

**Topic:** Loss of consciousness

**Subject:** Medicine

**ID:** 419

### 3.What The Candidate Reads

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#### **Candidate's Instructions**

**OPENING STEM:** Mr Miller, a 52-year-old male, comes to your office because he fainted few hours earlier. In the next 10 minutes obtain a focused history and do relevant physical examination.

#### **CANDIDATE'S TASK: Hx and PE**

In the next 10 minutes, obtain a focused and relevant history and conduct a focused and relevant physical examination.

As you proceed with the physical examination, explain to the examiner what you are doing and describe any findings.

At the next station, you will be asked to answer questions about this patient.

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#### **PATIENT INFORMATION**

**PATIENT STARTING POSITION:** Sitting on the examining table

**CLOTHING:** In gown

**MAKE-UP:** None

**PATIENT'S OPENING STATEMENT:** Doctor, I am finally glad I can talk to you, I fainted today and it kind of got me scared.

**PATIENT BEHAVIOR, AFFECT AND MANNERISMS:** Looks concerned and worried, remains seated, talking with normal voice and tone.

**QUESTIONS PATIENT MUST ASK:** Can these events be stopped?

**QUESTIONS PATIENT MAY ASK:** Do you think this could be epilepsy?

**HISTORY OF PRESENT PROBLEM:** Had just arrived home from his Gym class when he lost consciousness and fell down. The loss of consciousness lasted about 15 seconds, but it was very scary. He felt somewhat dizzy shortly before he lost consciousness.

**PATIENT ISSUES:** I had another episode of loss of consciousness last week. At that time I thought it was not a big deal so I did not seek medical attention. I happened today again, and I felt it was something serious that needed to be addressed, so I came to see you.

**RELEVANT MEDICAL HISTORY | ALLERGIES | MEDICATIONS:** Rheumatoid arthritis 7 years ago, Hypercholesterolemia 12 years ago, Diabetes and Hypertension 15 years ago. Valvular heart disease 17 years ago.

**RELEVANT SOCIAL / FAMILY HISTORY:** Married, has 2 grown children, doesn't smoke, doesn't drink alcohol, eats a healthy balanced diet. Mother (72) has rheumatoid arthritis, father died of heart

attack 4 years ago at the age of 71.

**REVIEW OF SYSTEMS:** Have had neck pain for the past year, have had chest pain off and on for the last 3 years, sometimes has palpitations. Noticed urinary incontinence since last week.

**PATIENT SIMULATION:** Make sounds conveying pain and tenderness when back of neck is palpated

**PHYSICAL FINDINGS:** Delayed carotid upstroke, irregular heart murmur, tenderness on palpation of cervical region of the neck.

**INFORMATION GIVING:** Concerned about the problem but relaxed during interview. Talks only when asked questions and doesn't volunteer information.

**PERTINENT NEGATIVES:** No bitten tongue, no orthostatic hypertension

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### What the examiner completes

#### EXAMINER'S CHECKLIST

Fill in the bubble for each item completed satisfactorily

#### History Taking Checklist

- 1) Asked for description of what happened [Answer: I came home from the Gym and few minutes after I arrived I lost consciousness and fell down]
- 2) Asked how long loss of consciousness lasted [Answer: About 15 seconds]
- 3) Asked about urinary incontinence during the attack [Answer: Not during this episode, but I have had urinary incontinence recently without loss of consciousness.]
- 4) Asked about biting the tongue during the attack [Answer: No]
- 5) Asked if any seizure occurred [Answer: Don't think so, my wife was there and she never saw that, do you think this could be epilepsy?]
- 6) Asked if there was dizziness or lightheadedness [Answer: Yes]
- 7) Asked if there was confusion afterwards [Answer: I don't think so. I can remember I fell down.]
- 8) Asked if there were motor and sensory deficits afterwards [Answer: Not today, but recently have had some weakness and numbness in my arms]
- 9) Asked about speech difficulties [Answer: No]

- 10) Asked about gait abnormality [Answer: No]
- 11) Asked about headaches [Answer: No]
- 12) Asked about history of head trauma [Answer: No]
- 13) Asked about food deprivation [Answer: No]
- 14) Asked about sleep deprivation [Answer: No]
- 15) Asked about sweating [Answer: No]
- 16) Asked about history of shortness of breath [Answer: Yes sometimes, depending on exertion level]
- 17) Asked about history of chest pain [Answer: Yes sometimes, depends on activity level]
- 18) Asked about fatigue [Answer: Sometimes I feel fatigued]
- 19) Asked about history of palpitations [Answer: Yes, I get those occasionally]
- 20) Asked about similar past episodes [Answer: Yes last week had a similar episode but didn't take it seriously. Doctor, can this be stopped?]
- 21) Asked about past medical history [Answer: Diagnoses: Rheumatoid arthritis 7 years ago, hypercholesterolemia 12 years ago, diabetes and hypertension 15]
- 22) Asked about current medication [Answer: Atorvastatin, Metformin, Lisinopril, Prednisone, Metoprolol]
- 23) Asked about use of alcohol and drugs [Answer: Negative]
- 24) Initiated all vitals check especially BP for orthostatic hypotension [Answer: Vital signs within normal limit, BP included]
- 25) Inspected head for trauma [Answer: No head trauma]
- 26) Observed mouth for bitten tongue [Answer: No bitten tongue]
- 27) Did carotid auscultation [Answer: Delayed carotid upstroke]

- 28) Did thyroid examination [Answer: Normal]
- 29) Did heart examination palpation and auscultation [Answer: Irregular heart, S2 decreased, crescendo-decrescendo heart murmur]
- 30) Palpated peripheral pulses in 4 extremities [Answer: racing and irregular]
- 31) Evaluated patient's mental status [Answer: alert and oriented to person place and time.]
- 32) Evaluated all cranial nerves (except gag reflex and corneal reflex) [Answer: Normal]
- 33) Initiated ophthalmoscopy [Answer: Examiner reports: Gunn sign found (arteriovenous nicking)]
- 34) Did exam for motor evaluation [Answer: Normal]
- 35) Did exam for sensory evaluation [Answer: Normal]
- 36) Deep tendon reflexes evaluation [Answer: Normal]
- 37) Exam for cerebellar function [Answer: Normal]
- 38) Romberg test [Answer: Normal]
- 39) Observed gait [Answer: Normal]

Fill in the bubble for each item completed satisfactorily

**Physical Exam Checklist**

**SCORING TABLE**

<b>IF UNSATISFACTORY, please specify why:</b>	
<input type="checkbox"/>	Inadequate medical knowledge and / or provided misinformation
<input type="checkbox"/>	Could not focus in on this patient's problem
<input type="checkbox"/>	Demonstrated poor communication and / or interpersonal skills
<input type="checkbox"/>	Actions taken may harm this patient
<input type="checkbox"/>	Actions taken may be imminently dangerous to this patient

<input type="checkbox"/>	Other: _____
<b>Did this candidate demonstrate a lapse in professional behaviour?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	Disrespectful to others (e.g., to patient, nurse)
<input type="checkbox"/>	Over-investigated / over-managed the patient
<input type="checkbox"/>	Actions raised ethical and / or legal concern
<input type="checkbox"/>	Briefly describe the behaviour for any of the above reasons or any other observed lapse: _____

## PATIENT INTERACTION RATING SCALES

Up to a total of seven interaction items may be added to a 10 minute case, depending on the task that candidates are asked to complete. One or two interaction items may be added to a 5 minute case.

Individual interaction items are weighted on their relative importance to each other for a specific station. The weight for the combined items ranges from 10% to 50% of the total score for any one station. The MCC OSCE interaction rating scales are here:

### [PATIENT INTERACTION RATING SCALE ITEMS](#)

**FOR THIS 10 MINUTE CASE, YOU MAY BE EVALUATED ON UP TO A TOTAL OF SEVEN OF THE FOLLOWING PATIENT INTERACTION ITEMS:**

2, 3, 5, 10, 12