

MRCGP CSA Case 2

Doctor Sheet – Case 2

You are a locum General Practitioner who has recently finished training.

Name J Wheeler re: Joshua Wheeler

Date of birth / Age 8

Address: 18 Marcia Avenue

Social History: Lives with parents and 2 siblings.

Past medical history: Asthma, Eczema

Current medication: Epaderm 500ml
Salbutamol 100 mcg PRN

Recent consultations: 4 weeks ago.
Asthma review with nurse: No recent attacks, inhaler technique with spacer good.

MRCGP CSA Case 2

Patient Sheet – Case 2

Name James Wheeler

Gender Male

Age 38

Background:

- You are a 38 year old builder.
- You are married to Stephanie Wheeler, who is 36.
- You are attending to talk about your son, Joshua, who is 8.

Your opening line: *“I’m worried about Josh...”*

ONLY GIVE THE INFORMATION BELOW IF ASKED RELEVANT QUESTIONS

Symptoms (Relating to Josh)

- Joshua has been wetting the bed.
- This has been going for about 3 months.
- He wets the bed most nights without any real change in frequency of wetting.
- He does not wet himself in the day.
- Why today? – *“Well he’s been wetting the bed, and we need to do something about it soon.”*
- If they follow the cue re: “soon” – the reason you have come in now, is that Joshua is Going on a school trip in 5 days time, and you don’t want him to wet himself while away. This is his first trip away from home with school.
- He was potty trained at 3 years old, and has been dry at night since age 4.
- Usually he will wet the bed in the middle of the night, just once.
- He has never had similar problems before, and not had any urine infections.
- His older brother, Jason (11), and his sister Clare (15) never wet the bed.
- He likes to drink Ribena with his packed lunch and water at dinner. He is not allowed fizzy drinks at home, although sometimes has it if eating out as a treat (less than once a month).
- He usually has a glass of milk just before bedtime (usually goes to bed at 8.30pm).
- He drinks a total of about 5 glasses of fluids a day, this has not changed recently.
- His asthma is well controlled, he has not had any serious attacks for over 2 years.
- He has been at the same school since nursery, and the teachers have not reported any problems.
- He enjoys school and rarely misses school.
- His eczema is generally well controlled, although he has the odd flare up, especially in colder weather.
- He doesn’t pee excessively, and has not lost any weight. He does not complain of thirst.

Family History

- There is no family history of diabetes.
- There is no family history of bed-wetting.

MRCGP CSA Case 2

Social History

- You live with your wife. If asked how things are at home mention “well things aren’t exactly great...”
- If they follow this up, mention that you are having difficulties in the marriage, and you have been arguing for quite some time (about 4 months). You think that Joshua might have heard arguments.
- You are thinking about separating, and have not told the children yet.
- A lot of the arguments are about money – “things are tight at the moment – but we get by”.

Lifestyle (Joshua)

- Josh is an active young boy, he plays football regularly.
- He has lots of friends and enjoys playing computer games.

Ideas, Concerns, Expectations

- You are not sure why this has happened.
- You are worried that Joshua will wet himself while on the school trip, and the other children will tease him.
- You would like some medication to stop him wetting the bed.
- You want something that will work straight away – you are happy to try the alarm etc, for the long term.

Behaviour

- You are co-operative and non-demanding.
- However, you are very keen to get something that will work quickly, and if only offered the alarm or conservative measures, become more insistent.

Notes:

If the doctor suggests that you come in with Joshua, you are happy to do so, as long as it can be done quickly (before his trip).

MRCGP CSA Case 2

Examiner Sheet – Case 2

Instructions:

Give the candidate the relevant doctor's sheet for this case. Inform them they have 2 minutes to read the case notes. Once 2 minutes is up, start your timer (10 minutes) as the simulated patient enters the consultation area.

Read through the specific mark scheme for this case, and observe carefully throughout so you can mark the case using the observed behaviours as follows:

Clear Pass	(3)	Demonstrates all criteria mentioned for that domain- excellent.
Pass	(2)	Demonstrates majority of criteria – satisfactory for qualified GP.
Fail	(1)	Misses some areas – below the standard for a qualified GP.
Clear Fail	(0)	Misses multiple areas / unsafe / significantly below standard for a GP.

If the doctor requests an examination, then state there is no relevant examination today.

MRCGP CSA Case 2

Examiner Sheet – Case 2 Mark Sheet

Domain	Observed Behaviours	Comments
Data gathering <input type="checkbox"/> Clear Pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Clear Fail	<ul style="list-style-type: none"> • Takes a detailed history including: <ul style="list-style-type: none"> ○ When the bed wetting started ○ If any daytime wetting ○ Fluid intake – what, how much, time of last evening drink ○ Previous wetting, including potty training ○ Family history of wetting (including siblings) ○ Family history of diabetes ○ History of urinary tract infections • Excludes diabetes – asks about appetite changes, weight loss, polydipsia, polyuria. • Explores possible non physical causes including issues at home / school. 	
Clinical management <input type="checkbox"/> Clear Pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Clear Fail	<ul style="list-style-type: none"> • Makes a diagnosis of nocturnal enuresis secondary to stress at home. • Reassures that there is unlikely to be any underlying serious physical pathology. • Offers routine referral to enuresis clinic. • Discusses conservative management options: • Motivational counselling – avoiding fluids for 1h before bed, record keeping, reward charts • Does NOT advise fluid restriction throughout day. • Enuresis alarms offered as an option. • Requests to see Joshua for examination. • Offers Desmopressin 200 micrograms. • Review with Joshua within a few weeks. 	
Interpersonal skills <input type="checkbox"/> Clear Pass <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Clear Fail	<ul style="list-style-type: none"> • Explores cues relating to things not being “great at home”, and needing to sort this out “soon” • Explores social issues – re: home situation, issues with marriage and possible stress on Joshua. • Explains diagnosis of nocturnal enuresis clearly. • Takes on board desire for urgent resolution. • Reassures in a sensitive way that this is relatively common and most grow out it. 	

Total Score: