INFECTIOUS DISEASE

ACUTE CHOLANGITIS

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

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PROMPT

Ms. Smith, a 67-year-old female, presents with a two-day history of increasing right upper quadrant (RUQ) pain, subjective fever, and noticeable jaundice.

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LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

INTRODUCTION AND RAPPORT BUILDING

- "Thank you for coming in today, Mrs. Smith. Can you describe your symptoms to me? Specifically, have you noticed a yellow colouration of your skin or eyes? Have you experienced any fevers or abdominal pain, particularly in the upper right part of your abdomen? How long have you been experiencing these symptoms and how have they progressed over that time? Have these symptoms impacted your daily life? Have you had episodes like this in the past? Are there any other symptoms you have noticed, such as chills, feeling generally unwell, or a change in your bowel habits? Do you have a history of gallstones or any diseases related to your liver or gallbladder? Have you recently had any procedures involving your liver, gallbladder, or pancreas?"

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Detailed characterisation of presenting symptoms, specifically jaundice, right upper quadrant abdominal pain, and fever (Charcot's triad)
- Duration, onset, and progression of symptoms
- Impact of symptoms on daily life
- Previous episodes or similar symptoms
- Any associated symptoms such as chills, malaise, or change in bowel habit
- History of gallstones or prior biliary tract disease
- Recent procedures involving the biliary tract (e.g., ERCP)

- Prior history of cholangitis or biliary tract disease
- Previous surgical or procedural history involving the biliary tract
- Past medical history of relevant diseases (e.g., gallstones, liver diseases)
- Collateral history from relatives or caregivers if available

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Could you please tell me more about your abdominal pain? When did it start, and how has it changed since then? Does anything make the pain worse or better? How severe would you rate the pain on a scale of 0 to 10? How is this pain impacting your daily activities? Have you noticed any changes in your bowel movements or urination? Are you feeling itchy anywhere on your body?"

FURTHER EXPLORATION...

- Detailed examination of abdominal pain (location, character, onset, duration, progression, aggravating/alleviating factors)
- Severity and impact of jaundice and fever
- Presence and characterisation of any other systemic symptoms
- Any change in bowel or urinary habits
- Presence of pruritus

FURTHER EXPLORATION

"Have you ever experienced similar symptoms or been diagnosed with cholangitis or a biliary tract disease in the past? Have you had any surgeries or procedures involving your liver, gallbladder, or pancreas? Are there any other medical conditions that you have been diagnosed with? Could you tell me about your current medications? May I also talk to your caregivers to obtain additional information, if necessary?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Hypotension or altered mental status (indicative of Reynold's pentad - a sign of severe disease)
  - Rapid progression of symptoms
  - Severe abdominal pain
  - High fever
- **Common Complications:**
  - Biliary sepsis
  - Abscess formation
  - Liver failure
  - Biliary cirrhosis
- **Risk factors**
  - History of biliary tract diseases or interventions
  - Age and sex (older, female)
  - Obesity
  - Rapid weight loss or fasting

RED FLAGS...

- "Do any of these symptoms cause you to feel faint or lose consciousness? Have your symptoms been rapidly progressing? How severe would you say your abdominal pain is? Have you noticed a high fever?"

COMPLICATIONS

- "It is important to seek medical care promptly as delayed treatment can lead to serious complications such as a widespread infection, abscesses, liver failure, and cirrhosis."

RISK FACTORS

- "Do you have any family history of gallstones or liver disease? How would you describe your dietary habits? Are you physically active? Have you had a recent episode of rapid weight loss or extended fasting?"

PAST MEDICAL HISTORY

- History of gallstones or other biliary tract diseases
- History of previous gastrointestinal surgeries
- Other relevant comorbidities (e.g., diabetes, immunodeficiency)
- Any relevant regular medicationS

DRUG HISTORY

- Detailed review of prescription, over-the-counter, and herbal medications
- Use of medications associated with gallstone disease (e.g., oral contraceptives, ceftriaxone)
- Any known drug allergies and the nature of reactions

FAMILY HISTORY

- Family history of gallstones
- Family history of liver disease or biliary cancer

SOCIAL HISTORY:

- Alcohol consumption and smoking history
- Occupation and lifestyle
- Dietary habits

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PAST MEDICAL HISTORY

- "Do you have a history of gallstones or other diseases of the biliary tract? Have you undergone any surgical procedures, particularly involving your stomach or intestines? Do you have other relevant medical conditions like diabetes or diseases that affect your immune system? Could you please tell me about your regular medications?"

DH

- "Could you please provide a detailed list of any prescription, over-the-counter, or herbal medications you are currently taking? Do you take any medications known to increase the risk of gallstone disease such as birth control pills or certain antibiotics? Do you have any known drug allergies, and if so, what reactions have you experienced?"

FH

- "Do you have any family history of gallstones, liver disease, or cancers of the biliary tract?"

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 (temperature, blood pressure, heart rate, respiratory rate, oxygen saturation)
  - General appearance (jaundice, palmar erythema, ascites, spider naevi)
  - Abdominal examination (tenderness, organomegaly, ascites, Murphy's sign)
  - Examination of other systems as guided by history (cardiovascular, respiratory, neurological, musculoskeletal)
  - Specific signs related to underlying liver disease (asterixis, hepatic encephalopathy)

EXAMINATION

- "Now I'm going to perform a physical examination to assess your general health. This includes checking your vital signs, inspecting your skin for any signs of jaundice or other skin changes, examining your abdomen to assess for any tenderness or enlarged organs, and checking your other systems as guided by your history. If necessary, I might need to do a neurological examination as well."

DIFFERENTIAL DIAGNOSIS

- Gallstone disease without cholangitis: The presence of fever and systemic symptoms in this case suggest an infectious process.
- Hepatitis: Liver function tests and viral serology can help differentiate.
- Pancreatitis: Amelioration of abdominal pain, elevated amylase/lipase, and imaging findings can differentiate.
- Liver abscess: Imaging and microbiological investigations would clarify the diagnosis.
- Pyelonephritis: Urinalysis, clinical symptoms, and imaging can help differentiate.

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DIFFERENTIAL DIAGNOSIS

"There are several conditions that could present with similar symptoms to yours. These include gallstone disease without infection, hepatitis, pancreatitis, liver abscess, or kidney infection. We will use your history, examination findings, and the results of your investigations to determine the most likely cause of your symptoms."

HISTORY

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INVESTIGATION

- Complete blood count, CRP, liver function tests, coagulation profile, blood cultures
- Ultrasound of the abdomen or MRCP to identify biliary obstruction
- ERCP as both a diagnostic and therapeutic procedure
- Other investigations as indicated (CT abdomen, etc.)

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INVESTIGATION

"Based on your symptoms and our physical examination, we may need to do further tests to help us identify what might be causing your symptoms. These could include blood tests, an ultrasound or MRI of your abdomen, or even an ERCP which is a type of endoscopic procedure that allows us to examine your bile ducts and if necessary, remove any blockages."

MANAGEMENT PLAN

- Initial steps: resuscitation (ABCs), pain relief, antibiotics
- Second line: ERCP for biliary drainage
- Third line: surgery if ERCP is not possible or unsuccessful
- Post-intervention: reassess symptom improvement, repeat investigations, and adjust treatment plan

MANAGEMENT PLAN

- "Once we have a better understanding of what's causing your symptoms, our initial management would focus on relieving your symptoms, particularly your pain, and treating any infection with antibiotics. We may also need to do an ERCP to remove any blockages in your bile ducts. If this isn't possible or if it's unsuccessful, we might need to consider surgery."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Explanation of diagnosis, management plan, and potential complications to the patient and their relatives
- Safety netting advice: when to seek immediate medical attention
- Follow-up with hepatobiliary team or surgeon

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KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

"Before you're discharged, we'll explain your diagnosis, our recommended management plan, and any potential complications to both you and your family. We'll also provide advice on when to seek immediate medical attention if your symptoms persist or worsen. We will arrange a follow-up appointment to monitor your progress."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation of the Condition to Patients and Their Relatives (3 points):**
  - What is acute cholangitis and how does it occur
  - The importance of treatment and possible interventions
  - Likely outcomes and potential complications

- **Advice to Guardians (2 points):**
  - How to assist in the patient's recovery
  - Reliable online resources for further information about acute cholangitis

ADVICE TO GUARDIANS/RELATIVES

- "Acute cholangitis is a condition where the tubes that carry bile from your liver to your intestines become blocked, usually by a gallstone, causing an infection. This can lead to symptoms like fever, abdominal pain, and jaundice. It's important that we treat this condition promptly to prevent serious complications."

- "Your family can assist in your recovery by helping you adhere to your prescribed treatment plan. We can also provide reliable online resources for you to get further information about acute cholangitis."

COMPLICATIONS OF TREATMENT

MOA of Therapies

- Explanation of how antibiotics and analgesics work
- Brief description of ERCP and other potential surgical interventions

Complications of Medication and Surgical Therapy:

- Antibiotic side effects
- Complications of ERCP (pancreatitis, perforation, bleeding)
- Complications of surgery (bleeding, infection, bile leak)

COMPLICATIONS OF TREATMENT

MOA of Therapies

- "Antibiotics work by killing or slowing the growth of the bacteria causing your infection. Painkillers help to reduce your discomfort."
- "ERCP is a procedure where a flexible tube with a camera is passed down your throat and into your bile ducts, allowing us to directly visualize any blockages and remove them if possible. If this isn't successful or possible, you may require surgery to remove the blockage."

Complications of Medication and Surgical Therapy:

- "Antibiotics can sometimes cause side effects like upset stomach or allergies. ERCP, although generally safe, can lead to complications like inflammation of the pancreas, perforation, or bleeding. If surgery is required, it carries risks of bleeding, infection, and leaks from the bile duct."

FOLLOW UP

- Early follow-up in 2 weeks to reassess, sooner if symptoms persist or worsen
- Follow-up imaging to confirm resolution of biliary obstruction

FOLLOW UP

"We'll arrange for you to have a follow-up appointment within two weeks to reassess your symptoms and repeat necessary tests. If your symptoms persist or worsen before this, please seek immediate medical attention."

NEVER MISS

- Identify and manage sepsis quickly
- Rapid diagnosis with ultrasound and blood tests
- Commence broad-spectrum antibiotics promptly
- Arrange for ERCP or other form of biliary drainage
- Regular review of patient to assess response to treatment

TOP 1% QUESTIONS

1. What are the Tokyo Guidelines for the management of acute cholangitis?
2. Why is ERCP the preferred intervention in acute cholangitis?
3. How does one differentiate between ascending cholangitis and acute hepatitis?
4. What is Reynold's pentad and what does it signify?
5. What are the potential long-term complications of repeated episodes of cholangitis?

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

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03

MANAGEMENT

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

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02

LET'S DISCUSS

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03

WHY DON'T YOU TRY?

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

QUESTIONS?

MDT

INFECTIOUS DISEASE

BREAST ABSCESS

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING

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PROMPT

Ms. E is a 32-year-old woman presenting to her GP with a 5-day history of increasing pain and swelling in her left breast.

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LET'S DISCUSS

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INTRODUCTION AND RAPPORT BUILDING

- Confirm patient's identity and consent
- Assess the onset, duration, and progression of symptoms
- Explore the patient's understanding of their condition

INTRODUCTION AND RAPPORT BUILDING

- "Hello, my name is Dr. [Name], I'll be looking after you today. I understand you have been having some pain and swelling in your breast? I'm really sorry to hear that you're not feeling well. Could you tell me more about these symptoms?" [Open-ended question to allow patient to describe in their own words]

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- • Detailed characterisation of presenting symptoms (pain, swelling, redness of the breast)
- • Onset, duration, and progression of symptoms
- • Impact of symptoms on daily activities
- • Any associated symptoms (fever, nipple discharge)
- • Recent changes in breastfeeding practices or trauma to the breast
- • Any history of previous breast abscess or mastitis
- • Review of systems (Including general wellbeing, signs of systemic infection)

- • Prior episodes of breast abscess or mastitis
- • Previous treatment and outcomes
- • Detailed breastfeeding history, if applicable
- • Detailed medication history, especially antibiotics
- • Collateral history from relatives or caregivers if available

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

"So, if I understand correctly, the pain has been getting worse over the last few days and is affecting your daily activities and ability to breastfeed. Could you tell me more about this pain? Does anything make it worse or better?" [PQRST of pain assessment] "Have you noticed any changes in your breast like redness or an area that's hotter than the rest of your skin?"

FURTHER EXPLORATION...

- • Severity and impact of breast pain
- • Presence and characterisation of any nipple discharge
- • Exploration of systemic symptoms (fever, chills, malaise)
- • Any changes in the appearance or texture of the breast
- • Changes in breastfeeding practice, if applicable

FURTHER EXPLORATION

"Do you remember ever having something like this before or being treated for a similar condition?" [Previous similar episodes] "Are you on any medications right now, especially any antibiotics?" [Medication history]

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - • High fever or rigors
  - • Rapid onset or worsening of symptoms
  - • Severe pain
  - • Signs of mastitis not improving with antibiotics
- **Common Complications:**
  - • Recurrent abscess
  - • Scarring or deformation of the breast
  - • Fistula formation
  - • Inability to continue breastfeeding
- **Risk factors**
  - • Breastfeeding, particularly if recent mastitis or nipple cracking
  - • Smoking
  - • Diabetes or immune disorders
  - • Previous breast surgery or trauma

RED FLAGS...

- "I understand this is very uncomfortable for you. Have you noticed symptoms such as a high fever, shaking chills, or the pain becoming significantly worse very quickly?"

COMPLICATIONS

- "If left untreated, an infection in the breast can lead to a few complications such as recurrence, scarring, or even issues with breastfeeding. But don't worry, we will do our best to treat it promptly and prevent these from happening."

RISK FACTORS

- "From what we've discussed, it seems like breastfeeding could be a likely factor. Sometimes if the milk duct gets blocked or there's a small crack on the nipple, bacteria can get in and cause an infection."

PAST MEDICAL HISTORY

- • History of diseases associated with breast abscess (e.g., diabetes, immune disorders)
- • History of breast surgery or trauma
- • Regular medications, particularly those related to immune function
- • Prior history of breastfeeding issues, if applicable

DRUG HISTORY

- • Detailed review of prescription, over-the-counter, and herbal medications
- • Recent or recurrent use of antibiotics
- • Any known drug allergies and the nature of reactions

FAMILY HISTORY

- • Family history of breast disease or disorders
- • Family history of immune disorders

SOCIAL HISTORY:

- • Smoking history
- • Occupation and lifestyle, particularly recent maternity leave
- • Breastfeeding practices, if applicable

PAST MEDICAL HISTORY

- "Have you had any major illnesses or surgeries before?" [PMH] "Any family history of breast disease?" [Family history]

DH

- "Are you currently taking any medications, either prescribed or over the counter? Have you ever had an allergic reaction to any medications?"

SH

- "Do you smoke, or have you smoked in the past?" [Smoking history] "What do you do for a living?" [Occupation]

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."

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EXAMINATION

- **Examination Findings:**
  - • Vital signs, including temperature
  - • General appearance (unwell, comfortable)
  - **• Inspection and palpation of the breasts (WITH CHAPERONE)**
  - • Lymph node examination (axillary, supraclavicular)
  - • Examination of the skin overlying the breast
  - • Abdominal examination, if relevant
  - • Specific breast examination findings (fluctuance, erythema)

EXAMINATION

"Would it be okay if I examine you now?" [Consent] "I'm going to start by checking your temperature and then proceed to examine your breast."

MUST MUST MUST - ASK FOR CHAPERONE!!

DIFFERENTIAL DIAGNOSIS

- • Mastitis: Similar presentation to abscess, but ultrasound confirms presence of an abscess.
- • Breast engorgement: Unlikely if the patient isn't breastfeeding and lacks the inflammatory signs of abscess.
- • Galactocele: These occur in breastfeeding women, but are not typically associated with pain or inflammation.
- • Inflammatory breast cancer: A serious condition that can mimic breast abscess, but usually presents with more systemic symptoms and a longer history.

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DIFFERENTIAL DIAGNOSIS

"While a breast abscess is what we suspect given your symptoms and recent childbirth, it's important to consider other possibilities such as mastitis, which is inflammation of the breast tissue, or a benign milk-filled cyst called a galactocele."

HISTORY

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INVESTIGATION

- • Full blood count (looking for raised white cells)
- • CRP or ESR
- • Breast ultrasound
- • If drained, culture of abscess fluid
- • Mammography or breast MRI if indicated (e.g. recurrent abscesses, suspicion of malignancy)

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INVESTIGATION

"I believe the best way forward is to get a blood test to look for signs of infection and also an ultrasound of your breast to confirm what's going on."

MANAGEMENT PLAN

- • First-line: Abscess drainage (either needle aspiration or surgical incision), antibiotics
- • Second-line: Ongoing pain management and wound care
- • Third-line: Referral to breast surgery for recurrent abscesses, concerns of malignancy
- • Management in the community: GP to monitor wound healing, complete course of antibiotics, possible referral to lactation consultant if breastfeeding

MANAGEMENT PLAN

"The first step will be to start you on antibiotics to help fight off the infection. In addition to this, it's important to manage the abscess itself. This typically involves a procedure where a small incision is made to drain the fluid."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- • Explanation of diagnosis, treatment plan, and potential complications to patient
- • Instructions on wound care and when to seek urgent medical care (e.g., worsening symptoms, systemic symptoms, signs of wound infection)
- • Follow-up plan with GP or surgery clinic

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

"Before you leave, let's summarize the main points. We're treating you for a breast abscess and you'll start on antibiotics and undergo a minor procedure for drainage. Once you're home, it's important to look out for any worsening symptoms like increased pain or high fever. If this happens, please seek medical attention immediately."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation of the Condition to Patients and Their Relatives (3 points):**
  - • Explanation of breast abscess and its usual cause (e.g., infection, blocked milk duct if breastfeeding)
  - • Importance of wound care and completion of antibiotics
  - • Likely outcomes and potential complications

- **Advice to Guardians (2 points):**
  - • Advising on support for the patient's recovery and continuation of breastfeeding, if applicable
  - • Direction to reliable online resources for further information about breast abscesses

ADVICE TO GUARDIANS/RELATIVES

- "A breast abscess is a pocket of pus that forms in the breast, usually as a result of a bacterial infection. It can cause symptoms like pain, redness, and swelling. It's often related to breastfeeding but can happen to anyone. The treatment involves antibiotics and a small procedure to drain the pus. It's a fairly common condition and with the right treatment, the majority of people recover well."

- "If there's someone helping you at home, they can assist with your recovery by helping remind you to take your medications and to clean the wound area. There are also reliable online resources I can recommend for more information on breast abscesses."

COMPLICATIONS OF TREATMENT

MOA of Therapies

- • Explanation of how antibiotics work to clear the infection
- • Explanation of the process and purpose of abscess drainage

Complications of Medication and Surgical Therapy:

- • Possible side effects of antibiotics (e.g., GI upset, allergic reactions)
- • Complications of surgical intervention (e.g., wound infection, scarring, impact on breastfeeding)

COMPLICATIONS OF TREATMENT

MOA of Therapies

- "The antibiotics we're prescribing work by stopping the bacteria causing the infection in your breast from growing and multiplying. This helps your body's immune system to get rid of the bacteria."
- "The procedure we're considering is called an incision and drainage. It involves making a small cut in the skin over the abscess to allow the pus to drain out. This procedure, combined with antibiotics, is a common and effective treatment for breast abscesses."

Complications of Medication and Surgical Therapy:

- "There are some possible side effects of the antibiotics, such as upset stomach or diarrhoea. If you notice any allergic reactions like a rash or difficulty breathing, please seek immediate medical help."

FOLLOW UP

- • Follow-up with GP or surgery clinic for wound check and symptom review within 1 week
- • Ongoing follow-up as needed, depending on recovery

FOLLOW UP

"We'll arrange for you to have a follow-up appointment within two weeks to reassess your symptoms and repeat necessary tests. If your symptoms persist or worsen before this, please seek immediate medical attention."

NEVER MISS

1. Thorough examination of the breast and axillary lymph nodes.
2. Appropriate request for imaging and abscess fluid culture.
3. Adequate explanation of condition, treatment, and potential complications.
4. Proper safety-netting advice (worsening symptoms, signs of wound infection).
5. Clear follow-up plan and when to seek additional care.

TOP 1% QUESTIONS

1. What is the most common organism to cause breast abscesses?
2. What is the first-line antibiotic choice for breast abscess?
3. How does smoking increase the risk of breast abscesses?
4. How do you differentiate between a galactocele and a breast abscess?
5. What is the typical management for a lactating woman with a breast abscess?

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

INFECTIOUS DISEASES

OSCE 13

CANDIDIASIS

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING

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PROMPT

- Mr. Joseph Myles, a 38-year-old male.
- Persistent oral white patches with difficulty swallowing and associated genital itching

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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]

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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

- Specific inquiry into itching, burning, discharge (color, consistency), pain during intercourse, oral thrush (white patches, soreness).

COLLATERAL

- Partner’s symptoms or relevant medical conditions.

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you please describe any itching, burning, or discharge you've been experiencing? What about any pain during sexual intercourse or white patches in your mouth?"

FURTHER EXPLORATION...

- **Exploration of Symptoms of Presenting Complaint:**
  - Duration, progression, severity, aggravating/alleviating factors, previous similar episodes.

FURTHER EXPLORATION

- "How long have these symptoms been occurring? Have they been getting worse or better over time? Have you experienced anything like this before?"
- "Has your partner noticed any symptoms, or do they have any relevant medical conditions that we should be aware of?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Systemic symptoms, recurrent infections, resistance to treatments.

- **Common Complications:**
  - Chronic recurrent infections, spread to other areas.

- **Risk factors**
  - Antibiotic use, pregnancy, diabetes, immunocompromised states.

RED FLAGS...

- "Have you noticed any fevers, chills, or other whole-body symptoms? Or any previous resistance to treatments you've tried?"

COMPLICATIONS

- "Have you experienced recurring infections or spreading of the symptoms to other areas?"

RISK FACTORS

- "Have you recently taken any antibiotics, or have any other potential risk factors like pregnancy, diabetes, or being immunocompromised?"

PAST MEDICAL HISTORY

- Including any immunocompromising conditions like HIV, diabetes.

DRUG HISTORY

- Current medications, allergies (substance and reaction).

FAMILY HISTORY & SOCIAL

- Family history of immunocompromising conditions, sexual history, occupation.

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PAST MEDICAL HISTORY

- "Do you have any other medical conditions such as diabetes or HIV that I should know about?"

DH

- "Could you please provide a list of all current medications and any known allergies, along with the reaction you've had?"

FH & SH

- "Do you have a family history of any conditions like HIV or diabetes? Can you tell me about your sexual history and occupation?"

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 including Weight (2 Points):
    - May be normal unless disseminated infection.
  - Airway, Breathing, Cardiovascular, and Respiratory Findings (3 Points):
    - Relevant in disseminated candidiasis.
  - Abdominal Findings (2 Points):
    - Tenderness in systemic infection.
  - Neurological Findings including Cranial Nerves (2 Points):
    - Relevant in CNS involvement.
  - Peripheral Examination (2 Points):
    - Looking for skin manifestations.
  - Psychiatric Findings and MMSE (1 Point):
    - Altered mental status in systemic infection.
  - Risk Assessment (2 Points):
    - Risk of spread, recurrence, resistance.

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EXAMINATION

- Vital Signs including Weight: "Your vital signs are all within normal limits."
- Airway, Breathing, Cardiovascular, and Respiratory Findings: "Everything seems normal in your chest and heart examination, which is a good sign."
- Abdominal Findings: "I am checking for any tenderness that might indicate a systemic infection."
- Neurological Findings including Cranial Nerves: "I'm going to test your reflexes and nerves to make sure everything is functioning properly."
- Peripheral Examination: "I'm looking at your skin to check for any manifestations of the infection."
- Psychiatric Findings and MMSE: "I would like to assess your mental status to ensure everything is well."
- Risk Assessment: "Considering your symptoms and risk factors, I'm assessing the potential spread or recurrence of the infection."

DIFFERENTIAL DIAGNOSIS

- Bacterial vaginosis, trichomoniasis, etc. dismissed based on symptoms, examination, and laboratory findings.

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DIFFERENTIAL DIAGNOSIS

- "Based on your symptoms and our findings, we can rule out bacterial vaginosis and trichomoniasis, leaving candidiasis as the likely diagnosis."

HISTORY

OSCE

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INVESTIGATION

- Laboratory Values (3 Points):
- Swabs: culture positive for Candida species.
- Bloods: Elevated WBC if systemic.
- Imaging and Clinically Relevant Tests (2 Points):
- Relevant in systemic or invasive candidiasis.

OSCE

01

INVESTIGATION

- "The swab has tested positive for Candida, and your blood test shows elevated white blood cells, indicating an infection."

MANAGEMENT PLAN

- First Line: Topical antifungals.
- Second Line: Oral antifungals.
- Third Line: Referral to specialist.

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LIFESTYLE CHANGES

- Wearing breathable fabrics, avoiding excessive moisture, diet considerations.

COMMUNITY MANAGEMENT

- Follow-up and partner treatment if needed.

MANAGEMENT PLAN

- First Line: "We'll start with topical antifungals."
- Second Line: "If that doesn't work, we may prescribe oral antifungals."
- Third Line: "If needed, I'll refer you to a specialist."
- Prevention: "Here are some lifestyle changes that can help prevent recurrence."

- Management in the Community (1 point)
  - "I'll arrange a follow-up, and we might need to treat your partner as well."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Education about recurrence, when to seek help.
- **When to Seek Immediate Help (1 Point):** Worsening symptoms, systemic symptoms, signs of allergic reaction to treatment.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- Understanding of Treatment Plan: "I want to ensure you understand the treatment plan. Do you have any questions about the medications or lifestyle changes I've recommended?"
- Education about Recurrence: "It's essential to recognize that candidiasis can recur, especially if underlying conditions like diabetes are not well-managed. Regular follow-ups are crucial."
- When to Seek Immediate Help: "Please seek medical attention immediately if you notice worsening symptoms, systemic symptoms, or signs of an allergic reaction to the treatment."
- Safetynetting: "I'm providing you with some contact details and guidelines on when to reach out to healthcare providers if something unexpected occurs."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation of Condition to Patient and Relatives (2 points):**
  - Definition (1 Point): Candidiasis is a fungal infection caused by Candida species.
  - Causes and Risk Factors (1 Point): Including antibiotics, immunocompromised state, diabetes.

- **Advice to Guardians, Useful Resources (2 points):**
  - To Patient (1 Point): Proper hygiene, correct medication application, recognizing recurrence signs.
  - To Guardians (1 Point): Support, understanding lifestyle adjustments, assisting in treatment administration if necessary.
  - Useful Resources (1 Point): Leaflets, websites, community support groups.

ADVICE TO GUARDIANS/RELATIVES

- "You have a fungal infection known as candidiasis. Here's why it might have occurred and how we'll treat it."
- "Please follow these hygiene practices, and here are some resources to assist you."
- "Be aware of these potential side effects from the treatment."

COMPLICATIONS OF TREATMENT

- COMPLICATIONS
  - Medication Side Effects (1 Point): Local irritation from topical treatments, gastrointestinal issues with oral antifungals.
  - Potential Resistance (1 Point): Continued or recurrent infections may need different treatments, specialist referral.

COMPLICATIONS OF TREATMENT

- **CX OF THERAPIES**
  - Local Irritation with Topical Treatments: "Some patients experience mild irritation or a burning sensation with the topical treatment, but this usually subsides."
  - Gastrointestinal Issues with Oral Antifungals: "Oral antifungals can cause stomach upset in some individuals. If this happens, please notify your healthcare provider."
  - Potential Resistance: "If symptoms persist or recur, it may indicate resistance to the current treatment. In such cases, a different medication or referral to a specialist might be necessary."

FOLLOW UP

- Timing (1 Point): Typically 1-2 weeks, earlier if symptoms persist or worsen.
- Reason for Follow-up (1 Point): To evaluate treatment effectiveness, address any complications or resistance.

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. Always consider underlying immunocompromising conditions.
2. Inquire about sexual history.
3. Assess risk of recurrent infections.
4. Counsel on prevention and early signs of recurrence.
5. Ensure understanding of medication usage and follow-up.

TOP 1% QUESTIONS

1. What is the role of probiotics in managing candidiasis?
2. What are the recommendations for pregnant women with candidiasis?
3. How does HIV infection specifically predispose to candidiasis?
4. How is candidiasis diagnosed in a patient with a central venous catheter?
5. Discuss the resistance patterns seen with Candida species.

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

INFECTIOUS DISEASE

CELLULITIS

OSCE 1.4

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

A 58-year-old male presents with redness, warmth, and swelling on his right lower leg. He describes increasing pain and difficulty walking over the past three days.

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.

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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, duration, and progression of skin redness or swelling.
- Associated pain, warmth, or itching.
- History of trauma or insect bite.

- Changes in color, size, or sensation over time.
- History of similar episodes in the past.
- Measures taken so far for the symptoms (e.g., over-the-counter medications).

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you tell me when you first noticed the redness or swelling on your skin?"
- "How long has it been there?"
- "Has it been getting worse over time?"
- "Is it painful, warm, or itchy?"
- "Did you get bitten by any insect or have any injury there?"

- "Has the color or size of the spot changed since you first noticed it?"
- "Have you had something similar in the past?"
- "Have you used any creams or medications for it?"

FURTHER EXPLORATION...

- Spread of redness or swelling to other parts of the body.
- Systemic symptoms: fever, chills, malaise.
- Lymphangitis (red streaking away from the area).
- Discharge or pus from the area.

COLLATERAL

- Obtain from close relatives or friends if the patient's account is inconsistent or if they appear systemically unwell.

FURTHER EXPLORATION

- "Has this redness spread to other parts of your body?"
- "Have you felt feverish or chilly? Maybe just not feeling yourself?"
- "Have you noticed any red lines moving away from the red area?"
- "Any fluid or pus coming out of it?"

COLLATERAL

- "Would it be okay if I speak with a close family member or friend just to get a complete picture, especially if you're feeling too unwell?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Rapid spread of redness.
  - High fever or rigors.
  - Involvement of a critical area like the face.

- **Common Complications:**
  - Abscess formation.
  - Spread to deeper tissues (e.g., fasciitis).

- **Risk factors**
  - Breaks in skin: cuts, ulcers, athlete's foot.
  - Lymphedema.
  - Intravenous drug use.

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RED FLAGS...

- "Have you noticed if the redness is spreading very quickly?"
- "Have you experienced any sudden high fevers or shivering?"

COMPLICATIONS

1. Sometimes, if not treated, an abscess, which is a pocket of pus, can form in the affected area."
2. "In severe cases, the infection can spread further and cause a more serious condition called sepsis."
3. "There's also a risk of the infection spreading to deeper tissues or causing chronic swelling in the area."

RISK FACTORS

- "Any cuts, athlete's foot, or areas where the skin was broken recently?"
- "Do you have swelling in your arms or legs that doesn't go away?"

HISTORY

PAST MEDICAL HISTORY

- Diabetes, immunosuppression, peripheral vascular disease.
- Prior episodes of skin infections.

DRUG HISTORY

- Current medications.
- Allergies and specific nature of allergic reactions.

FAMILY HISTORY

- Recurrent skin infections or immune system disorders.

Social History:

- Living situation, employment.
- Intravenous drug use, alcohol consumption, and smoking.

PAST MEDICAL HISTORY

Past Medical and Surgical History:

- "Do you have conditions like diabetes or any history of skin infections?"
- "Has your skin been infected before?"

DH

- "Can you tell me about any medications you're currently taking?"
- "Any allergies to medications?"

FAMILY AND SOCIAL HISTORY:

- "Do any of your family members have recurrent skin issues or immune problems?"
- "Can I ask about your living situation and work? Do you smoke or consume alcohol?"

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:**
    - Temperature, blood pressure, heart rate, respiratory rate, oxygen saturation, weight.
  - **Airway, Breathing:**
    - Assess respiratory rate, effort, and oxygen saturation.
  - **Cardiovascular Findings:**
    - Check for tachycardia or hypotension.
  - **Respiratory:**
    - Clear lungs, without added sounds.
  - **Abdominal Findings:**
    - Soft, non-tender.
  - **Neurological Findings:**
    - Alert, oriented to time, place, person.
    - Cranial nerves I-XII intact.
    - Motor, sensation, and reflexes intact in all four limbs.
  - **Peripheral Examination:**
    - Inspection of the skin lesion: size, shape, borders, color.
    - Check for lymphadenopathy or lymphangitis.

01
EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
  - "I'll start by checking your vital signs - temperature, blood pressure, and so on. It'll give us an idea of your overall health."
  - "Now, I'm going to listen to your breathing. Take deep breaths for me."
  - "Let's check your pulse and blood pressure to ensure your heart is okay."
  - "I'm going to listen to your lungs now. Breathe in and out."
  - "Now, I'll gently press on your abdomen. Let me know if you feel any discomfort."
  - "Can you follow my finger with your eyes? We're checking nerve functions."
  - "I'll take a closer look at the skin area you're concerned about."

DIFFERENTIAL DIAGNOSIS

1. Cellulitis: Rapid onset, erythema, swelling, warmth, possibly lymphangitis.
2. Deep Vein Thrombosis: Leg pain, swelling but lacks erythema and warmth typical of cellulitis.
3. Eczema: Chronic, itching, bilateral, personal or family history.

Reasoning: Cellulitis is characterized by its rapid onset and spread, warmth, and other signs of infection. DVT lacks the warmth and erythema, and eczema is more chronic with intense itching.

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DIFFERENTIAL DIAGNOSIS

- Cellulitis:
  - "Your symptoms of rapid redness, warmth, and swelling make cellulitis a likely diagnosis."
- Deep Vein Thrombosis:
  - "While your symptoms share some similarities with cellulitis, the absence of warmth and redness is more typical of conditions like deep vein thrombosis."
- Eczema:
  - "Conditions like eczema can cause similar symptoms, but they tend to be more chronic and often include intense itching."

HISTORY

OSCE

01

INVESTIGATION

1. Bloods:
   - Full Blood Count: elevated WBC, neutrophils.
   - CRP, ESR: elevated in infection.
   - Blood cultures if fever or sepsis suspected.

2. Swabs:
   - Culture from any weeping or open area.

3. Imaging:
   - Ultrasound if abscess suspected.
   - X-ray if osteomyelitis is suspected.

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INVESTIGATION

- Bloods:
  - "We'll take a blood sample to check for signs of infection, like elevated white blood cells and markers of inflammation."
  - "If we suspect a more serious infection, we might also check your blood for any bacteria."
- Swabs:
  - "We might need to take a sample from the affected area to see if there's any specific bacteria causing the infection."
- Imaging:
  - "In some cases, we might use an ultrasound or an X-ray to get a better look at the affected area or check for deeper infections."

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MANAGEMENT PLAN

- **Immediate Management:**
  - If severe: Hospital admission, IV antibiotics (e.g., Flucloxacillin or if allergic, Clarithromycin).
  - Elevate the affected limb.
- **First Line:**
  - Oral antibiotics: Flucloxacillin (or Clarithromycin if allergic).
- **Second Line:**
  - Alternative antibiotics based on culture results.
- **Third Line:**
  - Consider referral to dermatology or infectious disease specialist.
- **Prevention:**
  - Skin care, avoiding trauma.
  - Compression stockings if edema present.
- **Lifestyle Changes:**
  - Weight loss, good skin hygiene, avoid scratching.
- **Management in the Community:**
  - Regular follow-up with GP.
  - Monitoring for signs of complications.

MANAGEMENT PLAN

- Immediate Management:
  - "If the infection is severe, you might need to be admitted to the hospital, and we'll start antibiotics through an IV."
  - "You'll need to keep the affected area elevated to help with the swelling."
- First Line:
  - "We'll likely start you on antibiotics that you can take by mouth. These antibiotics should help fight the infection."
- Second Line:
  - "If we find that the bacteria causing the infection are resistant to the first antibiotics, we might need to switch to different ones."
- Third Line:
  - "In rare cases, we might refer you to a specialist if the infection isn't responding as expected."
- Prevention:
  - "To prevent future episodes, it's important to take good care of your skin and avoid situations that can lead to breaks in the skin."
- Lifestyle Changes:
  - "Maintaining a healthy weight, practicing good skin hygiene, and avoiding scratching can all help prevent similar infections."
- Management in the Community:
  - "We'll schedule regular appointments for you to see your general practitioner, who will monitor your progress and ensure everything is improving."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Clear understanding of diagnosis and management plan.
- Prescription for appropriate antibiotics.
- Advice on elevation and care of the affected limb.
- Follow-up plan in place.
- Safety netting advice given.

- **SAFETY NETTING: Return if:**
  - Rapid spread of redness.
  - High fever or chills.
  - Increased pain or swelling.
  - Any systemic symptoms like nausea, vomiting.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- By the time you're ready to leave, you should fully understand your diagnosis, treatment plan, and any follow-up appointments."
- "We'll make sure you have the right antibiotics prescribed and understand how to take them."
- "You'll receive advice on how to elevate and take care of the affected area."
- "We'll also give you clear instructions on when to seek medical help if you notice any concerning changes."

- **Safety Netting:** "If you notice that the redness is spreading quickly or if you experience high fever, increased pain, or any unusual symptoms, please come back to us immediately."

ADVICE TO GUARDIANS/RELATIVES

EXPLANATION TO PATIENTS/RELATIVES: "Cellulitis is a skin infection that can spread rapidly. It's caused by bacteria entering the skin, often through a break or cut. It's crucial to start antibiotics quickly and monitor for any signs that the infection is spreading or worsening."

"Ensure the patient takes the full course of antibiotics even if they feel better. Watch for signs of worsening infection and seek medical care if any red flags appear."

- **Useful Resources:**
  - NHS website on Cellulitis.
  - Leaflets on skin care and prevention.

ADVICE TO GUARDIANS/RELATIVES

- "What you're experiencing is an infection in your skin called cellulitis. It happens when bacteria enter your skin and cause redness, warmth, and swelling. It's important to start treatment quickly to prevent any complications."

- "Please make sure the patient takes all the antibiotics as prescribed, even if they start feeling better. If you notice any changes in their condition, especially concerning ones, seek medical help."

COMPLICATIONS OF TREATMENT

Complications of Medication:

- Flucloxacillin: liver issues, allergic reactions, diarrhea.
- Clarithromycin: stomach upset, taste disturbances, headaches.

Mechanism of Action:

- Flucloxacillin: a beta-lactam antibiotic, disrupts bacterial cell wall synthesis.
- Clarithromycin: a macrolide, inhibits bacterial protein synthesis.

COMPLICATIONS OF TREATMENT

- "The antibiotics we're prescribing can sometimes lead to issues like liver problems or allergic reactions, so we'll monitor for any signs of those."
- "The antibiotics we're using work by interfering with the bacteria's ability to build their cell walls or make proteins, ultimately stopping their growth and causing their death."
- "If an abscess forms, we might need to drain it with a minor surgical procedure to help the infection clear."

FOLLOW UP

- Review in 7 days post-antibiotics to ensure resolution.
- If not improved, consider alternative diagnosis or referral to a specialist.

SEVERITY SYSTEM

- Mild: Localized redness, no systemic symptoms.
- Moderate: Expanding redness, low-grade fever.
- Severe: High fever, lymphangitis, systemic upset.

FOLLOW UP

We'll see you back in about a week after you've been on the antibiotics to make sure everything is improving. If it's not, we'll reassess and explore other possibilities."

NEVER MISS

1. Rapidly expanding redness is a danger sign.
2. Complete the full course of antibiotics.
3. Elevate the affected limb.
4. Watch for signs of complications like abscess.
5. Seek immediate medical care if systemic symptoms develop.

TOP 1% QUESTIONS

1. How does lymphedema predispose to cellulitis?
2. What is the role of an ultrasound in cellulitis?
3. Name a rare complication of untreated cellulitis.
4. Why is Flucloxacillin preferred for cellulitis in the absence of an allergy?
5. How might cellulitis be differentiated from venous stasis dermatitis?

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

INFECTIOUS DISEASE

CHLAMYDIA

HISTORY X MANAGEMENT

OSCE
01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE
01

PROMPT

Miss Sarah Johnson, a 25-year-old female, presents with complaints of lower abdominal pain and abnormal vaginal discharge for the past week.

OSCE
02

LET'S DISCUSS

INTRODUCTION AND RAPPORT BUILDING

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

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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

- **Presenting complaint:** Ascertain specific symptoms such as dysuria, unusual discharge, intermenstrual or postcoital bleeding (for females), testicular pain or swelling (for males).
- Duration and onset of symptoms.
- **Sexual history:** Number of partners, gender of partners, protection use, history of STIs.
- **Menstrual history (if relevant):** Regularity, last menstrual period.

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Presenting Complaint: "I'd like to understand more about the symptoms that brought you here today. Have you been experiencing any discomfort when you urinate, any unusual discharge, or any pain or swelling in your genital area?"
- Onset and Duration of Symptoms: "When did you first notice these symptoms, and have they been constant or intermittent?"
- Sexual History: "In order to help you better, I'll need to ask some questions about your sexual health. Could you tell me about your recent sexual activities, like the number of partners you've had, the gender of your partners, and whether you use protection such as condoms?"
- Menstrual History (if relevant): "Could you tell me about your menstrual cycle? When was your last menstrual period, and has it been regular?"

FURTHER EXPLORATION...

- Discharge characteristics: Color, consistency, odor.
- Pain: Localization, severity, radiation, timing related to urination or intercourse.
- Bleeding patterns: Intermenstrual, postcoital, or postmenopausal bleeding.
- Itchiness or irritation in the genital area.

- COLLATERAL HISTORY:
  - If the patient is unable or unstable to provide history, obtain information from next of kin or accompanying person.

FURTHER EXPLORATION

- Pregnancy Status or Intentions: "Are you currently pregnant, or is there a chance you could be? What are your intentions regarding pregnancy at this time?"
- Discharge Characteristics: "Can you describe any discharge you've noticed, like the color, consistency, or if there's any odor?"
- Pain: "Can you tell me more about the pain you're experiencing? Where is it located, and how severe is it? Does it get worse when you urinate or during intercourse?"
- Bleeding Patterns: "Have you noticed any bleeding between periods or after sexual intercourse?"
- Itchiness or Irritation: "Have you experienced any itchiness or irritation in the genital area?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Pelvic pain indicating potential pelvic inflammatory disease (PID).
  - Systemic symptoms suggesting disseminated infection.
  - Testicular pain suggesting epididymitis.

- **Common Complications:**
  - PID.
  - Infertility.
  - Reiter's syndrome (reactive arthritis).
  - Fitz-Hugh-Curtis syndrome.

- **Risk factors**
  - Unprotected intercourse.
  - Multiple sexual partners.
  - New sexual partner.
  - History of previous STI.

RED FLAGS/COMPLICATIONS

- **Pelvic Pain and Systemic Symptoms:** "Have you had any severe pelvic pain, or felt unwell in general, like with a fever or chills?"
- **Testicular Pain:** "For male patients, have you experienced any testicular pain or discomfort that seems unusual?"
- **Awareness of Complications:** "I'm also here to help you understand some complications that can sometimes occur with this condition, like pelvic inflammatory disease, which can affect fertility."
- **Risk Factors:** "It's important for us to consider anything that might increase your risk, like unprotected intercourse or recent new partners."

PAST MEDICAL HISTORY

- Prior STIs.
- Previous episodes of similar symptoms.
- Any past surgeries, particularly urogenital.

DRUG HISTORY

- Current medications, including contraceptives.
- Any known drug allergies and nature of the reaction.

FAMILY HISTORY

- Family history of STIs or related complications.

SH

Substance use, including alcohol and recreational drugs.

- Support network and living situation.

PAST MEDICAL HISTORY

- **Prior STIs and Surgeries:** "Have you had any sexually transmitted infections in the past, or any surgeries, especially in the urogenital area?"
- **Medications and Allergies:** "Could you tell me about any medications you're currently taking, including contraceptives? And do you have any known allergies, particularly to medications?"

Family and Social History

- Support Networks: "It's often helpful to know a bit about your support network. Who do you live with or have support from? And if it's okay to ask, do you use any substances like alcohol or recreational drugs?"

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

- **Vital signs:** Temperature, heart rate, blood pressure, respiratory rate.
- **Weight:** Document weight for baseline and follow-up.
- **Abdominal exam:** Palpate for tenderness, masses, and organomegaly.
- **Genital exam:** Discharge, ulcers, cervix condition (females), testicular examination (males).
- **Cranial nerves:** To exclude neurologic manifestations of systemic infection.
- Psychiatric assessment and MMSE to evaluate for any cognitive impairment due to systemic infection.

- **Risk Assessment:**
  - Assess for signs of complications such as PID.
  - Assess risk of transmission to partners or neonatal risks.

EXAMINATION

- **Vital Signs and General Examination:** "I'll start with some basic checks, like your temperature and blood pressure, to see how your body is doing overall. I'll also do a gentle examination of your abdomen and any areas that may be causing discomfort."

DIFFERENTIAL DIAGNOSIS

1. Other STIs: Gonorrhea, Trichomoniasis, Herpes simplex virus.
2. UTI or cystitis.
3. Bacterial vaginosis or candidiasis for vaginal discharge.

DIFFERENTIAL DIAGNOSIS

Other Conditions: "We're also considering other conditions that can have similar symptoms, like other STIs, urinary tract infections, or vaginal conditions like bacterial vaginosis."

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01

INVESTIGATION

1. Nucleic acid amplification tests (NAAT) from urine or swabs.
2. Full blood count and inflammatory markers.
3. Pregnancy test for women of childbearing age.

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INVESTIGATION

"We'll do a test that looks for the genetic material of the bacteria. It's very accurate and will help us be sure of the diagnosis."

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MANAGEMENT PLAN

- Immediate management: Prescribe appropriate antibiotic treatment following local guidelines.
- First-line treatment: Azithromycin or Doxycycline.
- Second-line treatment: Erythromycin or Ofloxacin in case of allergy or intolerance.
- Third-line treatment: Consider specialist referral for persistent or complicated cases.
- Prevention and Lifestyle Changes (5 Points)
  - Safe sex practices.
  - Partner notification and treatment.
  - Regular STI screening.
- Management in the Community (5 Points)
  - GP follow-up for test of cure if indicated.
  - Community sexual health education.

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01

MANAGEMENT PLAN

- Treatment: "Based on the guidelines, the best initial treatment for Chlamydia is an antibiotic called Azithromycin. If there's any reason you can't take this, there are alternatives."
- Safe Sex Practices: "Let's talk about how to protect yourself in the future. Using condoms and having regular STI screenings are great steps."
- GP Follow-Up: "After treatment, it's a good idea to have a follow-up with your GP to make sure everything is clear."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Confirm understanding of the condition and management plan.
- Ensure patient stability.
- Verify patient has means of support and follow-up.

- Safety Netting:
  - Provide emergency contact information.
  - Signs and symptoms of complications to look out for.
  - Importance of completing treatment.

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Understanding and Support: "Before you go, I want to make sure you understand everything we've discussed and that you feel supported moving forward."
- Emergency Information: "I'll give you some information on who to contact if you have any concerns, especially if you notice certain symptoms."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients and Relatives:**
  - Thoroughly explain Chlamydia, its transmission, and potential complications.

Advice to Guardians:

- Importance of confidentiality and consent in sexual health issues.
- Guardians should be aware of the importance of treatment adherence.

- **Resources:**
  - Leaflets from sexual health clinics.
  - Online resources like the NHS website.

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ADVICE TO GUARDIANS/RELATIVES

- Understanding Chlamydia: "Chlamydia is a common and treatable infection, but it's important to take the medication as prescribed and to be aware of the potential for it to affect fertility if not treated."

- Confidentiality and Consent: "If you're a guardian, it's crucial to respect confidentiality and ensure that treatment is adhered to for the best outcome."
- Educational Material: "I'm providing you with some leaflets and will recommend reliable online resources for more information."

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COMPLICATIONS OF TREATMENT

1. Complications of Medication (5 Points)
    - Azithromycin: Gastrointestinal upset, transient liver enzyme elevation.
    - Doxycycline: Photosensitivity, gastrointestinal upset.
2. Mechanism of Action of Medication Therapies (5 Points)
    - Azithromycin: Inhibits bacterial protein synthesis.
    - Doxycycline: Inhibits bacterial protein synthesis by binding to the 30S ribosomal subunit.

COMPLICATIONS OF TREATMENT

- Medication Side Effects: "While taking Azithromycin, some people experience stomach upset. Doxycycline, another option, can make your skin more sensitive to sunlight."
- How Medications Work: "Both Azithromycin and Doxycycline work by stopping the bacteria from making the proteins they need to grow."

FOLLOW UP

- Re-test in 3 months following treatment.
- No intercourse until 7 days after both patient and partner(s) have completed treatment.

FOLLOW UP

- After Treatment: "It's important to re-test in three months to ensure the infection is completely cleared."

SEVERITY SYSTEM

- Develop a scoring system based on symptoms, risk factors, and compliance to treatment (e.g., Chlamydia Severity Index CSI).

NEVER MISS

1. Correct antibiotic prescription according to guidelines.
2. Assessment and management of complications like PID.
3. Assessment of risk factors and sexual history.
4. Partner notification and management.
5. Safety netting and follow-up plan.

TOP 1% QUESTIONS

1. What is the mechanism by which Chlamydia evades the host immune system?
2. Detail the pathophysiology of how Chlamydia can lead to infertility.
3. Discuss the public health implications of untreated Chlamydia in a community.
4. Describe the specific changes in the host cell during Chlamydia infection.
5. Explain the rationale behind the recommendation of re-testing 3 months after treatment.

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
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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