

Candidate's Information for Practice Scenarios

This booklet gives the candidate's information for Consultations and Communications practice scenarios, for use during practice with colleagues or tutors. Refer to the respective scenarios for the patient's brief and a case discussion.

CONSULTATIONS

Consultation 01

Mdm Ruby Toh, 37 years old

Your Role: Rheumatology Clinic SHO

Referral Letter: Dear Colleague,
Thank you for seeing Mdm Toh who has been on your follow up. She has brought forward her appointment because she is short of breath.
Sincerely,
Dr Germaine Loo, GP

Vital Signs: BP 145/87 mmHg, HR 70/min, RR 16/min, SpO2 95% RA, T 37.0°C

Consultation 02

Mrs Puff, 30 years old

Your Role: Respiratory Medicine Clinic SHO

Referral Letter: Dear Colleague,
Thank you for seeing Mrs Puff for her asthma. I have stepped up her treatment to a Budesonide/Formoterol (Symbicort®) inhaler, but she still complains of persistent symptoms.
Thank you.
Dr Wilbert Ho, GP

Vital Signs: BP 155/95 mmHg, HR 70/min, RR 10/min, SpO2 99% RA, T 37.0°C

Consultation 03

Ms G. Mao, 28 years old

Your Role: Emergency Department SHO

Referral Letter: Dear A&E,
Thank you for seeing Ms Mao. She started having flu symptoms a few days ago, and on review today, she is complaining of difficulty breathing. Please assist to manage her.
Sincerely,
Dr Guo Weiwen, GP

Vital Signs: BP 110/60 mmHg, HR 81/min, RR 11/min, SpO2 95% RA, T 37.9°C

Consultation 04

Mdm Miles, 37 years old

Your Role: Medical Admissions Unit SHO**Scenario:** Mdm Miles presents with breathlessness and nausea after returning from a holiday in New Zealand.**Vital Signs:** BP 155/91 mmHg, HR 161/min, RR 23/min, SpO2 94% RA, T 37.7°C**Consultation 05**

Ms Chuan, 33 years old

Your Role: Emergency Department SHO**Referral Letter:** Dear Colleague,
Thank you for seeing Ms Chuan. She is complaining of worsening shortness of breath in the past month.
Thank you.
Dr Eugene Gan, GP**Vital Signs:** BP 125/80 mmHg, HR 81/min, RR 14/min, SpO2 95% RA, T 36.2°C**Consultation 06**

Mr Freddie, 40 years old

Your Role: Respiratory Medicine Clinic SHO**Referral Letter:** Dear Colleague,
Mr Freddie has been complaining of cough and dyspnoea which did not respond to a course of clarithromycin. Could you please see him?
Thank you.
Dr Hutton, GP**Vital Signs:** BP 109/63 mmHg, HR 71/min, RR 13/min, SpO2 93% RA, T 37.2°C**Consultation 07**

Mr Nafas, 49 years old

Your Role: Medical Admissions Unit SHO**Referral Letter:** Dear Colleague,
I will appreciate if you could kindly review Mr Nafas. He presents today with a 2-day history of dyspnoea and looks moderately unwell.
Thank you.
Dr Ed. Mitt, A&E Consultant**Vital Signs:** BP 128/70 mmHg, HR 100/min, RR 26/min, SpO2 100% RA, T 36.5°C**Investigations:** ECG: Sinus tachycardia
Capillary blood glucose: 11.3 mmol/L
Chest X-ray: Normal
Blood investigations: Pending

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| Consultation 08 | Mr Ee Chee, 52 years old |
| Your Role: | Dermatology Clinic SHO |
| Referral Letter: | Dear Colleague, Mr Ee Chee presents with a 2-month history of rashes. Please see and manage. Thank you. Dr Lydia Chuah, GP |
| Vital Signs: | BP 146/87 mmHg, HR 57/min, RR 15/min, SpO2 99% RA, T 35.8°C |

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| Consultation 09 | Mrs S. Lump, 40 years old |
| Your Role: | Dermatology Senior House Officer |
| Scenario: | Mrs Lump complains of lower limb rash. |
| Vital Signs: | BP 100/70 mmHg, HR 50/min, RR 10/min, SpO2 97% RA, T 36.0°C |

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| Consultation 10 | Mrs C. Sweet, 35 years old |
| Your Role: | Dermatology SHO |
| Referral Letter: | Dear Colleague, Mrs Sweet is on follow up with me for diabetes mellitus. She has recently had an infected right lower limb wound. I have given two 1-week courses of co-amoxiclav without much improvement. Please help with her management. Thank you. Dr Nicholas Hong, GP |
| Vital Signs: | BP 130/83 mmHg, HR 67/min, RR 10/min, SpO2 97% RA, T 37.0°C |

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| Consultation 11 | Ms McDonald, 40 years old |
| Your Role: | Endocrine Clinic SHO |
| Referral Letter: | Dear Colleague, Ms McDonald was referred from the GP for bariatric surgery. I agree that this is strongly indicated, but could I please have you on board to optimise her diabetic control? Her latest hbA1c is still 8.2% despite three oral hypoglycaemic agents. Thank you. Dr Kentucky, General Surgery |
| Vital Signs: | BP 148/92 mmHg, HR 80/min, RR 13/min, SpO2 99% RA, T 37.1°C |

Consultation 12

Mdm Grumps, 50 years old

Your Role: Neurology Clinic SHO**Referral Letter:**

Dear Colleague,
I've been seeing Mdm Grumps for migraine. However, her headaches have gotten worse recently and doesn't respond completely to analgesia. Think it's best if you have a look at her.

Thank you.

Dr Linus Chua, GP

Vital Signs:

BP 120/80 mmHg, HR 70/min, RR 14/min, SpO2 99% RA, T 36.0°C

Consultation 13

Ms Ache, 28 years old

Your Role: Neurology Clinic SHO**Referral Letter:**

Dear Colleague,
Thank you for seeing this pleasant lady who is complaining of painful hands but there doesn't appear to be an orthopaedic issue. Perhaps it could be a nerve problem?

Thank you.

Dr Carpenter, Orthopaedic Surgeon

Vital Signs:

BP 100/62 mmHg, HR 57/min, RR 14/min, SpO2 95% RA, T 37.0°C

Consultation 14

Mrs Potts, 60 years old

Your Role: Medical Outpatients SHO**Referral Letter:**

Dear Colleague,
Thank you for seeing Mrs Potts. She has back pain that did not seem to improve with paracetamol. Will you please assist to manage her?

Thank you.

Dr Vivien Lee, GP

Vital Signs:

BP 135/82 mmHg, HR 87/min, RR 14/min, SpO2 97% RA, T 37.0°C

Consultation 15

Mr Pop, 23 years old

Your Role: Respiratory Medicine SHO**Referral Letter:**

Dear Colleague,
Thank you for following up on Mr Pop. I saw him today for a non-traumatic pneumothorax, which resolved with supplemental oxygen. A chest X-ray prior to discharge was normal.

Dr Darius Pan, A&E Physician

Vital Signs:

BP 115/85 mmHg, HR 67/min, RR 11/min, SpO2 97% RA, T 36.9°C

Consultation 16

Ms V. Slim, 60 years old

Your Role: Internal Medicine Clinic SHO**Referral Letter:** Dear Colleague,
Thank you for seeing Ms Slim, who complains of a 2-month history of weight loss.
Thank you.
Dr Atkins, GP**Vital Signs:** BP 102/64 mmHg, HR 70/min, RR 12/min, SpO2 99% RA, T 36.2°C**Consultation 17**

Mr A. Bocelli, 40 years old

Your Role: Medical Outpatients SHO**Scenario:** Mr Bocelli complains of difficulty seeing.**Vital Signs:** BP 120/78 mmHg, HR 50/min, RR 10/min, SpO2 98% RA, T 36.3°C**Consultation 18**

Mdm Kant Xi, 50 years old

Your Role: Early Access Clinic SHO**Referral Letter:** Dear Colleague,
Mdm Xi is in follow-up with this clinic for diabetes, which has been quite difficult to control. She has a new complaint of difficulty seeing. Will appreciate if you could see her.
Thank you,
Dr David Ng, GP**Vital Signs:** BP 130/89 mmHg, HR 60/min, RR 11/min, SpO2 99% RA, T 36.5°C**Consultation 19**

Ms See, 30 years old

Your Role: Medical Walk-In Clinic SHO**Referral Letter:** Dear Colleague,
Thank you for seeing Ms See for difficulty seeing.
Dr Benjy, GP**Vital Signs:** BP 120/88 mmHg, HR 70/min, RR 14/min, SpO2 98% RA, T 36.0°C

Consultation 20

Mr Hong Yan, 32 years old

Your Role: Emergency Department SHO

Referral Letter: Dear Colleague,
Thank you for seeing Mr Hong Yan. He complains of redness and discomfort of the left eye, which did not respond to levofloxacin eyedrops.
Warm regards,
Dr Andrew Tan, GP

Vital Signs: BP 107/63 mmHg, HR 74/min, RR 11/min, SpO₂ 98% RA, T 36.2°C

Consultation 21

Mr Pei, 45 years old

Your Role: Medicine Clinic SHO

Referral Letter: Dear Colleague,
A pre-employment screening done for this patient 1 week ago identified blood 3+ and protein 2+ on urine dipstick. A repeat dipstick today showed persistence of these abnormalities. Please kindly assist with further investigation and management.
Thank you.
Dr Smily Lock, GP

Vital Signs: BP 145/92 mmHg, HR 70/min, RR 14/min, SpO₂ 97% RA, T 36.5°C

Consultation 22

Mrs Childless, 34 years old

Your Role: General Medicine Clinic SHO

Referral Letter: Dear Colleague,
Thank you for seeing Mrs Childless. She has missed her menstrual period for 3 months and is complaining of fatigue. A urine pregnancy test is negative.
Thank you.
Dr Stork, GP

Vital Signs: BP 90/52 mmHg, HR 57/min, RR 11/min, SpO₂ 98% RA, T 37.0°C

Consultation 23

Ms Liu B. Xue, 30 years old

Your Role: Internal Medicine Clinic SHO

Referral Letter: Dear Colleague,
Thank you for seeing Ms Liu. She has been seeing me for repeated episodes of nosebleeds. I have tried silver nitrate cautery, but this was only of limited effectiveness.
Dr Sherilyn Liew, ENT Surgeon

Vital Signs: BP 115/60 mmHg, HR 60/min, RR 12/min, SpO₂ 99% RA, T 36.2°C

Consultation 24

Mr A. M. Indra, 40 years old

Your Role: Cardiology Outpatients SHO

Referral Letter: Dear Colleague,
Mr A. M. Indra was diagnosed with hyperlipidemia on health screening 6 months ago. Despite Atorvastatin 40 mg ON, his low-density lipoprotein (LDL) levels remain at 5.6 mmol/L, from 5.7 mmol/L previously (normal < 4.1 mmol/L; optimal < 2.6 mmol/L). He is concerned about the risk of a heart attack and wishes to see you.
Thank you.
Dr Cheryl Lie, GP

Vital Signs: BP 125/82 mmHg, HR 57/min, RR 12/min, SpO2 99% RA, T 37.0°C

Consultation 25

Mdm Hashi, 36 years old

Your Role: Endocrine Clinic SHO

Referral Letter: Dear Colleague,
Mdm Hashi is on my follow up for hypothyroidism. She is complaining of persistent fatigue in spite of thyroxine replacement. Her latest free T4 is 12 pmol/L (normal: 11 - 21 pmol/L), and thyroid stimulating hormone is 3.0 mIU/L (normal: 0.5 - 5.0 mIU/L). Could you please see her?
Thank you.
Dr Moto, GP

Vital Signs: BP 91/52 mmHg, HR 42/min, RR 10/min, SpO2 100% RA, T 35.8°C

Consultation 26

Mr Rachmaninoff, 50 years old

Your Role: Neurology Clinic SHO

Referral Letter: Dear Neurology Colleague,
Mr Rachmaninoff is on my follow up for diabetes. He has been complaining of hand numbness. I wonder if you could have a look at him?
Thank you and warmest regards.
Dr Tung Lin, GP

Vital Signs: BP 155/92 mmHg, HR 77/min, RR 11/min, SpO2 99% RA, T 36.0°C

Consultation 27

Ms Kat, 30 years old

Your Role: Medical Outpatients Clinic SHO

Referral Letter: Dear Colleague,
Ms Kat seems to be hypertensive at a rather young age, and her hypertension is difficult to control. Would you please see and manage her?
Warm regards,
Dr April Toh, GP

Vital Signs: BP 175/91 mmHg, HR 80/min, RR 18/min, SpO₂ 98% RA, T 37.0°C

Consultation 28

Mr Kay, 30 years old

Your Role: Medical Admissions Unit SHO

Scenario: Mr Kay was brought to A&E after passing out at a charity fun run.

Vital Signs: BP 120/80 mmHg, HR 70/min, RR 10/min, SpO₂ 100% RA, T 36.5°C

Consultation 29

Ms Oh, 30 years old

Your Role: Medical Admissions Unit SHO

Scenario: Ms Oh has been admitted after losing consciousness in public.

Vital Signs: BP 105/62 mmHg, HR 111/min, RR 11/min, SpO₂ 99% RA, T 36.2°C

Consultation 30

Mr H. Dumpty, 70 years old

Your Role: Geriatric Clinic SHO

Referral Letter: Dear Colleague,
Mr Dumpty was admitted for a right Colles' fracture which we have fixed. It seems that he has been having rather frequent falls. Could you please see him?
Thank you.
Dr Bone, Orthopaedic Surgeon

Vital Signs: BP 132/71 mmHg, HR 70/min, RR 12/min, SpO₂ 97% RA, T 35.9°C

Consultation 31

Ms Alice, 50 years old

Your Role: Emergency Department SHO

Referral Letter: Dear Colleague,

Thank you for seeing Ms Alice, who complains of persistent muscle cramps that did not resolve with rest and a muscle relaxant. She is on my follow-up for delusional disorder and is stable on risperidone 2mg daily. There have been no dose changes in the past 5 years.

Thank you.

Dr Aaron Tang, Psychiatrist

Vital Signs: BP 137/84 mmHg, HR 70/min, RR 14/min, SpO₂ 98% RA, T 37.0°C**Consultation 32**

Mr White, 47 years old

Your Role: Medicine Clinic SHO

Referral Letter: Dear Colleague,

Mr White came for routine health screening and was found to be anaemic. Would you please see him for further management?

Thank you.

Dr Joyce Huang, GP

Vital Signs: BP 131/80 mmHg, HR 70/min, RR 11/min, SpO₂ 98% RA, T 37.0°C

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| Investigations: | Haemoglobin | 9.8 | g/dL | (13.0 - 17.0) |
| | WBC | 3.0 | × 10 ⁹ /L | (3.4 - 9.6) |
| | Platelets | 148 | × 10 ⁹ /L | (150 - 400) |
| | Mean corpuscular volume | 112 | fL | (80 - 95) |

Consultation 33

Mdm Na, 70 years old

Your Role: Emergency Department SHO

Referral Letter: Dear Colleague,

Mdm Na came to me last week complaining of lethargy. I decided to check her bloods and it turns out that she has rather significant hyponatraemia. Will you please see and manage her?

Thank you.

Dr Saw Tee, GP

Vital Signs: BP 130/70 mmHg, HR 72/min, RR 11/min, SpO₂ 98% RA, T 37.0°C

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|------------------------|-------------------------------|-----|--------|-------------|
| Investigations: | Na ⁺ | 119 | mmol/L | (135 - 145) |
| | K ⁺ | 4.0 | mmol/L | (3.5 - 5.0) |
| | Cl ⁻ | 88 | mmol/L | (95 - 105) |
| | HCO ₃ ⁻ | 23 | mmol/L | (22 - 26) |
| | Creatinine | 72 | umol/L | (normal) |
| | Urea | 10 | umol/L | (normal) |
| | Glucose | 7.0 | mmol/L | |

Consultation 34 Mr E. Choke, 40 years old

Your Role: Gastroenterology SHO

Referral Letter: Dear Colleague,
Thank you for seeing Mr Choke for consideration of esophago-gastroduodeno-
scopy. He has been complaining of difficulty swallowing and has lost weight.
Thank you.
Dr Cai Jiashen, GP

Vital Signs: BP 100/60 mmHg, HR 60/min, RR 13/min, SpO2 100% RA, T 36.2°C

Consultation 35 Mr P. Philippe, 40 years old

Your Role: Medicine Clinic SHO

Referral Letter: Dear Colleague,
Mr Philippe has been complaining of joint pains affecting both hands. I would
appreciate if you could see him.
Thank you.
Dr Joshua Yeo, GP

Vital Signs: BP 135/80 mmHg, HR 70/min, RR 11/min, SpO2 98% RA, T 37.0°C

Consultation 36 Ms S. L. Ee, 33 years old

Your Role: Rheumatology Clinic SHO

Scenario: Ms Ee is on follow up for systemic lupus erythematosus. She has brought
forward her appointment, complaining of mouth ulcers. She is worried of a
lupus flare.

Vital Signs: BP 115/66 mmHg, HR 67/min, RR 10/min, SpO2 97% RA, T 37.0°C

Consultation 37 Mdm Yang, 49 year old

Your Role: Dermatology Clinic SHO

Referral Letter: Dear Dermatologist,
I have been seeing Mdm Yang for a persistent generalised itch which does not
respond to moisturiser creams or topical steroids. A trial of scabies treatment
was also unsuccessful.
Would you please see her? Thank you.
Dr Shawn Lin, GP

Vital Signs: BP 120/72 mmHg, HR 60/min, RR 12/min, SpO2 95% RA, T 37.0°C

Consultation 38

Ms Poo, 47 years old

Your Role: Gastroenterology Clinic SHO**Referral Letter:** Dear Colleague,
Thank you for seeing Ms Poo. She has had a 1-month history of diarrhoea which does not resolve on symptomatic treatment.
Thank you.
Dr Loo, GP**Vital Signs:** BP 107/60 mmHg, HR 111/min, RR 12/min, SpO2 98% RA, T 37.0°C**Consultation 39**

Ms L. Sai, 30 years old

Your Role: Emergency Department SHO**Scenario:** Ms Sai, who is on follow up for Crohn's disease, complains of abdominal pain.**Vital Signs:** BP 100/60 mmHg, HR 111/min, RR 10/min, SpO2 99% RA, T 39.0°C**Consultation 40**

Ms Jackson, 23 years old

Your Role: Emergency Department SHO**Referral Letter:** Dear Colleague,
Thank you for seeing this young lady with abnormal movements who is understandably very anxious.
Thank you.
Dr Wei Ting, GP**Vital Signs:** BP 103/60 mmHg, HR 71/min, RR 11/min, SpO2 98% RA, T 37.0°C**Consultation 41**

Ms. Mabok, 34 years old

Your Role: Emergency Department SHO**Referral Letter:** Dear Colleague,
Thank you for seeing Ms Mabok. She complains of a one-day history of giddiness.
Warm regards,
Dr Hallpike, GP**Vital Signs:** BP 127/80 mmHg, HR 80/min, RR 14/min, SpO2 98% RA, T 37.0°C

Consultation 42

Ms Campbell, 41 years old

Your Role: Rheumatology Outpatients SHO**Scenario:** Ms Campbell, who is on follow up for systemic sclerosis, brought forward her scheduled appointment because of giddiness and diarrhoea.**Vital Signs:** BP 180/108 mmHg, HR 90/min, RR 16/min, SpO2 95% RA, T 36.0°C**Investigations:** Haemoglobin 9.8 mg/dL, WBC $4.2 \times 10^9/L$, Platelets $90 \times 10^9/L$
Creatinine 180 umol/L (baseline 70 umol/L)
Urine dipstick – blood 1+, protein, and nitrites negative**Consultation 43**

Mrs Drowsy, 64 years old

Your Role: Oncology Unit Walk-In Clinic SHO**Referral Letter:** Dear Colleague,
Mrs Drowsy is on home hospice support for metastatic ovarian cancer. We have found her to be intermittently confused over the past week. She is struggling to manage at home. Please kindly see her.
Warm regards,
Dr G. Reaper, Eternal Life Home Hospice**Vital Signs:** BP 125/82 mmHg, HR 77/min, RR 8/min, SpO2 96% RA, T 36.0°C**Consultation 44**

Ms Claudia, 35 years old

Your Role: Emergency Department SHO**Referral Letter:** Dear Colleague,
Ms Claudia migrated from East Asia 2 years ago. She has been on my follow up since then for difficult-to-control hypertension. Today she came to see me with a new complaint of right leg pain. Would you please see her to exclude deep vein thrombosis?
Thank you.
Dr Dorothy Huang, GP**Vital Signs:** BP 155/82 mmHg, HR 48/min, RR 10/min, SpO2 99% RA, T 37.0°C

Consultation 45

Mr P. Pee, 30 years old

Your Role: Internal Medicine SHO

Referral Letter: Dear Colleague,
 Thank you for seeing Mr P. Pee who complains of frequent urination. He is too young to have a prostate problem.
 Thank you.
 Dr S. Shee, Urology

Vital Signs: BP 120/70 mmHg, HR 55/min, RR 13/min, SpO2 99% RA, T 37.0°C

Investigations: Urine microscopy – normal
 Fasting glucose 5.0 mmol/L
 Uroflowmetry – normal

Consultation 46

Mr Kuning, 32 years old

Your Role: Gastroenterology SHO

Referral Letter: Dear Colleague,
 Thank you for seeing Mr Kuning for abnormal liver function tests detected on health screening.
 Regards,
 Dr Kelly Chng, GP

Vital Signs: BP 120/70 mmHg, HR 60/min, RR 15/min, SpO2 95% RA, T 36.0°C

Investigations:

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|--------------------------------|-----|--------|------------|
| Bilirubin | 30 | umol/L | (3 - 17) |
| Alanine aminotransferase (ALT) | 160 | IU/L | (5 - 35) |
| Aspartate transaminase (AST) | 334 | IU/L | (5 - 50) |
| Alkaline phosphatase (ALP) | 70 | IU/L | (30 - 150) |
| Albumin | 37 | g/L | (35 - 50) |

Full blood count, creatinine, electrolytes – normal

Consultation 47

Ms Fairchild, 32 years old

Your Role: Medicine Outpatients SHO**Referral Letter:**

Dear Colleague,

Thank you for seeing Ms Fairchild for raised aPTT.

She saw me to do a face lift. Unexpectedly, the routine pre-op work-up found an elevated aPTT. I am hoping that you will be able to investigate further and let me know whether I can proceed with the procedure.

Thank you,

Dr W. Wu, Plastic Surgery

Vital Signs:

BP 110/62 mmHg, HR 65/min, RR 10/min, SpO2 99% RA, T 36.0°C

Investigations:

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|--|--------------------|
| Prothrombin time (PT) | 12.0 s (normal) |
| Activated partial thromboplastin time (aPTT) | 80.2 s (30 - 50 s) |
| Full blood count | normal |

Consultation 48

Ms Rachel Clot, 47 years old

Your Role: Haematology Clinic SHO**Referral Letter:**

Dear Colleague,

Thank you for seeing Ms Clot early for thrombocytopenia.

She has a history of systemic lupus erythematosus, diabetes, and hypertension. She was admitted last week for exertional chest pain and underwent a coronary angiogram. This showed minor coronary artery disease which we will treat medically.

She made an unscheduled clinic visit today complaining of right thigh swelling. An ultrasound confirmed deep vein thrombosis of the right superficial femoral vein. Unfortunately, her platelets were low, so I was unable to start anticoagulation.

Would you please see her for further management?

Thank you.

Dr B. Loon, Cardiology

Vital Signs:

BP 106/64 mmHg, HR 80/min, RR 10/min, SpO2 97% RA, T 37.0°C

Investigations:

| | | |
|------------------|---------------------|--------------------------------|
| Haemoglobin | 12.2 g/L | (12 - 16) |
| White cell count | $4.0 \times 10^9/L$ | (2.5 - 10) |
| Platelets | $40 \times 10^9/L$ | (150 - 400), previously normal |

Consultation 49

Mr Beer, 50 years old

Your Role: Medicine Clinic SHO

Referral Letter: Mr Beer was found to have a creatinine of 242 $\mu\text{mol/L}$ on routine laboratory investigations, up from 128 $\mu\text{mol/L}$ two months ago.

Vital Signs: BP 150/83 mmHg, HR 75/min, RR 10/min, SpO₂ 98% RA, T 37.0°C

Consultation 50

Mr Ezekiel, 58 years old

Your Role: Ward SHO

Referral Letter: Dear Medical Colleague,
Mr Ezekiel has had two fractures this year (proximal humerus and distal radius). Is there anything you can do to reduce his risk of fracture recurrence?
Thank you.
Dr Saw, Orthopaedic Surgeon

Vital Signs: BP 165/80 mmHg, HR 73/min, RR 12/min, SpO₂ 98% RA, T 37.0°C

COMMUNICATIONS

Comms 01

Mdm Koh Ma, 80 years old

Your Role: Neurology Ward SHO

Information: Mdm Koh came to the Emergency Department yesterday evening complaining of headache and vomiting. She was diagnosed with migraine and sent home on analgesia.

This morning, her family members could not wake her up from sleep. She was brought back to the Emergency Department and a CT brain showed a massive subarachnoid hemorrhage. She is currently in the operating theatre undergoing decompression surgery.

Your task is to speak to Mdm Koh's daughter to update her of her mother's situation and address any concerns that she may have.

Comms 02

Mr Muhammad Bin Muhammad, 22 years old

Your Role: Intensive Care Unit SHO

Information: Mr Muhammad, a 22-year-old university student, was admitted 48 hours ago following a road traffic accident. He was crossing the road with the traffic lights in his favour, but was hit by a speeding truck and suffered massive intracranial haemorrhage.

Version (a) if taking the exam in Singapore, (b) if in the UK.

(a) **Singapore:** He has been pronounced brain dead by two independent consultants. Currently he is normotensive and in sinus rhythm. He is kept intubated and ventilated with the intention of facilitating organ harvesting. He is not known to have opted out of organ donation under the Human Organ Transplant Act.

(b) **UK:** He has been pronounced brain dead by two independent consultants. Currently he is normotensive and in sinus rhythm. He is kept intubated and ventilated with the intention of facilitating organ harvesting.

Your task is to update his parents about the diagnosis of brain death and approach the idea of organ donation.

Comms 03

Ms Rebecca Clot, 30 years old

Your Role: Haematology Clinic SHO

Information: Ms Clot presented to the Emergency Department 2 days ago with right leg swelling. Compression venous ultrasound confirmed the diagnosis of deep vein thrombosis (DVT) involving the femoral and popliteal veins. The Emergency physician has started her on subcutaneous low molecular weight heparin (1 mg/kg) and given her a fast-track appointment to see you today.

You have determined that Ms Clot's DVT is likely provoked by use of a combined oral contraceptive pill. She does not have any other risk factor for DVT, no underlying medical illness, and no family history of thrombosis. There is no clinical concern for pulmonary embolism at the present moment.

Your task is to counsel Ms Clot about the management options for her condition.

Comms 04

Mr E. O. See, 30 years old

Your Role: Medicine Clinic SHO

Information: Mr See is the Chief Executive Officer of a fast-growing tech start-up. He recently sought to purchase a £2,000,000 term life insurance plan. Due to the high coverage amount, the insurance provider elected to send Mr See for routine health screening before extending the cover.

Mr See was found to be hypertensive with a blood pressure reading of 170/95 mmHg (average over two visits). As a result, the insurance company has rejected Mr See's application for life insurance.

The general practitioner who saw Mr See has started him on lisinopril 20 mg OM and referred him to your clinic for work-up of young hypertension.

Mr See's blood pressure today is 173/94 mmHg.

Your task is to discuss work-up of young hypertension with Mr See and address any concerns that he may have.

Comms 05

Ms Vanessa Shake, 22 years old

Your Role: Neurology Ward SHO

Information: Ms Shake has been admitted for an episode of generalised tonic-clonic seizures. This is her third admission for seizure; she had her first seizure 1 year ago and a second seizure 3 months ago. She is otherwise stable with normal vitals.

Your task is to counsel her on the diagnosis and treatment of epilepsy.

Comms 06

Mr Hack, 30 years old

Your Role: General Medicine SHO

Information: Mr Hack has come to the walk-in clinic today requesting for cough syrup.

He was diagnosed with pulmonary tuberculosis 3 months ago and started on rifampicin, isoniazid, pyrazinamide, ethambutol, and pyridoxine. Sputum cultures have confirmed mycobacterium tuberculosis which is sensitive to all first-line anti-tuberculous therapy. Liver enzymes, fasting glucose, and a HIV test are normal.

Mr Hack has missed 2 review appointments to date. The records show that in the 3 months since his diagnosis, he has only collected 1 month's worth of medication. He is symptomatic with persistent cough.

Your task is to speak to Mr Hack about his non-compliance and formulate a treatment plan.

Comms 07

Mr C. Yolo, 42 years old

Your Role: Medicine Ward SHO

Information: Mr Yolo was admitted 4 days ago. He presented with a 2-week history of fever, rash, and sore throat after returning from vacation.

Your consultant has ordered several tests including a HIV test.* The laboratory has called to inform you that the HIV test is 'indeterminate'.

Your task is to speak to Mr Yolo about this result.

*Your laboratory uses a fourth-generation HIV assay, which is a combination test including the HIV antibody and p24 antigen. If this is positive, a confirmatory western blot is performed.

Comms 08

Ms Willy Wild, 36 years old

Your Role: Infectious Disease Clinic SHO

Information: Ms Wild is referred to the Infectious Diseases clinic for a 6-month history of cough and weight loss. A HIV test and confirmatory test are positive. She is married with a 3-year-old son.

Your task is to inform Ms Wild of the test result and address her concerns.

Comm

Dr S. Suay, 23 years old

Your Role: Medical SHO-On-Call

Information: Dr Suay, the House Officer (FY1) with whom you are on call, comes to you distraught after sustaining a needlestick injury.

Your task is to calm the situation and advice Dr Suay on what she needs to do.

Comms 10

Mr Gan Ying Hua, 53 years old.

Your Role: Gastroenterology Clinic SHO

Information: Mr Gan, a 53-year-old Chinese gentleman, is on follow-up with the gastroenterology clinic for liver cirrhosis. He is hepatitis B positive and has a very strong family history of hepatitis B. In the past year, he has had two episodes of variceal bleed and one admission for hepatic encephalopathy. In the past two months, he has also been complaining of symptomatic ascites which has not improved in spite of maximal tolerated doses of furosemide and spironolactone.

Your consultant has just seen Mr Gan and decided to offer large volume paracentesis (therapeutic ascitic drain). This will be done today as an outpatient in the day procedure room.

Your consultant has tasked you to consent Mr Gan for this procedure and counsel him on further management of his cirrhosis.

Comms 11–12

Mr Bo Kar, 27 years old

**Note: Cases 11 and 12 share a common candidate's information.
Please attempt Case 11 first.**

Your Role: Acute Care Clinic SHO

Information: Mr Bo walks in to the Acute Care Clinic complaining of worsening pain and requesting for a top-up of painkillers.

He had a right above-knee amputation 1 year ago after a road traffic accident in which he suffered popliteal artery injury and right calf compartment syndrome. He is able to walk with a prosthetic limb but has known phantom limb pain.

You note that he had just seen a GP 7 days ago and was prescribed with:

PO Tramadol 25 mg TDS PRN (for pain) — 3 weeks (63 capsules)

PO Lorazepam 1 mg ON PRN (for sleep) — 3 weeks (21 capsules)

Your task is to speak to Mr Bo and address his concerns.

Comms 13

Ms Theresa Downs, 35 years old

Your Role: Medical Ward SHO

Information: Ms Downs is a nurse working in your hospital. She was admitted to your ward two days ago after another nurse found her unconscious in the staff changing room prior to the start of her shift, and wheeled her to the Emergency Department. A drug screen for benzodiazepines has come back positive.

Your task is to speak to her about this episode and broach the topic of psychiatric review.

Comms 14

Ms Elsa Queen, 77 years old

Your Role: Acute Medical Unit SHO

Information: Ms Queen is a 77-year-old with a past medical history of diabetes with diabetic nephropathy.

Three months ago, she presented in cardiogenic shock from an acute myocardial infarction. Emergency percutaneous coronary intervention was successful in stenting the left anterior descending artery. She had a stormy recovery with acute on chronic kidney disease requiring renal replacement therapy. She did not recover renal function and was discharged to community haemodialysis via a tunnelled dialysis catheter.

Since discharge, she has been readmitted thrice — once for dialysis catheter infection, another for intra-dialytic hypotension, and most recently for methicillin-resistant *staphylococcus aureus* (MRSA) bacteraemia. Trans-oesophageal echocardiography showed normal valves, no valvular vegetations, and an ejection fraction of 17%. She received six weeks of intravenous vancomycin and a change of the dialysis catheter.

Ms Queen is currently admitted to your ward, having been referred by the dialysis centre for recurrent intra-dialytic chest pain and hypotension. Despite technical optimisation of the dialysis prescription, she has not been able to complete a full dialysis session since her last discharge. Ms Queen is breathless, acidotic, and hyperkalemic. Your consultant has decided to withdraw dialysis support as she is unable to tolerate dialysis.

Ms Queen's only child, who lives overseas, has flown back after hearing of the plan to withdraw dialysis.

Your task is to speak to Ms Queen's son, Mr Payne, and address his concerns. You may assume the necessary permissions to discuss the patient's confidential medical information with Mr Payne.

Comms 15

Ms Amy Dole, 42 years old

Your Role: Cardiology Clinic SHO

Information: Ms Dole is a 42-year-old lady with fibromyalgia, irritable bowel syndrome, and migraine on follow up with multiple specialists. Blood tests, multiple gastroscopies and colonoscopies, as well as a CT brain and CT abdomen are normal.

In the past six months, she has visited the Emergency Department seven times for chest pain; each time with normal ECGs, troponins, and chest X-rays. She has been referred to Cardiology and underwent further investigations including a treadmill stress test, echocardiogram, and 24-hour ECG monitoring, all of which were normal. She has been discharged from Cardiology follow up two weeks ago.

Ms Dole has walked in to clinic today, complaining of a two-day history of atypical chest pain. Her vital signs and clinical examination are normal. An ECG, full blood count, electrolytes, CRP, troponin, and D-dimer* are normal. Your consultant will like to refer Ms Dole for psychiatric consult for anxiety disorder.

Your task is to inform Ms Dole of her test results, offer psychiatric consultation, and manage her concerns.

*In patients with a low pre-test probability of pulmonary embolism and a normal D-dimer, the chance of a pulmonary embolism is approximately 0.1%.¹

Comms 16

Ms A. Jollie, 37 years old

Your Role: Medicine Clinic SHO

Information: Ms Jollie sees you in clinic to discuss BRCA1 testing. Her mother has recently passed away from ovarian cancer at 56 years of age. Her 38-year-old sister has just had her breast removed due to breast cancer.

Your task is to discuss BRCA testing with Ms Jollie.

¹ Bass AR, Fields KG, Goto R, Turissini G, Dey S, Russell LA. Clinical Decision Rules for Pulmonary Embolism in Hospitalized Patients: A Systematic Literature Review and Meta-analysis. *Thromb Haemost* 2017 117(11):2176.

Comms 17

Dr Green, 25 years old

Your Role: Night-Duty SHO

Information:

You are on night duty with Dr Green, the FY1/House Officer.

At approximately 2am, you were called to attend to a Code Blue involving Mdm Loh B. P., a 50-year-old lady admitted two days ago for pneumonia. Mdm Loh responded well to resuscitation and has been transferred to the intensive care unit. She appears to be alert with no permanent neurological sequelae.

While reviewing Mdm Loh's clinical notes, you noted that the ward nurses had called Dr Green at 8pm to inform that Mdm Loh was hypotensive and febrile. Dr Green asked to give a pint of normal saline and some paracetamol, but did not physically review Mdm Loh.

Dr Brainchild, the on-duty medical registrar, is concerned about the events leading up to Mdm Loh's Code Blue and has asked you to speak to Dr Green while he stabilises her in the intensive care unit.

Your task is to speak to Dr Green about his unsafe clinical management.

Comms 18

Mdm Maria, 35 years old

Your Role: Medical High Dependency SHO

Information:

Mdm Maria is a 35-year-old foreign domestic worker from the Philippines with no known past medical history.

She was admitted for a 4-day history of fever, breathlessness, and altered mental state. Initial investigations revealed acute leukaemia with tumour lysis syndrome, which has caused renal impairment and pulmonary oedema.

Your consultant has discussed her case with the renal and haematology unit. The plan is to insert a non-tunnelled dialysis catheter, administer haemodialysis, and initiate chemotherapy urgently. Dual consultant consent has been obtained to proceed as Mdm Maria is confused and has been assessed to lack mental capacity. Your consultant expects that Maria will have a long and stormy hospital stay with multiple sessions of dialysis and a long course of chemotherapy. However, without treatment, Mdm Maria is expected to deteriorate and pass away within days.

Her employer, Mrs Blackheart, has made known that she objects to dialysis and chemotherapy, and requests to speak to a member of staff.

Your task is to speak to Mrs Blackheart and address her concerns. You may assume that Mdm Maria has consented to this conversation.

Comms 19

Mrs Park, 70 years old

Your Role: Acute Medical Unit Ward SHO

Information: Mrs Park was diagnosed with Alzheimer's dementia 15 years ago and has had a steady decline in function since then. In the last two years, she has become completely bedbound and dependent on others for her activities of daily living. She receives liquid feeds through a nasogastric tube.

Mrs Park was admitted through the Emergency Department yesterday for sepsis from unstageable sacral sores. She appears cachectic and hypovolemic. A sacral X-ray is significant for evidence of osteomyelitis and biochemical investigations reveal hyponatraemia, hypokalaemia, hypophosphataemia, and hypomagnesaemia. Your team has started her on IV antibiotics, IV fluids, electrolyte and thiamine replacement, and an appropriate feeding regimen.

This is Mrs Park's third admission for infected sacral sores in the past year. The social worker has highlighted several concerns about Mrs Park's care at home. In particular, although her husband, Mr Park, claims to pay for a home nurse service who visits three times a week, a call to the home nurse service reveals that Mr Park has been cancelling appointments and in the past month they have only come once.

Your task is to update Mrs Park's husband about her condition and convey your concerns about her care at home.

Comms 20

Ms ABC, 35 years old

Your Role: Medicine Clinic SHO

Information: Several years ago, Ms ABC's father was diagnosed with Huntington's disease. Despite extensive counselling about the possibility that his children may inherit the Huntington gene, he firmly insisted that his children should not be informed. He was particularly concerned that his younger daughter, Ms ABC, who was pregnant at the time, would have an abortion should she be told. After much deliberation, his physicians opted not to override his confidentiality and inform his daughters of the diagnosis.

After childbirth, Ms ABC accidentally became aware of her father's diagnosis. She subsequently sought gene testing and was found to have the Huntington gene. It is not yet known whether her child is similarly affected because gene testing cannot be done until the child is 18 years of age.

Ms ABC wishes to speak to a member of staff about the failure to inform her of her father's diagnosis of Huntington's disease.

Your task is to speak to Ms ABC and address her concerns.

