

Station title: Patient with vomiting and diarrhoea

Station duration: 8 mins

Station number: GI/Renal

Student Instructions

Station No

Final MB

Background information to station:

You are a Foundation Doctor on a surgical ward.

This 34 year old patient has been admitted with vomiting and diarrhoea.

Specific student instructions:

1. Examine this patient's gastrointestinal system beginning with the hands. Verbalise your findings as you proceed.
2. At the '2 minutes remaining' bell, or sooner, the examiner will ask you to summarise your findings and will ask you a further 2 questions.

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Examiner Instructions

Station No

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Station author: Dr Samuel Bell

Background information to station:

Students are asked to perform the role of a Foundation Doctor on a medical ward. They are asked to review a 34 year old man who has been admitted with vomiting and diarrhoea. The man has a background of renal transplant for diabetic nephropathy. This current admission is likely for a viral gastroenteritis secondary to immunosuppression.

Assessment outcome:

This station assesses the student's ability to:

1. Perform an abdominal examination
2. Summarise their findings and answer 2 further questions based on positive exam finding of a renal transplant.

When the student lightly palpates the right iliac fossa, please say, 'There is a mass palpable in the right iliac fossa'

When the student deeply palpates the same area please say, the mass is firm, non-tender, non-pulsatile and non-mobile. It is approximately 5cm by 10cm.

If student says 'I would like to examine the hernial orifices', examiner to say, **that is not required at present.**

At the 2 minute warning bell, or sooner, please ask:

- 1) Please summarise your findings.
- 2) This patient is on immunosuppression. Name two potential adverse effects of this?
- 3) Name two common causes of renal failure in the UK?

Potential areas of serious concern:

- Proceeding to examine without consent
- Proceeding to examine without asking if any abdominal pain

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Marking sheet *G = Good, A = Acceptable, P = Poor*

DETAIL / question	MARK	WEIGHTING
1. Overall introduction including identification of self and patient (Name & role, purpose of encounter, confirms patient's agreement) G:2; A:1	G A P	2 1 0
2. Rapport & professional manner (shows interest, respect, concern, appropriate body language, closure)	G A P	2 1 0
3. Attention to infection control throughout G: PPE + clean stethoscope	G A P	2 1 0
4. Appropriate positioning & exposure	G A P	1 0
5. End of the bed inspection G: thorough P: poor, rushed	G A P	2 1 0
6. Inspection of hands (look for finger clubbing, liver flap, palmar erythema, Dupuytren's contracture, fistula) G: 2 relevant; A:1; P:0	G A P	4 2 0
7. Inspection of face (xanthelasma, corneal arcus, conjunctival pallor, jaundice, Kayser-Fleischer rings, mouth ulcer) G:2 relevant; A:1; P:0	G A P	2 1 0
8. Inspection of abdomen (gynaecomastia, spider naevi, caput medusa, ascites) G:2 relevant; A:1; P:0	G A P	4 2 0
9. Superficial palpation of abdomen G: all 9 areas; A: minor omission <i>When student is examining the RIF, examiner to say, there is a mass palpable in the right iliac fossa</i>	G A P	2 1 0
10. Deep palpation of abdomen G: all 9 areas; A: minor omission <i>When student is examining the RIF, examiner to say, the mass is firm, non-tender and non-mobile</i>	G A P	2 1 0
11. Liver palpation and percussion	G A P	2 1 0
12. Spleen palpation and percussion	G A P	2 1 0
13. Kidneys palpation bilaterally	G P	1 0
14. Percuss for presence of ascites +/- shifting dullness	G P	1 0
15. Auscultate for bowel sounds and bruits G:both; A:1	G A P	2 1 0
16. If student says 'I would like to examine the hernial orifices'. Examiner to say, that is not required at present.	G P	1 0
17. At the 2 minute bell or sooner, examiner to say, Please summarise your findings	G A P	4 2 0
18. This patient has a renal transplant and is on immunosuppression. Name two potential adverse effects of this? e.g. infection, skin malignancy G:2; A:1;P:0	G A P	2 1 0
19. Name two common causes of renal failure in the UK. Diabetes, Hypertension, Glomerulonephritis, Genetic e.g. Polycystic Kidney Disease G:2; A:1;P:0	G A P	2 1 0
SP Rating: SA: Strongly agree; A: Agree; JA: Just Agree; N: Neutral; D: Disagree	SA A JA N D	4 3 2 1 0
Global mark: E: Excellent; V: Very good; P: Pass; B: Borderline; F: Fail	E V P B F	5 4 3 2 1

Total score /40 (excluding Global Mark)

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Simulated Patient Instructions

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This station assesses the student's ability to perform an abdominal examination. Background information to station:

Students are asked to perform the role of a Foundation Doctor on a surgical ward. They are asked to review you, a 34 year old man who has been admitted with vomiting and diarrhoea. You had a renal transplant 4 years ago for diabetic complications. It is functioning well but the treatment you are on leaves you susceptible to infection. You likely have a viral gastroenteritis at the moment.

How the role should be portrayed:

You feel unwell and are quite thirsty. Your abdomen is mildly generally tender but you are able to cope with the examination.

- Name: John Smith
- DoB: 21.07.1987
- The examination will involve:
 - Exposing your abdomen from nipples to just above your underwear.
 - They will look at your face, neck and hands too.
 - The examiner will place a 'scar' on your right lower abdomen with a temporary tattoo or washable marker before the exam starts.
 - They will feel your abdomen – beginning gently and then firmer. **Act as your abdomen is mildly generally tender only. You are happy for the student to proceed with the examination. When the student examines the area on your right lower abdomen the examiner will say to the student that a mass is palpable.**
 - They will palpate your organs including your liver, spleen and kidneys.
 - They will tap on your abdomen

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- They will listen to your abdomen using a stethoscope
- If they ask to check for hernias, the examiner will move them on as it is not required as part of this exam

Clothes/props:

Scar in right iliac fossa (can be temporary tattoo or washable marker)

Top/T-Shirt that can be removed for exam.

First sentence (after introductions) if student starts with an open question: “I am feeling quite rough doctor, I’ve had several episodes of diarrhoea and still feel quite nauseated”

Potential question	Response
Are you in pain?	Not, really. I just feel a bit tender everywhere in my tummy.
How bad is the diarrhoea?	Very watery
Is there any blood in the diarrhoea?	No
Any associated symptoms?	Some shivering at home

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Site Co-ordinator Instructions

Station No

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Equipment check list:

- Bed
- Stethoscope
- PPE
- Wipes for stethoscope
- Handwash
- Male SP
- Temporary tattoo or washable marker to mark a scar in right iliac fossa