, perforation, metastasis (liver, lungs), anemia.

- **Risk factors**
  - Age, diet high in red/processed meat, low-fiber diet, smoking, alcohol, sedentary lifestyle.

RED FLAGS...

- "You mentioned rectal bleeding without any anal symptoms. This is indeed a concerning symptom."
- "The presence of iron-deficiency anemia is something we need to investigate further."
- "You've described a palpable mass in your abdomen or rectum. This is important information."

RISK FACTORS

- "Could you provide more information about your age, diet, and whether you use tobacco?"
- "Is there a family history of colorectal cancer or other gastrointestinal cancers?"
- "We're interested in knowing if you have any genetic syndromes in your family, such as Lynch syndrome."

PAST MEDICAL HISTORY

- IBD, previous polyps, other cancers.

DRUG HISTORY

- NSAIDs, immunosuppressants, chemo/radiotherapy agents, known allergies.

FAMILY HISTORY

- CRC, other gastrointestinal cancers, polyps, and genetic disorders.

Social History:

- Smoking, alcohol, diet, occupation, and travel history.

PAST MEDICAL HISTORY

- Have you had any previous cancers or significant medical conditions that we should know about?"
- "It's important to understand if you've ever been diagnosed with inflammatory bowel diseases or had a history of polyps."
- "Have you ever undergone any surgeries in the past, particularly related to your abdomen or colon?"

DH

- Could you share information about the medications you are currently taking, any known allergies, and how you've reacted to them in the past?

FAMILY AND SOCIAL HISTORY:

- How about your family history? Have any of your close relatives experienced cardiovascular diseases?
- Lastly, let's discuss your lifestyle. What is your typical diet, and how physically active are you?

IDEAS, CONCERNS AND EXPECTATIONS

- ICE
  - "I'd like to take a moment to understand your perspective on your illness. It's important for me to know your ideas, concerns, and expectations regarding your condition and this consultation. Please feel free to express any fears, worries, or questions you may have. We're here to address them together."

EXAMINATION

- **Examination Findings: - <u>CHAPERONE</u>**
  - Vital Signs: Blood pressure, pulse, temperature, respiratory rate, weight.
  - Airway/Breathing: Clear airway and no distress.
  - Cardiovascular: Heart sounds, peripheral pulses.
  - Respiratory: Lung fields clear bilaterally.
  - Abdominal: Palpable masses, liver size, bowel sounds, ASCITES
  - Neurological: Basic cranial nerves and peripheral nerves assessment.
  - Psychiatric & MMSE: Orientation, registration, attention, recall, language.
  - Peripheral Examination: Peripheral lymph nodes, lower limb edema.

RISK ASSESSMENT

- Risk Assessment: Identify the patient's risk for decompensation.

OSCE

01

EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
    - Vital Signs:
        - "I'll start by checking your vital signs, including blood pressure, pulse rate, temperature, respiratory rate, and weight."
    - Airway/Breathing:
        - "Your airway seems clear, and I don't see any signs of respiratory distress."
    - Cardiovascular:
        - "I'm going to listen to your heart to ensure it's functioning well, and I'll also check your peripheral pulses."
    - Respiratory:
        - "Let's move on to assessing your lungs. I'll make sure there are no issues, such as crackles or wheezing."
    - Abdominal:
        - "I'll perform an abdominal examination, checking for any palpable masses, evaluating the size of your liver, and listening for bowel sounds."

- RISK ASSESSMENT:
    - "In light of the diagnosis, it's essential to discuss any concerns you might have regarding emotional well-being and the impact of the diagnosis."

DIFFERENTIAL DIAGNOSIS

1. IBD: Chronic condition with relapses; presents with bloody diarrhea, abdominal pain.
2. IBS: No blood in stools, symptoms might improve with defecation.
3. Diverticulitis: Acute pain, fever, elevated white cells.
4. Hemorrhoids: Bright red blood on the surface of stools.

OSCE
01

DIFFERENTIAL DIAGNOSIS

- "Before we proceed, it's essential to consider other potential diagnoses, such as IBD, which presents with its own set of symptoms."

HISTORY

OSCE

01

INVESTIGATION

1. Bloods: Full Blood Count, LFTs, U&Es, CEA level.
2. Swabs: If suspect infection.
3. Imaging: Colonoscopy, CT abdomen/pelvis, MRI if needed.

OSCE
01

INVESTIGATION

- Bloods:
  - "We'll be ordering a Full Blood Count, Liver Function Tests, Urea & Electrolytes, and a CEA level to better understand your condition."
- Swabs:
  - "If we suspect an infection, we may need to take some swabs to identify the source."
- Imaging:
  - "In your case, we'll need to proceed with a colonoscopy and, if necessary, a CT of the abdomen and pelvis. These tests will provide crucial information."

OSCE
01

MANAGEMENT PLAN

- Immediate: Depending on stage, emergency surgery for obstruction.
- First Line: Surgery, chemotherapy or radiotherapy.
- Second Line: Targeted therapies.
- Third Line: Palliative care.
- Lifestyle Changes: High fiber diet, reduced red/processed meat, increased physical activity, cessation of smoking/alcohol.
- Dietary Advice: Increase intake of fruits, vegetables, whole grains; decrease red/processed meats, limit alcohol, and maintain a healthy weight.

MANAGEMENT PLAN

- The management of colorectal cancer can vary depending on the stage. In some cases, emergency surgery might be necessary."
- Lifestyle Changes:
  - "In addition to medical treatments, making lifestyle changes such as modifying your diet, reducing the consumption of red and processed meat, and increasing physical activity can be highly beneficial."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Regular Screenings: Every 10 years starting at age 50, or earlier and more frequent based on risk factors.
- Community Management: Surveillance, lifestyle changes, and managing side effects.
- Prevention: Dietary advice, cessation of smoking, regular screenings.

- **Explanation to Patients/Relatives**:
  - A malignant tumor arising from the inner wall of the large intestine. Risk increases with age, certain diets, and some inherited conditions.
- **SAFETY NETTING: Return if:**
  - Recognizing complications like bleeding, bowel obstruction, signs of metastasis.

OSCE
01

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "Part of your care will also involve managing your condition within the community. We'll provide guidance on lifestyle changes, monitoring for side effects, and regular check-ins."
- **SAFETYNETTING:** "It's important for you to recognize signs of complications such as bleeding, bowel obstruction, or indications of metastasis, and to reach out for immediate medical attention."
- **EXPLANATION:** "Finally, I want to make sure you have a comprehensive understanding of your condition and its management. If there's anything unclear, please feel free to ask.

ADVICE TO GUARDIANS/RELATIVES

- **Advice to Guardians & Resources:**
  - Lifestyle changes, potential side-effects, emotional support.
  - Provide resources and support groups for both patients and their families.

ADVICE TO GUARDIANS/RELATIVES

- **Advice to Guardians:**
  - "If you have family or friends who support you, they can play a crucial role in helping you adapt to lifestyle changes and provide emotional support during your treatment."
  - "There are various resources available, such as colorectal cancer patient support groups, dietary guidelines, and national guidelines on the management of colorectal cancer."

EXPLANATION

- Explanation of CRC: - "Colorectal cancer is a malignant tumor that originates from the inner lining of the large intestine. The risk of developing this cancer can increase with age, certain dietary habits, and, in some cases, due to inherited conditions."
- Implications: - "This type of cancer has the potential to spread to other parts of the body and can be life-threatening if not diagnosed and treated in the early stages."
- Prognosis: - "Prognosis varies depending on the stage at which it is diagnosed. Generally, earlier stages have better survival rates."
- Treatment Options: - "Treatment options range from surgery to chemotherapy, radiation therapy, and even targeted therapies, which are specifically tailored to the individual's condition."

COMPLICATIONS OF TREATMENT

Side Effects to be aware of: Fatigue, pain, nausea, low blood count, hair loss from chemotherapy. Risk of bleeding, infection, and bowel leakage from surgery

MOA OF TREATMENT

1. 5-FU (inhibits DNA synthesis), bevacizumab (anti-VEGF).

MOA OF SURGERY

Depending on stage and location: polypectomy, local excision, colectomy with anastomosis, colostomy.

FOLLOW UP

- Regular screenings, managing side effects, CEA levels.
- 2WW REFERRAL

SEVERITY SYSTEM

- Tumor stage, metastasis.

FOLLOW UP

"After initiating statin therapy, we'll schedule a follow-up in about six weeks, and then we'll continue with annual check-ups."

NEVER MISS

Point 1: Recognizing red flag symptoms.
Point 2: Urgency in management for advanced stages.
Point 3: Importance of family history.
Point 4: Regular surveillance in high-risk patients.
Point 5: Addressing patient's psychological well-being.

OSCE
01

TOP 1% QUESTIONS

1. Which genetic mutation is associated with Lynch syndrome?
2. How does aspirin potentially reduce the risk of CRC?
3. What is the significance of right vs. left-sided CRC?
4. How does cetuximab work?
5. How often should one get colonoscopy if they have a family history of CRC?

SOFT SKILLS

- "Before we conclude, I want to make sure that all your concerns and questions have been addressed. Is there anything else you'd like to discuss?"
- Demonstrating empathy and effective communication throughout the consultation.
- "Thank you for sharing all this information with me, it's been really helpful in understanding your situation. Do you have any questions or concerns about anything we've discussed today?"
- Closing the consultation: "Thank you for your time today. I know this can be a lot to take in, but it's important to remember that we're here to support you every step of the way. If you have any further questions or concerns, please don't hesitate to ask."

KEY LEARNING POINTS

- TO BE DONE TOGETHER

DATA

MANAGEMENT

- What went well?
- What went poorly?
- What will you do next time?

OSCE
02

LET'S DISCUSS

OSCE
03

WHY DON'T YOU TRY?

- Test your history taking skills?
- Try examination/investigation/dx formulation?
- Try a Mock exam?

QUESTIONS?

MDT