

YLL SENIORS TEACHING INITIATIVE 2014/2015

M3 Lecture 6: An approach to Physical Diagnosis & the OSCE exam

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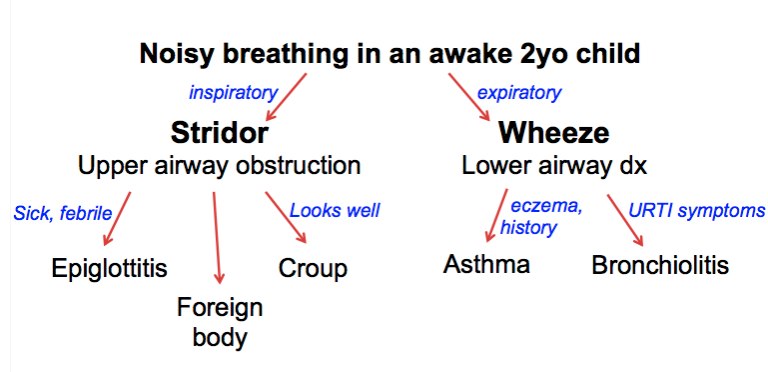
PART A. It is your M3 OSCE exam. You have been waiting anxiously in the freezing LT since 12pm. It is now 4.30 pm and finally it is your turn.

1. With much trepidation you open the door for station 1. A young Chinese lady chirps "Good morning!" – she looks a little too happy. The examiner, who looks especially post-call, grunts "please examine her thyroid". You smile broadly because you are so familiar with the standard template for thyroid exam. What signs do you look for and how do you put the signs together?
2. A well-known NUH paediatrics prof greets you at station 2. She points to a squirmy 10-year-old boy sitting in his wheelchair – "This boy has difficulty walking, please examine." What are you thinking of and what do you want to examine?
3. You go on to Station 3. An elderly Malay man lies uncomfortably on the examining couch, almost falling off. A glum-looking examiner points to the patient's distended abdomen, and says, "This patient complains of a swollen tummy. Please examine and tell me your diagnosis". You notice that the patient is having difficulty catching his breath. How would you proceed?
4. At station 4, you are invited to examine another abdomen. Patient is a young Indian gentleman. You lift up the shirt and see a large midline scar with a stoma bag on the abdomen. How would you proceed?
5. Station 5. An elderly Chinese lady smiles at you from her seat. "This lady has difficulty picking up coins. Can you look at her hands and tell me why?"

PART B. Many students go through the steps of the physical exam with brain turned off, eliciting some signs and being unsure about others. When asked to present their findings and suggest a diagnosis, they inevitably blank out.

6. Attempt to create a logical schema (thought process) for the Cardiovascular Exam in adults and in children.
 - What are the key differential diagnoses (for both adults and for children)?
 - What are the key findings that distinguish between these diagnoses?
 - Hence, as you go through each step of the exam, what are the key branch points that will make you think of one group of diagnoses over others?

A sample schema is provided below (refer to Lecture 2: Clinical Reasoning)



PART C. You are the A&E MO. The following patients come in while you are on shift. Unfortunately you are unable to talk to them. Can you still come to a diagnosis?

7. It is 4am. An elderly Indian lady is brought in by her husband, who was woken up by her heavy breathing. Indeed she appears to be in respiratory distress, and is only able to speak in words. You attempt to obtain a history but she is too breathless to talk much. You can only gather that she has had previous episodes of shortness of breath, and her husband is unable to offer anything additional. You look up the computer and find a long list of cardiac, respi, endocrine, general surgery, and orthopaedic visits – but clinic notes (written on paper) are not available immediately. What do you do now?
8. The nurses thrust you a case file, “Dr can you please see this gentleman first? He doesn’t look well”. Walking over to the trolley, you see a bangaladeshi foreign worker writhing in pain. He thumps on his back, around the lumbar region, and says, “Many many paining! Many many!”. He denies any trauma, but unfortunately he speaks no other English. There are no available translators for the next 20 min. You look up the computer and find no past medical history. What do you do now?
9. An elderly Malay gentleman is brought in by the paramedics. His wife says that he was unable to get out of the bed this morning, and suddenly became unable to talk. The nurse reports that his eyes ‘look weird’. What do you do now?

PART D. Reflection

10. Right now, what goes through your mind when you do a physical exam?
 - How has that changed since CSFP?
 - Is what you are doing now adequate?
 - How do you get to the next level?