

RANZCP Auckland Training Programme
Mock Objective Structured Clinical Examination
STATION Number Bye for 1
September 2010

Instructions to Candidate:

In this **bye station** you have **twenty (20) minutes** to read and evaluate the material in front of you and prepare for the patient assessment in the linked Station 1.

You may highlight and notate these copies in any way you wish.

You must take all written material with you when you leave. Any altered material will be cleared away before the next candidate enters the room.

Duplicate copies of letters/results/scripts from the bye station are available in the linked Station 1.

Resources provided in this bye:

- Summary from medical file regarding patient Andrew McKay
- Page of summarised investigations
- Referral letter from Neurology team to Consultation-Liaison service

In Station 1:

You will assess a patient, Mr Andrew McKay, who is aged 42 and who has been referred by the neurology service with a suspected conversion disorder.
You will see Mr McKay at the C-L service base.

Summary from Medical file, regarding patient Mr Andrew McKay:

Andrew McKay is a 42 year old Caucasian married man.

Patient's wife (aged 32) miscarried 2 months ago at 17/40 (4 months). No medical reason for this identified. G1P0.

Patient had been due for elective surgery (meniscus repair) on (R) knee, planned under GA due to nature of tear. Patient elected to proceed with surgery despite wife's recent miscarriage.

Following recovery from surgery patient reacted oddly, claiming (R) leg was numb below knee and to be unable to move the leg. Orthopaedic examination showed uncomplicated surgery, good recovery, no medical cause for symptoms.

Patient referred to neurology – also unable to determine any physical cause for symptoms. Patient denying any pain but refusing to mobilise on leg. Using elbow crutches. Investigations (see attached) all unremarkable. Diagnosis - ? conversion disorder. No other symptoms or complaints. Was to remain on ward to see psych liaison team but patient discharged himself to home against advice.

Discharged with small supply of paracetamol only. For neurology and orthopaedic OP follow-up and OP referral to liaison psychiatry. Continuing to mobilise on crutches. GP informed.

Medical History: No other medical problems. No: diabetes, thyroid problems, seizures, head injury or spinal injury/disease.

No known psychiatric history. Did not appear depressed

Social situation: Patient has no children. Has been married for three years. His wife is a teacher and he works as an accountant. Own their own home, no financial stressors. A keen jogger.

Substances: Non-smoker, minimal social alcohol use. No other drugs.

Key Findings on physical:

Fit-looking man in early 40s, in no distress. Normal weight. No: pallor, oedema or jaundice.

HR 90/min, reg, BP 115/75, afebrile.

CVS, RS – no abnormalities.

Abdo soft, non-tender, no GI or GU abnormalities.

Musculoskeletal system essentially normal, but see below re leg. Healing operative site (R) knee, no infection evident.

Central NS normal – cranial nerves all intact. Coordination and balance appeared normal.

Peripheral NS: both arms and (L) leg entirely normal. No abnormalities on sensation (touch and pain), proprioception, tone, power, reflexes. No wasting or fasciculation.

(R) leg: appearance normal, no wasting or fasciculation. No abnormal movements. Patient reported complete loss of sensation (touch, pain) in stocking pattern, below knee. Proprioception normal however. No voluntary movement, tone normal, plantars both normal. Normal movement at hip – able to lift leg to some degree.

Summary of Investigations:

Results:

Blood chemistry		Normal range
Sodium	139	137-146 mmol/l
Potassium	4.0	3.5-5.0 mmol/l
Chloride	102	95-105 mmol/l
Bicarbonate	30	24-31 mmol/l
Urea	3.6	3.0-8.5 mmol/l
Glucose (Fasting)	6.8	3.0-5.5 mmol/l
Creatinine	0.07	0.06-0.12 mmol/l
Cholesterol	4.0	<6.0 mmol/l
HDL Cholesterol	1.3	>1.0 mmol/l
LDL Cholesterol	3.0	<4.0 mmol/l
Triglyceride	1.8	<2.0 mmol/l

	Result	Normal Range
WCC	8.1	3.5 – 11.0
Hb	158	130 - 175
Platelets	273	160 - 420
Neutrophils	3.9	1.5 – 7.5
Lymphocytes	2.5	0.8 – 3.5
Eosinophils	0.3	0.0 – 0.4

ECG: normal

CXR: NAD

X-Rays (R) leg: (AP/lat) NAD

C-T Head and Cervical spine: (without contrast) NAD

Lumbar puncture: not performed

NAME: Andrew McKay

DOB:

3/2/68

AGE: 42

NHI No:



M

REFERRAL:

TO: *Psych Liaison service*

FROM: *Neurology (Dr Lewis)*

DATE: *23/9/10*

REGARDING:

*Thanks for seeing this man who developed a stocking paralysis and loss of sensation in R. lower leg post-op (routine meniscectomy).
No neurological or MS cause on examination, investigations NAD.
?Conversion disorder?*

*Patient now at home with wife - recent stress re miscarriage.
Mobilising on crutches. Can attend as OP (friend can drive him).*

Completed by:

Dr V. Rajwalla (House officer to Dr Lewis)