

## **PRIMARY CARE CLERKSHIP PRACTICE EXAMS**

**1. Practice Exam: <https://learnuw.wisc.edu/>**

**2. Practice OSCE Scenarios (below)**

### **OSCE Scenarios**

#### **Introduction**

Students: The following practice OSCE scenarios are provided to help prepare you for the end of the rotation exam.

Although these are not the exact stations that you will encounter, the scenarios are representative of the types of problems that will be tested. Scenario A contains an in-depth assessor checklist to give you a more detailed guide to the depth of knowledge and skills expected; the remaining scenarios have a more general list of assessor criteria.

To maximize your learning, we suggest that you:

- Practice these scenarios in groups of 3, alternating among Patient, Student, and Assessor roles.
- Complete and review each scenario individually--it will maximize your learning if the 'Student' does not view the other roles before the performance.
- You may wish to print out the patient information, assessor form and any linked/attached materials for each scenario.
- Limit your time to 10 minutes per scenario. 'Assessor' should keep time and give a 2-minute warning.
- Assessor should note questions asked/not asked during the interviews; consider video or audiotaping to improve recollection and feedback.
- For Scenarios B-G, review and discuss the likely components of the assessor checklist.
- Give each other honest feedback about performance.

## **Practice OSCE Scenario A**

Student Directions:

A 27-year old woman comes into the office complaining of chest pain.

**Obtain a complete history of this complaint.**

After obtaining the history to your satisfaction, excuse yourself to go talk with your preceptor.

## Practice OSCE Scenario A

### Assessor Checklist

*Reminder: Keep time and give a 2-minute warning before the 10 minutes is up*

- Introduces self appropriately
- Clarifies reason for visit
- Obtains history of chest pain
  - Onset
  - Location
  - Precipitating factors
  - Alleviating factors
  - Associated symptoms
  - Quality
  - Radiation
  - Severity
  - Timing/duration
- Identifies risk factors for heart disease
  - Past medical history
  - Family history of heart disease or risk factors
  - Smoking history
  - Illicit Drug use (especially cocaine)
  - Hypertension
  - Lipids/cholesterol
  - Recent stressors
  - Exercise tolerance
- Focused review of systems
  - Heartburn/GERD symptoms
  - Pain with movement/palpation
  
- Medications
- Allergies
- Summarizes history
- Checks for any other concerns or missed information
  
- Overall performance
- Communication skills performance
- Ask Standardized Patient: How likely would you be to go back to him/her ?

## Practice OSCE Scenario A

### Patient information

You are a previously healthy 27 year-old woman. You have been having chest discomfort about twice a week for the last 2 weeks. It is sharp, associated with difficulty getting a deep breath. It seems to come on mostly at work or when you are driving. It lasts about a half-hour at a time. You've tried Tylenol, Advil, drinking cold water, and antacids without much benefit. It doesn't radiate. It is severe enough to interrupt your work but not excruciating. You haven't had any heartburn or stomach symptoms. You are concerned that it could be a heart problem.

You smoke 15 cigarettes a day. You're trying to quit; had cut down from 1 pack/day to ½ pack but recently went back up to ¾ PPD, 'probably from stress.' No drug use. You've never been in the hospital or been told you had any chronic illnesses, never had anything like this before, never had a cholesterol test.

You are separated from your husband of two years, which is very stressful. You had argued a lot and just grown apart, no history of domestic violence. You work as a bank supervisor, no children, not currently sexually active or using birth control. You do aerobics 3-4 times a week and haven't had any problems with chest pain or breathing while exercising; 'Actually that's when I feel best.'

Your father had a heart attack last year when he was 64, which is one of the reasons you are worried about these pains. He also smokes and has high blood pressure. Your mother and older brother are healthy.

You take a multivitamin daily, no other meds, no allergies.

## **Practice OSCE Scenario B**

Student Directions:

A 16-year old girl comes in for evaluation of a vaginal discharge.

**Obtain a history and give the patient your pre-examination differential diagnosis, then excuse yourself to get your preceptor for the physical exam.**

## **Practice OSCE Scenario B**

Assessor criteria

*Reminder: Keep time and give a 2-minute warning before the 10 minutes is up*

Introduction/agenda

Chief complaint, past, gynecologic, sexual history

Able to generate weighted differential diagnosis

Overall performance, Communication skills performance, especially rapport with teenager

## **Practice OSCE Scenario B**

Patient information:

You are a previously healthy 16 year-old young woman. You have been having a whitish vaginal discharge for the last few days, associated with itching and redness of the vulva. It isn't painful but the itching seems to be getting worse. You've tried some over-the-counter cream 'that said it was for feminine itching,' without much benefit. You have no other symptoms. You are really embarrassed and uncomfortable going to the doctor about this.

You have a boyfriend of 8 months. You would initially deny being sexually active but if asked specifically about oral sex, did recently perform oral sex on your boyfriend one time. You felt kind of pressured into it by him and didn't like it. He has not performed oral sex on you or touched your genitals. You feel safe with him but don't like the pressure to go farther sexually and are thinking of breaking up with him. You have never tried smoking or any drugs; alcohol on one occasion. You had asthma 'as a kid' but no symptoms for several years, you've never had anything like this before. No recent illnesses/antibiotics.

Your menstrual periods have been somewhat irregular since you began menstruating at age 13. Lately it seems like you've spotting one or two days a week and you have been wearing pantyliners every day. LMP was 2 weeks ago, lasted 4 days, normal flow/duration.

You are a high school sophomore, doing well in classes, participating in volleyball, track and band. You are planning on going to college but unsure of what major.

Stressors are school, boyfriend, deciding on a college and career; 'the usual'.

Your parents and two sisters are well. You have a golden retriever named Max, who is 12 years old and starting to have some hip problems.

You take a multivitamin daily, no other meds, no allergies.

## **Practice OSCE Scenario C**

Student Information:

A 51-year old man comes into the office for right shoulder pain, progressive over the last 3 weeks, aggravated by his work sanding car hoods.

**Perform a focused physical exam of the shoulders, explaining what you are doing, what you are looking for, and what you are finding as you go.**

When you are finished examining the patient, summarize your findings to him and explain that you will go talk with your preceptor.

## **Practice OSCE Scenario C**

Assessor Criteria

*Reminder: Keep time and give a 2-minute warning before the 10 minutes is up*

Introduction/agenda

Shoulder exam

- Inspection
  
- Palpation
  
- Range of Motion
  
- Strength
  
- Special tests:

Summarizes findings/Checks for any other concerns or missed information

Overall performance, Communication skills, attention to patient comfort

## **Practice OSCE Scenario C:**

### **Patient Information**

You are a 50 year-old man coming in for right shoulder pain for the last 3 weeks. It seems to be getting worse and worse. About a month ago you began a job in an autobody shop; your primary job is sanding the paint off of car hoods. It hurts the most when you have to lean over the car and reach across the hood holding the heavy sander. Ibuprofen helps a bit.

On the exam you will have a slight pain on palpation over the lateral aspect of the shoulder joint. Abduction is limited actively to about 110 degrees, passively to about 130 degrees. Strength is good, some pain with supraspinatus testing. Neers and Hawkins maneuvers elicit pain. Otherwise normal exam.

## Practice OSCE Scenario D

### Student information

Mr. Jones, a 27 year-old previously healthy man, is seen with a 1-day history of low back pain.

You obtained his history and learned that the pain is non-radiating, worse with bending/twisting, and not associated with any bladder/bowel incontinence. He has no symptoms or signs of systemic illness. It started after he helped a friend move some furniture. Aspirin and a hot shower have helped transiently.

His exam showed moderate right paralumbar muscle tenderness, normal lower extremity strength and reflexes.

You discussed this with your preceptor, who agrees with you that this seems like an uncomplicated back muscle strain, and asks you to now **present your assessment and plan to the patient.**

## **Practice OSCE Scenario D**

Assessor Criteria

*Reminder: Keep time and give a 2-minute warning before the 10 minutes is up*

Re-introduces

Gives diagnosis, rationale

Treatment recommendations

Acknowledges concerns, probes, negotiates

Overall performance

Communication skills performance—see <http://www.fammed.wisc.edu/files/webfm-uploads/documents/med-student/pcc/session1skill-list.pdf>

Standardized Patient: Would you go back to him/her ?

## **Practice OSCE Scenario D**

### **Patient Information**

You are a 27-year old man, self-employed as a carpenter, and have always been 'healthy as a horse.' This weekend you were helping a friend move, including carrying a very heavy sleeper-sofa up 2 flights of stairs.

Yesterday you woke up with bad pain in your right lower back; you could hardly get out of bed. You took some aspirin and a hot shower, which loosened it up enough to go to work. It got more and more painful; you barely made it through the day. Another hot shower and aspirin helped when you got home.

This morning it was really stiff again; there's no way you can go through another day like yesterday.

You have an associates degree from the local state university. You smoke about a pack of cigarettes per day, with no real interest in quitting, and marijuana about once a week, again with no real interest in quitting. You have had about 14 lifetime sexual partners and just started dating someone seriously. You play softball and volleyball in a tavern league. You drink beer on the weekends, maybe 6-10 a night.

Your older brother is disabled from a back injury (he was a fireman in a burning building that collapsed); you have no disability insurance and are really scared that you will end up disabled. Your father has high blood pressure.

You expect the doctor to do some tests and order an MRI to know exactly what is going on and make sure it gets better. You will ask "Are you sure it's not a slipped disk?" if symptomatic treatment is suggested initially, and request an MRI. You will agree to symptomatic treatment and monitoring if the rationale is presented adequately.

**Practice OSCE Scenario E:**

Student Information

A 17-year old young man comes in for follow-up of his asthma, which was diagnosed by spirometry on your first visit with him 2 months ago.

He was prescribed a fluticasone (steroid) inhaler, to use 1 puff twice a day, and albuterol inhaler with a spacer as needed.

He was recommended to check peak flow twice a day; his maximum peak flow was 600.

**Assess his control and use of peak flow meter (borrow one if possible) and counsel the patient on use of an Asthma Action Plan.**

## **Practice OSCE Scenario E**

Assessor Criteria

*Reminder: Keep time and give a 2-minute warning before the 10 minutes is up*

Introduction/agenda

Asthma history

Peak flow teaching and asthma action plan

Verifies/summarizes/follow-up

{ You can print an asthma action plan at  
<http://www.health.state.mn.us/asthma/documents/aapenglish0107.pdf> }

## Practice OSCE Scenario E

### Patient Information

You are a 17-year old guy. You've had trouble with coughing and not being able to run very far for a couple of years. Your gym teacher is always like, get moving, and it's like, dude, I can't breathe, you know?

You saw this new doctor here 2 months ago. You told her that you had had asthma when you were a kid but had not had any problems for several years. She did a test where you breathed into a tube, and said it looked like your asthma had come back.

You were really bummed about that and really didn't hear everything else she said. You were thinking that sucks 'cause you had been thinking of maybe trying to join the Marines and you heard you can't have asthma. The doctor gave you a sample of an albuterol inhaler, which you could really feel open up your lungs and help right away. That was awesome! You've been using that once or twice a day but forgot it in the car 'cause your stupid metal shop teacher wouldn't let you leave school on time.

The doctor gave you a prescription for another inhaler but you kind of thought it was only if the albuterol wasn't working, so you haven't filled that prescription. She gave you a peak flow meter too but you thought that was only for when you couldn't breathe, so you haven't used that at all.

You noticed that it seems like going out in the cold makes your chest feel tight. That sucks 'cause your girlfriend wanted to build a snowman and do snow angels and you had to go in the house and she was like, you're such a bummer and I was like, Dude I can't breathe, you know? Last week you were over by a friend's house where they have, like, a hundred cats, and you totally started wheezing, and it was like, Dude, I totally thought I was gonna die!

Other than that, you're feeling great and really happy about how things are going.

You're still wondering about if you can join the Marines though.

## **Practice OSCE Scenario F**

### Student Directions

A 51-year old post-menopausal woman is coming in for a well-woman exam.

Before you go in to see her, the nurse tells you that the patient has not changed into a gown because she was hoping that she would not need a Pap smear. She has no health problems or specific concerns. She just wants to get a general exam, have mammograms ordered, and get any shots that she's due for.

**Discuss Pap smear screening with this patient, counsel her and negotiate a plan for the visit.**  
Then excuse yourself to talk with your preceptor

## **Practice OSCE Scenario F**

Assessor Criteria

*Reminder: Keep time and give a 2-minute warning before the 10 minutes is up*

Introduction/agenda

Asks about Pap smears, urogynecologic history & risk factors

Negotiates plan for visit

Overall performance

Communication skills performance <http://www.fammed.wisc.edu/files/webfm-uploads/documents/med-student/pcc/session1skill-list.pdf>

Standardized Patient: Would you go back to him/her ?

## **Practice OSCE Scenario F**

### **Patient Information**

You are a 51-year old professional woman, coming into the office for a physical. You are in good health, with no chronic problems. No allergies. Only medications are a multi-vitamin and baby aspirin. You've never smoked and you exercise regularly.

You went through menopause in your mid-40's and didn't really have a lot of symptoms with that. You currently have no symptoms or concerns. You have had an exam with normal Pap smears annually for several years.

Your family history is positive for lung cancer, which killed your father at age 55. Your mother has high blood pressure and may be showing some signs of Alzheimer's Disease. Two sisters are alive and well.

You obtained your MBA from Harvard and work as a senior vice-president of human resources for a large health care system, directing benefits for over 25,000 employees. You have been married for 26 years and have had 3 term normal vaginal deliveries with 3 living children (18, 22, 24 years old). The oldest is in grad school working on a PhD in mathematics, his dissertation work is on applications of Mertens Conjecture for the Riemann zeta function; the other two are doing very well are in college.

You have never had any sexual infections, never had an abnormal pap smear, and have no concerns that your husband has been with anyone else. Your frequency of intercourse has 'naturally' declined; now about 1 time per month and going just fine, thank you.

You came in for a general physical but really dislike the pelvic examination and would like to skip that if it's not absolutely necessary. When discussing purpose of Pap smears, you will ask "How good are they, really? I mean if you did pap smears on a hundred women with cancer how many would show up?"

If offered a bimanual exam, you will ask "What good would that do?" and decline.

## **Practice OSCE Scenario G**

### Student Information

Joe is a 5-year old boy being brought in by his parent for evaluation of a sore throat.

**Obtain a history of his illness from his parent and tell the faculty what you would look for on his exam.**

Your faculty will advise you of the physical exam findings.

**Present an assessment and plan to the patient's parent.** You do not need to give specific medication dosages.

## **Practice OSCE Scenario G**

Assessor Criteria and information

*Reminder: Keep time and give a 2-minute warning before the 10 minutes is up*

Introduction/agenda

History of present illness

Past/family/social history, focused review of systems

[After student has obtained history, ask her/him what exam components she/he would perform and provide information that: Temperature 100.7 Looks a bit tired but non-toxic otherwise normal exam, show mouth photo next page]

Summarizes, presents diagnostic and treatment plan

[Parent may ask about how long it will take to get a rapid strep test done: The lab is really busy today, so it will take about 30 minutes to get a rapid strep test done.]



## **Practice OSCE Scenario G**

### Parent Information

Your 4-year old son Joe has been sick for 2 days with a sore throat. He couldn't go to school today because of the pain. It hurts to swallow but he's been taking cold liquids OK and urinating his usual amount as far as you know. He's had a fever up to 101.8 by mouth this morning. You gave him Tylenol last night and this morning (about an hour ago), which seemed to bring his temperature down. His voice seems a little 'husky.' No rashes, no cough or runny nose, no other symptoms.

He has generally been healthy, up to date with all of his shots. He's in kindergarten; there's not anything unusual going through the school that you know of. He has a 2-year old sister, Emmillee, who's in day care, so she's had some usual colds. He has a golden retriever named Liz and a gecko named Fido. No allergies. No one smokes at home. No unusual family history, no recent travel or other exposures.

When/if rapid strep testing discussed, you will ask how long that will take (answer--about 30 minutes as the lab is really busy today). You need to pick up your younger daughter from day care, so you will at first ask if the student-doctor can't just go ahead and treat him for strep. Ultimately you will agree to make arrangements for your spouse to pick her up, or for the student-doctor to communicate the results to you by phone.