RESPIRATORY

ASBESTOS LUNG DISEASE

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

Mr. Jones, a 65-year-old retired construction worker, presented with a three-month history of worsening shortness of breath, cough, and chest pain.

OSCE

02

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

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- · Identify the patient's chief complaint and the onset of symptoms.
- ·Obtain a detailed history of occupational and environmental exposure to asbestos.
- ·Identify any other potential risk factors for asbestos exposure, such as smoking, family history, or living near asbestos mines.
- ·Obtain a comprehensive medical history, including any comorbidities, past medical or surgical history, medication use, allergies, and adverse reactions.
- ·Obtain a detailed social history, including occupation, living situation, hobbies, and travel history.
- · Identify any specific concerns or questions the patient may have.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Good morning/afternoon, my name is Dr. [Your Name], could I please confirm your name and date of birth? Thank you for coming in today, I understand you may be feeling uncomfortable with your symptoms. Could you tell me what brings you in today? And when did you first notice these symptoms? Thank you, I'd like to ask a few more questions to get a better understanding of your situation. Have you ever worked in an environment where you might have been exposed to asbestos, like construction or mining? Can you tell me a bit more about your work and home environment? Also, do you smoke or have you ever smoked? Is there any family history of lung diseases, particularly related to asbestos exposure?"

- "Let's talk a bit about your overall health. Have you been diagnosed with any other medical conditions? Have you had any surgeries before? What medications are you currently taking? Are there any medications that you are allergic to? As part of understanding your social history, could you share about your job, your living situation, your hobbies, and if you have traveled anywhere recently? Lastly, do you have any concerns or questions about your health that you would like to discuss today?"

FURTHER EXPLORATION...

- · Dyspnea (shortness of breath) with exertion or at rest.
- ·Cough, usually non-productive and persistent.
- ·Chest pain or discomfort.
- · Weight loss, fatigue, and decreased appetite.

- · Duration, frequency, and severity of symptoms.
- ·Any exacerbating or relieving factors.
- ·Any associated symptoms or comorbidities.
- ·Any family history of asbestos-related lung disease or other respiratory conditions.
- · Any current or past treatments for respiratory symptoms.

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "I see that you've been experiencing some breathing difficulties. Could you describe this further for me? Does this occur only when you're exerting yourself or even at rest? Have you had any persistent coughing? Is there any chest pain or discomfort accompanying these symptoms? Have you noticed any changes in your weight or appetite, or are you feeling unusually tired?"]
- "I want to get a better understanding of your symptoms. Could you tell me how long you have had these symptoms and how often they occur? Are there any activities or situations that seem to worsen or improve your symptoms? Are there any other symptoms you've noticed? In your family, has anyone suffered from lung disease or other respiratory conditions? Have you been treated before for these respiratory symptoms?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - · Hemoptysis (coughing up blood).
  - ·Cyanosis (bluish discoloration of the skin and mucous membranes).
  - ·Severe chest pain or discomfort.
  - ·Rapid or shallow breathing.
  - · Confusion or altered mental status.
- **Common Complications:**
  - · Pleural effusion (fluid accumulation around the lungs).
  - ·Pulmonary fibrosis (scarring of lung tissue).
  - ·Lung cancer.
  - ·Mesothelioma (cancer of the lining of the lungs and chest cavity).
  - · Asbestosis (chronic inflammation and scarring of lung tissue).
  - decreased quality of life
- **RISK FACTORS:**
  - · Occupational and environmental asbestos exposure.
  - ·Smoking history.
  - ·Family history of asbestos-related lung disease or other respiratory conditions.
  - · Living near asbestos mines or processing facilities.

OTHER KEY PHRASES

- "I also need to check for some serious symptoms. Have you ever coughed up blood? Noticed any bluish color on your skin or lips? Experienced severe chest pain or rapid breathing? Has there been any recent confusion or changes in your mental status?"
- "Some complications that we see with asbestos exposure can include fluid accumulation around the lungs, scarring of lung tissue, and various types of lung cancer. Has your doctor ever mentioned these conditions or have you experienced them?"

PAST MEDICAL HISTORY

- · Previous respiratory illnesses.
- ·Cardiovascular diseases.
- ·Diabetes.
- · Immunocompromising conditions.

DRUG HISTORY

- · List all medications, including doses and frequency.
- · Identify any drug allergies and the nature of the reaction.

FAMILY HISTORY

- · Any family history of asbestos-related lung disease or other respiratory conditions.

SOCIAL HISTORY:

- · Occupational and environmental exposure to asbestos.
- ·Smoking history.
- · Hobbies or recreational activities that may increase exposure to asbestos.

PAST MEDICAL HISTORY

- "Have you ever had other lung illnesses before? Any history of heart disease or diabetes? Are there any conditions that could affect your immune system?"
- "Let's discuss potential risk factors for asbestos-related diseases. We've already talked about your occupational and environmental exposure to asbestos and smoking history. Is there a family history of asbestos-related diseases or other lung conditions? Do you live or have you lived near asbestos mines or processing facilities?"
- "Could you please provide a list of all the medications you're currently taking, including their doses and how often you take them? Do you have any known allergies to medications?"
- "We've briefly touched on this, but I want to make sure we cover it in detail. Is there anyone in your family who has had asbestos-related lung disease or other respiratory conditions?"
- "We've discussed your occupational history and exposure to asbestos. I just want to double-check if there are any hobbies or recreational activities that might also have increased your exposure to asbestos?"

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:** Heart rate, respiratory rate, blood pressure, temperature, weight.
  - ·**Airway:** Assess for patency and any signs of obstruction.
  - ·**Breathing:** Assess for any abnormal breathing patterns, use of accessory muscles, or chest wall deformities.
  - ·**Cardiovascular:** Assess for any signs of heart failure or hypertension.
  - ·**Respiratory:** Assess for any signs of respiratory distress, decreased breath sounds, wheezing, or crackles.
  - ·**Abdominal:** Assess for hepatosplenomegaly or ascites.
  - · **Neurological:** Assess for any cranial nerve deficits or signs of neurological compromise.

EXAMINATION

- (To examiner) "I would like to examine the patient now. I'll check the vital signs, including heart rate, respiratory rate, blood pressure, temperature, and weight. I'll assess the airway, breathing pattern, heart, lungs, abdomen, and neurological status. I would be looking for any abnormalities that might indicate a problem related to asbestos exposure."

DIFFERENTIAL DIAGNOSIS

- · Lung cancer.
- ·Pulmonary fibrosis
-
- ·Chronic obstructive pulmonary disease (COPD).
- ·Asthma.
- ·Pneumonia.
- ·Pulmonary embolism.
- · Tuberculosis.

Explanation: It is important for the candidate to understand the differential diagnoses of asbestos-related lung disease to avoid missing other potential causes of the patient's symptoms.

DIFFERENTIAL DIAGNOSIS

- (To examiner) "Based on the patient's history and symptoms, my differential diagnoses would include lung cancer, pulmonary fibrosis, COPD, asthma, pneumonia, pulmonary embolism, and tuberculosis."

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INVESTIGATION

- · **Blood Tests: CBC, CMP, ABG, coagulation studies.**
- **·Imaging: Chest X-ray, CT scan, MRI.**
- · **Other Tests: Pulmonary function tests, bronchoscopy, biopsy.**

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INVESTIGATION

"I would like to order some investigations to help us better understand what's happening. These would include blood tests, imaging like a chest X-ray or CT scan, pulmonary function tests, and possibly a bronchoscopy or biopsy."

MANAGEMENT PLAN

- · **First Line:** Identify and remove the source of exposure, symptom management, supportive care, pulmonary rehabilitation.
- ·**Second Line:** Oxygen therapy, bronchodilators, steroids, antibiotics.
- · **Third Line:** Surgery, lung transplantation, chemotherapy.

- **COMMUNITY MANAGEMENT**
  - · Patient education on avoidance of asbestos exposure.
  - ·Regular follow-up with a primary care physician or specialist.
  - ·Compliance with medication regimens and oxygen therapy.
  - · Prompt reporting of any changes in symptoms.
  -

MANAGEMENT PLAN

- "Management would first focus on identifying and removing any ongoing source of asbestos exposure, managing symptoms, and providing supportive care such as pulmonary rehabilitation. Oxygen therapy, bronchodilators, steroids, and antibiotics may be needed as well. In more severe cases, surgery, lung transplantation, or chemotherapy might be considered."

- "I would also advise you on how to avoid asbestos exposure in the future. Regular follow-ups would be scheduled with a primary care physician or specialist. It's very important to adhere to your medication regimen and any prescribed oxygen therapy, and to report any changes in your symptoms promptly."
- "Just like any other treatments, medications and surgery come with potential risks, including adverse reactions to medications and surgical complications such as infection or bleeding."
-

ADVICE TO GUARDIANS/RELATIVES

- · **Educate them about the risks of asbestos exposure and the importance of avoiding exposure.**
- **·Encourage them to monitor the patient's symptoms and report any changes.**
- · **Provide them with information on the patient's treatment plan and management options.**
  -

ADVICE TO GUARDIANS/RELATIVES

- ·"If there are family members or caregivers involved in your care, I would educate them about the risks of asbestos exposure and the importance of avoiding it. I would also ask them to help monitor your symptoms and report any changes."

COMPLICATIONS OF TREATMENT

Complications of Medication and Surgical Therapy: Adverse reactions to medications.

- · Complications related to surgery, such as infection or bleeding.

COMPLICATIONS OF TREATMENT

- "Just like any other treatments, medications and surgery come with potential risks, including adverse reactions to medications and surgical complications such as infection or bleeding."

FOLLOW UP

- · Arrange regular follow-up with a primary care physician or specialist.
- ·Monitor symptoms and adjust treatment as necessary.
- · Schedule imaging studies and pulmonary function tests as indicated.

FOLLOW UP

- "After you are discharged, I would arrange regular follow-ups with a healthcare provider. Your symptoms would be monitored, and treatment adjusted as necessary. We might also schedule some repeat imaging studies and pulmonary function tests."

SEVERITY SYSTEMS

- The British Thoracic Society Severity Score.
- The Asbestos-Related Disease Index.

NEVER MISS

- 1.Ask detailed questions about the patient's occupational and environmental exposure to asbestos.
- 2.Be vigilant for red flag symptoms that may indicate a more serious condition.
- 3.Understand the differential diagnoses of asbestos-related lung disease.
- 4.Educate the patient and guardians on the risks of asbestos exposure and the importance of avoiding exposure.
- 5.Develop a comprehensive management plan, including first-line, second-line, and third-line treatments.

TOP 1% QUESTIONS

1.Understand the pathophysiology of asbestos-related lung disease.
2.Be able to interpret pulmonary function tests and imaging studies.
3.Understand the benefits and risks of different treatment options.
4.Be knowledgeable about ongoing research and emerging therapies for asbestos-related lung disease.
5.Develop a multidisciplinary approach to care that includes collaboration with other healthcare professionals, such as occupational therapists and social workers.

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?"

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

RESPIRATORY

OSCE 1.4

ASTHMA

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING

MEDIC

PATIENT

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PROMPT

Ms. A, a 15-year-old female, presents to the emergency department with a 3-day history of shortness of breath, wheezing, and chest tightness. She also complains of coughing and yellowish sputum production. Her symptoms have been worsening despite taking her usual inhaler medication.

OSCE

02

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

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- Identify the patient's chief complaint and its onset.

- Chronology of the present exacerbation and response to any treatment.
- Review frequency of short-acting beta-agonist use.
- Identify any factors that may have contributed to the current exacerbation, such as viral infection, allergen exposure, or non-adherence to medication.
- Collateral history from carers or family members if available, especially for paediatric patients or those with cognitive impairment.

- Understand the nature of the patient's asthma (intermittent, mild persistent, moderate persistent, severe persistent).
- Discuss frequency, duration, and intensity of attacks.
- Identify any known triggers (allergens, physical activity, stress, etc.).
- Assess patient's understanding of their condition and its management.

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you please tell me more about when you first noticed your symptoms?"
- "Could you give me a bit more detail about your exposure to any potential triggers or allergens, such as dust, smoke, pollen, or pets?"
- "Do you have any family history of asthma or other respiratory diseases?"

- "Do your symptoms, such as wheezing, chest tightness, shortness of breath, or coughing, worsen at night or early in the morning?"
- "How often do you experience these symptoms and how long do they last?"
- "Do these symptoms affect your daily activities, sleep, or exercise?"

FURTHER EXPLORATION...

- Episodic symptoms of airflow obstruction or airway hyper-responsiveness (wheezing, cough, shortness of breath, chest tightness).
- Symptoms occur or worsen at night, awakening the patient.
- Symptoms occur or worsen in the presence of known triggers.
- Symptoms are variable and can resolve spontaneously or in response to treatment.

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Have you ever been hospitalized or required emergency care due to your asthma symptoms?"
- "Has your asthma required you to take time off work or school?"
- "Have you noticed anything that seems to trigger or worsen your symptoms?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Symptoms of severe asthma exacerbation: breathless at rest, difficulty talking, agitated, using accessory muscles, unable to lie down due to breathlessness.
  - Warning signs of imminent respiratory failure: altered consciousness, exhaustion, arrhythmia, hypotension.
- **Common Complications:**
  - Acute: Status asthmaticus, pneumothorax, pneumonia, respiratory failure.
  - Chronic: Airway remodelling, chronic obstructive pulmonary disease (COPD), psychological problems (anxiety, depression).
- **RISK FACTORS:**
  - Environmental: Allergen exposure, occupational irritants, smoking, air pollution.
  - Personal: Poorly controlled asthma, frequent exacerbations, serious exacerbations.

OTHER KEY PHRASES

- "Have you experienced any sudden or severe worsening of symptoms?"
- "Have you noticed any symptoms like difficulty speaking due to shortness of breath, bluish color in the lips or face, or extreme anxiety due to shortness of breath?"

PAST MEDICAL HISTORY

- History of ICU admission, mechanical ventilation for asthma.
- Atopic conditions: Allergic rhinitis, eczema.
- Medication history: Frequent oral steroid use.

DRUG HISTORY

- Regular and as-required medications.
- Adherence to preventer medication.
- Any known drug allergies and reaction.

FAMILY HISTORY

- Family history of atopic diseases and asthma.

SOCIAL HISTORY:

- Smoking, alcohol use.
- Occupation (exposure to potential triggers).
- Living conditions.

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01

PAST MEDICAL HISTORY

- "Do you have any other medical conditions or have you been hospitalized for anything else in the past?"
- "Have you ever had any allergic reactions or adverse drug reactions?"

- "Could you please tell me about any medications you are currently taking, including the dosage and frequency?"
- "Do you have any known allergies to any medications and if so, what type of reaction did you have?"

- "Is there any history of asthma or other respiratory diseases in your family?"

- "Do you smoke or have you ever smoked?"
- "Do your hobbies or your work environment expose you to any dust, chemicals, or strong odors?"

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:**
  - General examination: Tachypnea, nasal polyps, eczema.
  - Respiratory examination: Wheezing, prolonged expiration, decreased breath sounds, overinflation, use of accessory muscles.
  - CVS, Abdominal, Neurological Examination: Usually normal unless there's a complication.

EXAMINATION

- Vital Signs: "Could you please let me check your temperature, blood pressure, heart rate, respiratory rate, and weight?"
- Airway: "I am going to check your throat for any signs of obstruction."
- Breathing: "I will listen to your lungs to check for wheezing or reduced air entry."
- Cardiovascular: "I will listen to your heart for any signs of increased workload."
- Respiratory: "I am going to examine your chest and back for any signs of using accessory muscles for breathing."
- Abdominal: "I am going to palpate your abdomen to check for any abnormalities."
- Neurological: "I would like to perform a quick neurological examination to check your cranial nerves, coordination, and reflexes."

DIFFERENTIAL DIAGNOSIS

- COPD: More common in older smokers, less reversible airflow obstruction, usually progressive.
- Bronchiectasis: Persistent productive cough, clubbing, radiographic evidence of bronchial dilation.
- Pulmonary embolism: Pleuritic chest pain, risk factors for thrombosis.
- Heart failure: Features of fluid overload, raised natriuretic peptides.
- Gastroesophageal reflux disease (GERD): Symptoms worse on lying down, acid brash, dysphagia.

DIFFERENTIAL DIAGNOSIS

- "Other possible diagnoses that we should consider include COPD, bronchitis, and pneumonia. However, your symptoms, history, and test results will guide us towards the most likely diagnosis."
- "Although heart diseases can sometimes mimic asthma, your age and absence of other risk factors make it less likely."

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INVESTIGATION

- Spirometry: FEV1/FVC <70%, reversible obstruction.
- Peak flow meter: Variability in peak expiratory flow.
- Blood tests: Eosinophilia, raised IgE.
- Chest X-ray: To exclude complications or other diagnoses.

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01

INVESTIGATION

- "Let's arrange for some tests including a complete blood count, arterial blood gas analysis, and coagulation studies."
- "I suggest we also do a chest X-ray, and possibly a CT scan if necessary."
- "Finally, pulmonary function tests would be very helpful in understanding your lung function."

MANAGEMENT PLAN

- **First line:** SABA (e.g., Salbutamol) and inhaled corticosteroids (e.g., Beclomethasone).
- **Second line:** Add LABA (e.g., Salmeterol), leukotriene receptor antagonist (e.g., Montelukast), or a long-acting muscarinic antagonist (LAMA) like tiotropium.
- **Third line:** Consider oral corticosteroids, anti-IgE treatment (e.g., Omalizumab), or bronchial thermoplasty.
- Patient education, self-monitoring, and an asthma action plan.

- **COMMUNITY MANAGEMENT**
  - Ensure patient has a clear asthma action plan and knows how to use inhaler devices.
  - Regular review in primary care to assess control and titrate treatment.
  - Support for smoking cessation if applicable.
  - Immunizations: Influenza and pneumococcal vaccines.

MANAGEMENT PLAN

- "The first line of management includes inhaled corticosteroids to control inflammation and quick-relief inhalers for acute symptoms."
- "If these aren't enough, we might consider adding long-acting bronchodilators or leukotriene modifiers."
- "In severe cases, we might consider treatments such as omalizumab, mepolizumab, or bronchial thermoplasty."

- **XVIII. Management in the Community and Key Principles Before Discharge (2 points):**
  - "Upon discharge, it's crucial that you avoid triggers, adhere to your medication regimen, and schedule regular follow-ups."
  - "It's also important to have an action plan for dealing with acute asthma attacks."

ADVICE TO GUARDIANS/RELATIVES

- This is important in case of children or elderly patients with cognitive impairment.

ADVICE TO GUARDIANS/RELATIVES

- "Monitor the patient's symptoms, ensure adherence to the medication regimen, and encourage avoidance of triggers."
- "Educate yourselves about asthma, its management, and how to respond to an asthma attack."

COMPLICATIONS OF TREATMENT

Complications of Medication and Surgical Therapy:

- Side effects of long-term oral corticosteroids.
- Risk of thrush with inhaled corticosteroids.
- Risks of bronchial thermoplasty.

COMPLICATIONS OF TREATMENT

- "Possible side effects of medications include thrush from inhaled corticosteroids, tremors from quick-relief inhalers, and bruising from oral corticosteroids."
- "Surgical therapies are typically reserved for severe cases and can have complications including infection, bleeding, and a temporary worsening of symptoms."

FOLLOW UP

- Regular follow-up to monitor control and adjust treatment.
- Spirometry annually or after exacerbations.
- Review after changes to treatment.

FOLLOW UP

- "Arrange regular follow-ups with a primary care physician or specialist to monitor symptoms and adjust treatment as necessary."
- "Pulmonary function tests should be done at least annually to assess lung function."

SEVERITY SYSTEMS

- Asthma Control Test (ACT).
- Peak flow variability.

NEVER MISS

- Obtain a comprehensive history focusing on asthma symptoms and triggers.
- Recognize and immediately address red flag symptoms.
- Understand the differential diagnoses and rule them out based on history, examination, and investigations.
- Provide thorough patient education about asthma management and the importance of medication adherence.
- Develop a tailored and comprehensive management plan including appropriate follow-ups.

TOP 1% QUESTIONS

- Understand the pathophysiology of asthma and its impact on lung function.
- Recognize the overlap between asthma and other conditions such as COPD.
- Identify the most effective step-up therapy for a patient whose asthma is not well-controlled on current medications.
- Understand the indications and contraindications for advanced treatments like bronchial thermoplasty.
- Stay updated on the latest research and guidelines related to asthma management.

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?"

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

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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

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BRONCHIECTASIS

HISTORY X MANAGEMENT

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TOPIC - HISTORY TAKING

MEDIC

PATIENT

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OSCE

01

PROMPT

Name: John Smith

Age: 67 years

Gender: Male

Presenting Complaint: Chronic productive cough, recurrent chest infections, and shortness of breath.

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

- Onset, duration, nature of cough, sputum (color, quantity, blood-streaked).
- Associated symptoms (wheezing, dyspnea).
- Previous treatments, hospitalizations.

COLLATERAL

- Information from relatives or caregivers regarding symptoms, previous treatments.

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OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "When did you first notice these symptoms?"
- "Could you describe the cough? For instance, its nature, how often you have it, or if there's any sputum?"
- "What color is the sputum? Have you noticed any blood in it?"
- "Have you experienced any wheezing or shortness of breath?"
- "Have you received any treatments for these symptoms? Were you ever hospitalized because of them?"

FURTHER EXPLORATION...

- Chronic cough with daily sputum production.
- Recurrent respiratory infections.
- Hemoptysis.
- Dyspnea.
- Fatigue.
- Chest pain.

FURTHER EXPLORATION

- "Do you mind if we involve your family or caregivers to gather more information about your symptoms?"
- "Have they mentioned anything notable about your symptoms or treatments you've had?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Massive hemoptysis.
  - Rapidly progressive symptoms.
  - Severe dyspnea.

- **Common Complications:**
  - Repeated respiratory infections.
  - Respiratory failure.
  - Cor pulmonale.

- **Risk factors**
  - Smoking.
  - Occupational exposures.
  - Genetic predisposition (e.g., cystic fibrosis).

RED FLAGS...

- "Have you noticed any massive blood in your sputum or experienced extreme breathlessness? Any rapid changes in your condition?"

COMPLICATIONS

- "In the past, have you been told about or noticed any chronic infections, problems with breathing leading to hospitalizations, or issues with your heart due to the lungs?"

RISK FACTORS

- "Do you smoke or have you ever smoked?"
- "Is there any exposure to harmful substances at your workplace?"
- "Are you allergic to anything?"
- "Do you have a family history of immune problems or other respiratory conditions?"

PAST MEDICAL HISTORY

- Previous lung infections, TB, asthma, CF.
- Other comorbidities (e.g., cardiovascular diseases).

DRUG HISTORY

- Current medications, allergies, and reactions.

FAMILY HISTORY

- Familial occurrence of lung diseases.

SOCIAL HISTORY:

- Smoking, occupation, living conditions.

PAST MEDICAL HISTORY

- Have you had any other major illnesses, especially related to the lungs?"
- "Did you undergo any surgeries, specifically on your lungs?"

DH

- "Are you currently on any medications? Have you had any previous treatments for this?"
- "Any known allergies to medications? If so, what reaction did you experience?"

FH

- "Do any family members have similar symptoms or diagnosed lung conditions?"

SH

- "Can you tell me about your smoking, alcohol, or recreational drug habits?"
- "What's your current occupation? And can you describe your living conditions?"

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 (2 points):
    - BP, HR, temperature, respiratory rate, weight.
  - Airway, Breathing, and Cardiovascular Findings (2 points):
    - Airway: Stridor; Breathing: Respiratory pattern; Cardiovascular: Heart sounds.
  - Respiratory Examination (3 points):
    - Inspection, palpation, percussion, auscultation; signs of clubbing, crackles.
  - Abdominal Findings (1 point):
    - Liver, spleen size; tenderness.
  - Neurological Findings Including Cranial Nerves (2 points):
    - Assess cranial nerves, motor, sensory, coordination.
  - Psychiatric Findings and MMSE (1 point):
    - Orientation, memory, concentration; Mini-Mental State Examination if indicated.
  - Risk Assessment (1 point):
    - Assess risk factors for complications: malnutrition, comorbidities.

01
EXAMINATION

- "Now, I'd like to check a few things, starting with your vitals. Is that alright?"
- "Your breathing pattern seems [observation]. I also noted [heart sounds, stridor, etc.]."
- "I will now check your lungs. Please breathe deeply when I ask. [During examination] I noticed some [findings e.g., crackles, clubbing]."
- "Let's check your abdomen. Please let me know if you feel any discomfort. [After] Your liver/spleen seems [findings]."
- "For a comprehensive view, I'd like to examine some basic neurological aspects. Can you [follow my finger with your eyes/frown/smell this/etc.]?"
- "I want to quickly assess your cognitive function. Can you tell me today's date? Who's the current Prime Minister? Count backwards from 100 in sevens."

DIFFERENTIAL DIAGNOSIS

- Differentiation from COPD, TB, lung cancer, CF; exclusion of other causes (3 points).

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01

DIFFERENTIAL DIAGNOSIS

"Based on your symptoms, a few conditions come to mind, such as COPD, TB, or even lung cancer. But, given your history and our findings, we're primarily considering [diagnosis]. We'll use investigations to clarify further."

HISTORY

OSCE

01

INVESTIGATION

- Bloods: CBC, ESR, CRP, liver and renal function (1 point).
- Swabs: Sputum culture, sensitivity (1 point).
- Imaging: Chest X-ray, High-resolution CT, bronchoscopy if needed (2 points).
- Other tests: Spirometry, lung function tests, alpha-1-antitrypsin levels if needed (2 points).

OSCE

01

INVESTIGATION

- "To understand your condition better, I'd recommend some tests. A blood test can help us look for inflammation and assess your overall health."
- "A sputum culture will identify if there's an infection causing this."
- "Imaging like a Chest X-ray or CT scan gives us a clearer view of your lungs."
- "Spirometry and lung function tests will help us evaluate your breathing capacity."

MANAGEMENT PLAN

- First line: Chest physiotherapy, bronchodilators, antibiotics (1 point).
- Second line: Inhaled steroids, mucolytics, oxygen therapy if hypoxic (1 point).
- Third line: Surgical options, lung transplantation for severe cases (1 point).

COMMUNITY MANAGEMENT

- Regular follow-ups, education on self-management (1 point).

MANAGEMENT PLAN

- "Your management plan is designed to directly target the symptoms you're experiencing and the underlying cause of bronchiectasis. This will involve several steps:
- First Line: Starting with chest physiotherapy to help clear the mucus from your lungs, bronchodilators to open the airways, and antibiotics to tackle any underlying infections.
- Second Line: If needed, inhaled steroids may be prescribed to reduce inflammation, along with mucolytics to help break down mucus, and supplemental oxygen if you are found to be hypoxic.
- Third Line: In very severe cases, surgical options may be explored. This might include procedures such as lung transplantation. We will, of course, discuss these in depth if they become necessary."

- Management in the Community (1 point)
  - "It's important to manage your condition even when you're not in the hospital. This includes:
  - Regular follow-up appointments to monitor progress and make necessary adjustments to treatment.
  - Education on self-management techniques, such as proper inhaler use and recognizing early signs of infection or exacerbations.
  - Connection to support groups and other resources within the community that can provide additional help and support."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Discharge Guidelines: Medication, lifestyle changes, follow-up appointments (1 point).
- Safety Netting: Warning signs, when to seek emergency care (1 point).

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- Discharge Guidelines:
  - "Before you leave, we'll ensure that you are clear on all your medications, how and when to take them, and any lifestyle changes that might help, such as smoking cessation if applicable."
  - "We'll set up follow-up appointments to review your progress, answer any questions, and adjust your treatment plan as needed."
  - "We'll provide written materials with all this information as well as contacts for emergency care."
- Safety Netting:
  - "Please be aware of the warning signs that require immediate medical attention. This includes a sudden increase in the amount or change in the color of sputum, increased shortness of breath, chest pain, or fever. If you notice any of these, please seek immediate medical help or contact us directly."

ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients and Relatives (2 points):**
  - Explaining bronchiectasis, treatment options, and prognosis.

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

ADVICE TO GUARDIANS/RELATIVES

- I'd like to make sure that both you and your family or guardians fully understand your condition. Bronchiectasis is a chronic condition where the airways in the lungs become damaged, leading to mucus build-up and recurrent infections."
- "We'll work together on a treatment plan that may include medications, physical therapy for the chest, and possibly more advanced treatments if necessary."
- "I'll provide educational materials, and if you have any questions at any time, please don't hesitate to ask."
- **Advice to Guardians (if applicable):**
  - "For those who are caring for the patient, it's essential to support them in their treatment plan. This includes helping with medications, recognizing warning signs, and encouraging a healthy lifestyle."
  - "Your involvement, understanding, and care can make a significant positive difference in the management of this condition."

COMPLICATIONS OF TREATMENT

MOA

- Bronchodilators: Relax muscles; Antibiotics: Bacterial inhibition.
- Surgical resection of affected bronchi; post-operative care.

COMPLICATIONS

- Antibiotics: Resistance; Surgery: Bleeding, infection.

COMPLICATIONS OF TREATMENT

Mx of Therapies

- "The medications work by [e.g., relaxing bronchial muscles, fighting bacteria, reducing inflammation]. They aim to alleviate your symptoms and prevent complications."

Cx of Therapies

- "Medications and surgical procedures have their risks, and I want you to be fully informed:
- Medications like bronchodilators may cause tremors or palpitations; inhaled steroids might cause a sore throat or hoarseness; antibiotics might cause stomach upset.
- Surgical interventions, although rare, come with risks of bleeding, infection, and reactions to anesthesia.
- We will carefully monitor for these and provide guidance on managing or preventing them."

FOLLOW UP

- Regular monitoring, spirometry, sputum culture; follow UK guidelines.

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. Recognizing massive hemoptysis as an emergency.
2. Assessing for underlying conditions like cystic fibrosis in young patients.
3. Appropriate use of antibiotics based on sputum culture.
4. Regular physiotherapy and vaccinations as preventive measures.
5. Providing clear safety netting for recognizing respiratory failure.

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01

TOP 1% QUESTIONS

1. Discuss the differences in bronchiectasis presentation between cystic fibrosis and non-CF bronchiectasis.
2. Discuss the role of alpha-1-antitrypsin deficiency in bronchiectasis.
3. What are the implications of bronchiectasis in the pediatric population?
4. How do the different types of bronchiectasis (cylindrical, varicose, cystic) impact management?
5. Discuss the importance of physiotherapy in managing bronchiectasis.

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

RESPIRATORY

COPD

HISTORY X MANAGEMENT

OSCE
01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE
01

PROMPT

Mr. John Smith, a 68-year-old retired teacher, presents to the clinic with a chief complaint of progressively worsening shortness of breath and persistent cough.

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.
- Change in frequency or severity of cough.
- Sputum (amount, color, consistency).
- History of dyspnea.
- Wheezing or chest tightness.

1. Previous episodes and their management.
2. Association with physical activity.
3. Symptom progression.

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "Can you tell me how long you've been experiencing these symptoms?"
- "Have you noticed any changes in the frequency or severity of your cough?"
- "What about the sputum you produce? Can you describe its amount, color, and consistency?"
- "Have you been feeling short of breath?"
- "Do you ever hear a wheezing sound or feel tightness in your chest?"

1. "Have you had episodes like this before? How were they managed?"
2. "Do these symptoms change when you're active?"
3. "How have these symptoms progressed or changed over time?"

FURTHER EXPLORATION...

- Exacerbation triggers (e.g., smoke, allergens, cold air).
- Exertional symptoms.
- Orthopnea or Paroxysmal Nocturnal Dyspnea.
- Recent infections.
- Ankle swelling or palpitations.

- COLLATERAL HISTORY:
  - Input from relatives about changes in activity levels or mental state.
  - Compliance with medications.
  - Impact on daily life.

FURTHER EXPLORATION

- "Are there any specific triggers that seem to worsen your symptoms, like smoke or cold air?"
- "Do these symptoms get worse when you're active or exerting yourself?"
- "Do you experience breathlessness when you lie down or wake up suddenly at night with breathing difficulties?"
- "Have you had any recent infections?"
- "Have you noticed any swelling in your ankles or palpitations?"

COLLATERAL

1. "Has anyone close to you, like family or friends, noticed changes in your activity levels or mental state?"
2. "How consistent have you been with taking your medications?"
3. "How has this impacted your daily activities or routine?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Hemoptysis.
  - Sudden onset breathlessness.
  - Chest pain.
  - Unintended weight loss.
  - Symptoms of malignancy.

- **Common Complications:**
  - Acute exacerbations.
  - Pneumonia.
  - Pulmonary hypertension.
  - Cor pulmonale.
  - Respiratory failure.

- **Risk factors**
  - Smoking history (pack years).
  - Occupational exposure.
  - Air pollution exposure.
  - Frequent lung infections as a child.

RED FLAGS...

- "Have you coughed up any blood?"
- "Have you had sudden breathlessness?"
- "Have you experienced any chest pain?"
- "Have you had unintentional weight loss?"
- "Any other symptoms that may suggest a more serious condition, like a lump or persistent pain?"

RISK FACTORS

- "Can you tell me about your smoking history? How many years and roughly how many cigarettes per day?"
- "Have you been exposed to any specific chemicals or dusts in your work?"
- "What about exposure to air pollution?"
- "As a child, did you have frequent lung infections?"

COMPLICATIONS

- Acute Exacerbations:
  - "Complications like acute exacerbations can occur. These are episodes of sudden symptom worsening. Have you experienced such events?"
- Pneumonia:
  - "Pneumonia is another concern. It can cause increased cough and difficulty breathing. Any recent history of pneumonia?"
- Pulmonary Hypertension:
  - "I'll also consider the possibility of pulmonary hypertension, a condition that affects the blood vessels in the lungs. Have you noticed any unusual symptoms, like chest pain or fainting?"
- Cor Pulmonale:
  - "Cor pulmonale refers to heart problems due to lung disease. It may lead to ankle swelling or palpitations. Have you experienced such symptoms?"
- Respiratory Failure:
  - "In severe cases, COPD can lead to respiratory failure. It's essential to monitor for symptoms like severe shortness of breath and confusion. Have you ever experienced this?"

PAST MEDICAL HISTORY

- Asthma.
- TB.
- Other lung diseases.
- Cardiovascular diseases.

DRUG HISTORY

- Use of inhalers or nebulizers.
- Steroid use.
- Allergies and nature of allergic reaction.

FAMILY HISTORY

- Familial COPD or lung diseases.
- Alpha-1 antitrypsin deficiency.

Social History:

- Smoking status.
- Alcohol consumption.
- Occupational exposures.
- Living conditions (e.g., mold, pets).

PAST MEDICAL HISTORY

- "Have you ever been diagnosed with conditions like asthma or tuberculosis?"
- "Any other lung or heart-related issues in the past?"

DH

- "Do you use any inhalers or nebulizers?"
- "Have you taken steroids recently?"
- "Do you have any known allergies to medications, and if so, how do you react?"

FAMILY AND SOCIAL HISTORY:

- "Does anyone in your family have COPD or other lung diseases?"
- "Have you heard about or been tested for a condition called alpha-1 antitrypsin deficiency?"

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: Include BP, heart rate, respiratory rate, temperature, oxygen saturation, and weight.
  - Airway: Check for patency.
  - Breathing:
    - Respiratory rate.
    - Use of accessory muscles.
    - Chest expansion.
    - Percussion note.
    - Breath sounds.
    - Added sounds (e.g., wheeze).
  - Cardiovascular: Heart sounds, peripheral edema.
  - Abdominal: Hepatomegaly (cor pulmonale).
  - Neurological: Cranial nerves, power, sensation, reflexes.
  - Peripheral: Peripheral cyanosis, clubbing.
  - Psychiatric Findings: MMSE, mood assessment.
  - Risk Assessment: Risk of falls, risk of medication non-compliance.

RISK ASSESSMENT

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

EXAMINATION

- **"I'd like to conduct a few physical examinations to get a clearer picture. Is that alright?"**
    - (While this is a clinical assessment, ensure to always inform the patient about the examination steps and ask for their consent) "Next, I'd like to conduct a thorough examination to assess your lungs, heart, and overall health. This will involve checking your vital signs, listening to your lungs and heart, and examining other areas. Is that alright?"

DIFFERENTIAL DIAGNOSIS

1. Asthma: Reversible airway obstruction.
2. Bronchiectasis: Chronic productive cough with dilated bronchi on imaging.
3. Heart Failure: Shortness of breath with bilateral basal crackles.
4. Pulmonary Fibrosis: Restrictive lung disease.
5. Tuberculosis: Chronic cough with hemoptysis and weight loss.

Why others are incorrect: While the above conditions can present with breathlessness and cough, specific history, examination findings, and investigations help differentiate COPD.

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01

DIFFERENTIAL DIAGNOSIS

"While COPD is one consideration, there are other conditions with similar symptoms. We use your history, examination, and investigations to help distinguish them."

These conditions may include asthma, bronchitis, pneumonia, or even lung cancer.

Asthma is a chronic lung condition that affects the airways, making it difficult to breathe. Bronchitis is an inflammation of the bronchial tubes that carry air to the lungs. Pneumonia is an infection that inflames the air sacs in one or both lungs. Lung cancer is a type of cancer that starts in the lungs and can spread to other parts of the body. Each of these conditions can cause symptoms similar to COPD, such as coughing, wheezing, and shortness of breath. However, the treatment for each condition is different, which is why it's important to get an accurate diagnosis. Your doctor will work with you to determine the underlying cause of your symptoms and develop a personalized treatment plan to help manage them.

HISTORY

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INVESTIGATION

1. Bloods:
    a. FBC (e.g., Polycythemia).
    b. ABG (look for respiratory acidosis).
2. Sputum culture.
3. Chest X-Ray: Hyperinflated lungs.
4. Pulmonary Function Tests.
5. ECG: Look for signs of cor pulmonale.

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INVESTIGATION

(If investigations have been done) "I'd like to go over the results of some tests we've done. They help give us a clearer picture of your lung health and function."

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MANAGEMENT PLAN

- Immediate Management: Oxygen therapy if hypoxic, nebulized bronchodilators.
- First Line: Short-acting bronchodilators.
- Second Line: Long-acting bronchodilators, inhaled corticosteroids.
- Third Line: Consider home oxygen therapy, pulmonary rehabilitation.

PREVENTION

1. Smoking cessation.
2. Avoid triggers.
3. Pulmonary rehabilitation.

COMMUNITY MANAGEMENT

1. Vaccinations (influenza, pneumococcal).
2. Regular review by GP or respiratory nurse.
3. Education on inhaler technique.

MANAGEMENT PLAN

- Immediate Management:
  - "In the immediate term, if you're experiencing low oxygen levels, we'll provide oxygen therapy and nebulized bronchodilators to help with your breathing."
- First Line:
  - "As part of your long-term management, we'll start with short-acting bronchodilators to relieve your symptoms."
- Second Line:
  - "If needed, we may transition to long-acting bronchodilators and inhaled corticosteroids. These medications can help control your condition effectively."
- Third Line:
  - "In cases of severe COPD, we may discuss options like home oxygen therapy and pulmonary rehabilitation to improve your quality of life."

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PREVENTION/COMMUNITY

- Smoking Cessation:
  - "One of the most crucial steps is quitting smoking. If you are a smoker, I strongly advise considering a smoking cessation plan. This is the single most effective measure in slowing disease progression."
- Avoid Triggers:
  - "It's essential to recognize and avoid environmental triggers that worsen your symptoms. This can include staying away from smoke or other irritants that affect your breathing."
- Pulmonary Rehabilitation:
  - "Pulmonary rehabilitation is an effective way to manage COPD. These programs offer exercise, education, and support to enhance your lung function and overall quality of life."
- **Management in the Community:**
- Vaccinations (Influenza, Pneumococcal):
  - "Regular vaccinations, such as the influenza and pneumococcal vaccines, can help protect you from respiratory infections. Your primary care provider can advise on their schedule."
- Regular Review by GP or Respiratory Nurse:
  - "Your ongoing care should include regular reviews by your general practitioner or a respiratory nurse to monitor your condition, adjust your treatment as needed, and provide guidance."
- Education on Inhaler Technique:
  - "Proper inhaler technique is vital for the effectiveness of your medication. I'll ensure you have the knowledge to use your inhalers correctly."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Stable vitals.
- Good understanding of medication use.
- No acute exacerbations.
- Smoking cessation plan if applicable.
- Follow-up appointment scheduled.

- **Explanation to Patients/Relatives**:
  - Nature of COPD.
  - Importance of lifestyle changes.
  - Long-term management.
  - Prognosis.
- **SAFETY NETTING: Return if:**
  - Advise when to seek medical help: increased breathlessness, change in sputum, chest pain.
  - Importance of medication compliance.
  - Awareness of worsening signs and symptoms.

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KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (3 POINTS)

- "Before leaving, we'll ensure your vital signs are stable, including your blood pressure, heart rate, respiratory rate, temperature, oxygen saturation, and weight."
- "You should leave here with a clear understanding of how to take your medications correctly and manage your condition effectively."
- No Acute Exacerbations:
  - "To ensure your safety at home, it's important that there have been no recent acute exacerbations or sudden worsening of symptoms."
- Smoking Cessation Plan (if applicable):
  - "If you smoke, we'll provide guidance on creating a smoking cessation plan to improve your lung health."

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01

SAFETYNETTING

- Advise When to Seek Medical Help:
  - "I'll explain the signs that should prompt you to seek medical assistance, such as increased breathlessness, changes in sputum, or chest pain."
- Importance of Medication Compliance:
  - "I'll emphasize the importance of taking your medications as prescribed and reporting any side effects or concerns."
- Awareness of Worsening Signs and Symptoms:
  - "We'll ensure you're aware of the signs that indicate worsening of your condition so that you can seek prompt medical attention."

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EXPLANATION

- Nature of COPD:
  - "COPD is a condition that affects your lungs, making it harder to breathe. It's often linked to smoking and other environmental factors."
- Importance of Lifestyle Changes:
  - "Lifestyle changes, especially quitting smoking, play a crucial role in managing COPD effectively. They can slow down disease progression and improve your quality of life."
- Long-Term Management:
  - "Managing COPD is a long-term commitment. We'll work together to ensure you have the necessary tools and knowledge for ongoing self-care."
- Prognosis:
  - "The outlook varies based on the severity of your COPD and how well it's managed. Early diagnosis and proper care offer the best chances for a good quality of life."

ADVICE TO GUARDIANS/RELATIVES

- **Advice to Guardians & Resources:**
  - Ensure patient compliance, avoid smoking around the patient, recognize exacerbations.

ADVICE TO GUARDIANS/RELATIVES

- **Ensure Patient Compliance:**
  - "If you have a loved one with COPD, supporting their medication compliance and attending medical appointments is crucial for their well-being."
- **Avoid Smoking Around the Patient:**
  - "To create a healthy living environment, it's essential to avoid smoking around the patient, as secondhand smoke can worsen their symptoms."
- **Recognize Exacerbations:**
  - "Guardians should be aware of the signs of exacerbations and understand when to seek medical help for their loved one."

USERFUL RESOURCES

- **Patient Leaflets:**
  - "Patient leaflets and educational materials can be valuable sources of information and support. I'll provide you with these resources."
- **Smoking Cessation Programs:**
  - "If smoking cessation is relevant, there are programs and resources available to help individuals quit smoking. We'll guide you to these resources."
- **Pulmonary Rehab Programs:**
  - "Pulmonary rehabilitation programs can significantly improve lung health and quality of life. We'll help you find a suitable program."

COMPLICATIONS OF TREATMENT

Side Effects to be aware of:

1. Corticosteroids: Osteoporosis, weight gain, diabetes.
2. Bronchodilators: Tremors, tachycardia.
3. Surgery: Bleeding, infection, pneumothorax.

COMPLICATIONS OF TREATMENT

Side Effects to be aware of:
"While medications can significantly help, they might come with side effects. It's essential to be aware of these and notify us if you experience any."

It's important to note that the side effects of medications can vary from person to person. Some common side effects of COPD medications are headaches, nausea, dizziness, and muscle cramps. If you experience any of these, or any other side effects, it's crucial to let your healthcare provider know immediately.

"COPD can be challenging, not just physically but mentally as well. If you're feeling down, anxious, or isolated, it's essential to communicate this. We can provide support or connect you with resources."

Living with COPD can also take a toll on your mental health. It's not uncommon for individuals with COPD to experience depression or anxiety. It's important to speak with your healthcare provider if you're struggling mentally. They can provide resources or refer you to a mental health professional who can help.

MOA OF TREATMENT

1. Bronchodilators: Relax smooth muscles of the airway.
2. Corticosteroids: Reduce airway inflammation.
3. Overview of Surgical Therapies: Lung volume reduction surgery, lung transplantation.

FOLLOW UP

- Regular respiratory reviews, spirometry annually.
  - These are some of the recommendations for individuals with chronic respiratory conditions such as asthma or COPD. Regular respiratory reviews are important to monitor the progression of the condition and to adjust treatment plans accordingly. It is also recommended to have spirometry tests annually to assess lung function and identify any changes that may require intervention. By staying on top of these regular check-ups and tests, individuals with chronic respiratory conditions can better manage their health and prevent exacerbations or complications. It is also important to communicate any changes or concerns with your healthcare provider to ensure the best possible care.

SEVERITY SYSTEM

- GOLD classification based on spirometry and exacerbation frequency.

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

1. Always check oxygen saturation.
2. Assess inhaler technique.
3. Comprehensive smoking history.
4. Ensure understanding of the chronic nature of COPD.
5. Regular follow-up for assessment.

TOP 1% QUESTIONS

1. How does alpha-1 antitrypsin deficiency relate to COPD?
2. What are the indications for home oxygen therapy in COPD?
3. Describe the pathophysiology behind cor pulmonale in COPD.
4. How do long-acting muscarinic antagonists (LAMAs) work?
5. Differences in chest X-ray findings between emphysema and chronic bronchitis?

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

RESPIRATORY

BRONCHIOLITIS

OSCE 1.4

HISTORY X MANAGEMENT

OSCE

01

TOPIC - HISTORY TAKING

MEDIC

PATIENT

MARKER

PLEASE REFER TO YOUR SCRIPTS

OSCE

01

PROMPT

A 6-month-old male infant is brought to the emergency department by his parents with a chief complaint of difficulty breathing and coughing for 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

- Duration of cough?
- Presence of wheeze or difficulty in breathing?
- Episodes of blue lips or face?
- Difficulty in feeding or decreased appetite?
- Fever?
- Vomiting after coughing?

OBTAINS A THOROUGH HISTORY OF THE PATIENT'S PRESENTING SYMPTOMS

- "How long has your child had this cough?"
- "Have you noticed any wheezing sound or if they seem to be struggling to breathe?"
- "Were there moments when your child's lips or face looked bluish?"
- "Has your child been eating less or having difficulty during feeding?"
- "Did your child have a fever at any point?"
- "After coughing, did your child vomit?"

FURTHER EXPLORATION...

- Onset of symptoms.
- Progression and frequency.
- Associated symptoms like ear pain or runny nose.
- Any treatments tried at home?

COLLATERAL

- From parents/caregivers: "Have you noticed any change in the child's behaviour or activity level?"

FURTHER EXPLORATION

- "When did you first notice these symptoms?"
- "How have these symptoms changed or progressed over time? And how often do they happen?"
- "Has your child shown other symptoms like ear pain or a runny nose?"
- "Have you tried any treatments or medications at home to help your child?"

COLLATERAL

- "Have you noticed any change in how active your child is or in their usual behavior?"

RED FLAGS/COMPLICATIONS

- **Red Flags**
  - Apnoea, severe respiratory distress, dehydration, or altered level of consciousness.

- **Common Complications:**
  - Secondary bacterial infections, respiratory failure, apnoea.

- **Risk factors**
  - Premature birth, chronic lung disease, congenital heart disease, exposure to tobacco smoke.

RED FLAGS...

- "Has your child had any pauses in their breathing, looked extremely tired, had very fast or difficult breathing, or shown signs of dehydration like not wetting their nappy?"

COMPLICATIONS

- "In the past, has your child had infections following a cold, or needed help breathing?"

RISK FACTORS

- "Was your child born prematurely? Do they have any known lung or heart conditions? Is there any tobacco smoking in the household or around the child?"

PAST MEDICAL HISTORY

- Any past hospital admissions, especially for respiratory problems?

DRUG HISTORY

- Any current medications? Known allergies and nature of reactions.

FAMILY HISTORY

- Asthma, atopic conditions, previous siblings with bronchiolitis.

Social History:

- Who resides at home? Exposure to any sick contacts? Any daycare attendance?

PAST MEDICAL HISTORY

Past Medical and Surgical History:

- "Has your child ever been hospitalized before, especially for breathing issues?"

DH

- "Is your child currently on any medications? And has your child ever had an allergic reaction to any medication or food? Can you describe what happened?"

FAMILY AND SOCIAL HISTORY:

- "Does anyone in the family have conditions like asthma? Did any of the child's siblings have similar symptoms when they were young?"
- "Who lives with the child at home? Has your child been around anyone who's been unwell recently? Does your child attend daycare or nursery?"

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, Heart rate, Respiratory rate, Oxygen saturation, Weight
  - Airway: Assess for stridor or other airway noises.
  - Breathing:
    - Nasal flaring
    - Recessions (intercostal, subcostal, sternal)
    - Use of accessory muscles
    - Wheezing or crackles on auscultation
  - Cardiovascular: Regular heart rhythm, any murmurs.
  - Respiratory: Air entry, wheeze, crackles, respiratory rate.
  - Abdominal: Soft, non-tender, no hepatosplenomegaly.
  - Neurological:
    - Alertness and responsiveness
    - Cranial nerves intact
  - Peripheral Examination: Capillary refill time, peripheral pulses.
  - Risk Assessment: Risk of deterioration based on symptoms and examination.

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EXAMINATION

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

1. Vital Signs:
   - "I'm going to check a few things to see how your child is doing, starting with their temperature, heart and breathing rate, and how well they're getting oxygen."
2. Airway:
   - "I'm listening and looking to see if there's any unusual sounds or difficulties in the way your child is breathing."
3. Breathing:
   - "I'm observing the effort your child is making to breathe, like if their nose is flaring, or if they're using extra muscles. I'll also use my stethoscope to listen to their lungs."
4. Cardiovascular:
   - "Now, I'm going to listen to your child's heart to ensure it's beating as it should."
5. Respiratory:
   - "I'm checking how well air is moving in and out of your child's lungs and if there are any unusual sounds."
6. Abdominal:
   - "I'm going to gently feel your child's tummy to make sure everything feels as it should."
7. Neurological:
   - "I'm looking to see how alert and responsive your child is and checking some of their reflexes."
8. Peripheral Examination:
   - "I'm going to quickly check the blood flow to your child's hands and feet."

DIFFERENTIAL DIAGNOSIS

- Asthma
- Pneumonia
- Foreign body aspiration
- Croup

Reasons the other differentials are incorrect:

- Asthma: Recurrent episodes with triggers.
- Pneumonia: Localized findings on examination, possibly high-grade fever.
- Foreign body aspiration: Sudden onset, possible choking episode.
- Croup: Barking cough, stridor.

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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

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INVESTIGATION

- Bloods: CBC may show elevated WBC count with neutrophilia.
- Swabs: Nasopharyngeal swab for viral PCR (e.g., RSV).
- Imaging: Chest X-ray (usually not required unless there's uncertainty) might show hyperinflation, atelectasis.

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INVESTIGATION

- Bloods:
  - "We might need to take a small blood sample to check for signs of infection."
- Swabs:
  - "I'll take a gentle swab from your child's nose to test for certain viruses."
- Imaging:
  - "In some cases, we might need an X-ray of your child's chest. This helps us see the lungs more clearly."

MANAGEMENT PLAN

- **Immediate Management:**
  - Oxygen therapy for hypoxemia, ensure hydration.
- **First Line:**
  - Supportive care (hydration, fever management).
- **Second Line:**
  - Hospital admission for severe cases.
- **Third Line:**
  - Intensive care if respiratory failure.
- **Prevention:**
  - Hand hygiene, avoiding sick contacts. Lifestyle Changes: Smoke-free environment.
- **Management in the Community:**
  - Educate parents on the signs of worsening symptoms.

MANAGEMENT PLAN

- Immediate Management:
  - "Right now, it's important to make sure your child is getting enough oxygen and is well hydrated."
- First Line:
  - "Mostly, we support your child by making sure they drink enough fluids and helping with fever."
- Second Line:
  - "If your child's symptoms are severe, we might need to admit them to the hospital."
- Third Line:
  - "In very severe cases, they might need specialized care in an intensive care unit."

KEY PRINCIPLES BEFORE DISCHARGE AND SAFETY NETTING (5 POINTS)

- Stable vitals.
- Adequate feeding.
- No significant respiratory distress.
- Safety netting advice provided.
- Follow-up arranged.

- **SAFETYNETTING (1 Point):**
  - Return if increased breathing difficulty, poor feeding, lethargy, or blue episodes

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:** "If your child seems to be struggling more to breathe, isn't feeding well, becomes unusually tired, or has blue episodes, please seek medical attention immediately."

ADVICE TO GUARDIANS/RELATIVES

- Bronchiolitis is a common lung infection in young children causing cough, wheezing, and sometimes difficulty in breathing. It's mostly caused by a virus, and while most recover at home, some might need hospital care.
- Keep child well hydrated, avoid smoke exposure, monitor for worsening symptoms.

- **Advice to Guardians, Useful Resources (2 points):**
  - NHS website on bronchiolitis, local pediatric respiratory clinics.

ADVICE TO GUARDIANS/RELATIVES

- **Explanation to Patients/Relatives:** "Your child has bronchiolitis, which is a common chest infection in young children. It's usually caused by a virus. While many children get better at home with a bit of support, some might need more care in the hospital."

- **Advice to Guardians:** "Ensure your child drinks enough fluids, keep them away from smoke, and keep an eye out for any worsening symptoms. It's also a good idea to use resources like the NHS website for more information."

COMPLICATIONS OF TREATMENT

Complications of Medication:

NA

Mechanism of Action:

NA

Surgical Therapies:

NA

COMPLICATIONS OF TREATMENT

NA

FOLLOW UP

- Check within a week post-discharge or earlier if symptoms worsen.

SEVERITY SYSTEM

- Mild: Only cough and runny nose.
- Moderate: Some breathing difficulty, decreased feeding.
- Severe: Marked respiratory distress, dehydration, or oxygen requirement.

FOLLOW UP

- "We'd like to see your child again in a week to see how they're doing, or sooner if you're worried about their symptoms."

NEVER MISS

1. Recognizing respiratory distress.
2. Checking oxygen levels.
3. Ensuring adequate hydration.
4. Educating parents about red flag symptoms.
5. Advising on a smoke-free environment.

TOP 1% QUESTIONS

1. What is the most common viral cause of bronchiolitis?
2. How does bronchiolitis differ from asthma in presentation?
3. Why are antibiotics not routinely used in bronchiolitis?
4. What age group is most commonly affected by bronchiolitis?
5. What long-term complications can result from bronchiolitis?

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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MANAGEMENT

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

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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