

Instructions to the Examiner

This is an abbreviated version of the script examiners study to familiarize themselves with the case. It is not possible to include the entire script, but this should give you an idea of how they are constructed and marked.

INTRODUCTORY REMARKS

You are Ms. MARGARET O'BRIEN, an active 55-year-old. In the past year, you have been told that you have high blood pressure (BP) as well as arthritis of the left knee. The arthritis is so severe that you need to take diclofenac/misoprostol (Arthrotec) every day and your orthopaedist, Dr. IBSEN, has strongly recommended surgery.

Your former family physician (FP), Dr. HANN, closed her practice suddenly when she was taken ill. Your friend ALICE SMITH had her annual appointment cancelled. Her discussion with the secretary led Alice to believe that Dr. Hann would not be returning to work. You were worried about your own follow-up care and called the office. While the secretary was fairly noncommittal, you received the impression that Dr. Hann was very ill. You have therefore come to discuss the surgery and your hypertension with this new FP.

HISTORY OF THE PROBLEM

Osteoarthritis

You have always been active. You have enjoyed walking and playing golf regularly. You have never done high-impact cardiovascular (CV) workouts. Your golf and neighbourhood walks are more than enough exercise. You retired at age 50 and looked forward to indulging in all your pastimes.

Three years ago you noticed that your left knee was becoming more and more painful. The pain was worse in the morning, and occasionally you had some swelling. Activity worsened the pain.

Initially the pain was relieved by rest and a couple of regular-strength acetaminophen (Tylenol) tablets. Two years ago, the pain started to become more intense and more frequent. You started taking ibuprofen for relief. At first you needed only a single tablet, but gradually you began taking two tablets a day and eventually two tablets three times a day. Finally you ended up taking this dosage every day.

Eventually the ibuprofen no longer relieved the pain at all. For the past 12 months you have tried glucosamine, with no relief. You have tried other nonsteroidal anti-inflammatory drugs (NSAIDs) with no real relief. You became worried that nothing seemed to help the pain.

Nine months ago, the pain became so severe that you needed to give up golf. You decided to see Dr. Hann, who examined your knee. She also arranged an X-ray examination that showed severe osteoarthritis in your left knee and mild changes in your right knee. She suggested you start taking diclofenac/misoprostol (Arthrotec) daily, and referred you to an orthopaedic surgeon, Dr. Ibsen. You visited him eight months ago and are on the waiting list for surgery. Dr. Ibsen was pretty much to the point. He said you needed a knee replacement. He did not have much time in his clearly busy day to discuss other options.

After this you saw a physiotherapist briefly, but physiotherapy did little to help. You have had no

joint injections. You have had reasonably good pain control with diclofenac/misoprostol (Arthrotec). You still have some stiffness and pain in the morning until you get moving.

You are able to take short walks, and manage stairs by taking two steps on each stair. Of course you have not been able to play golf. You miss its social aspects as well as the exercise. Golf was not just a game to you, but an important part of your social life. You used to be very active socially at the golf club. Now that you no longer play, you no longer socialise at the club.

Recently you have stopped kneeling to receive Communion at church on Sundays. However, at least you can still climb the steps to the altar without assistance.

No other joints are affected. You have no history of traumatic injury to this joint.

You have always refused to use a cane. Accepting one would be admitting you are old.

You wonder how much longer you might be able to take medication and avoid surgery. Perhaps you should wait ten years or so and then have the surgery.

One reason for your reluctance to undergo surgery is that you have always seen yourself as very healthy and the workhorse of your family. You do much of the cooking and driving, and worry about who will do these tasks while you are convalescing. You are concerned about placing a burden on your family, and have not told them about the possibility of surgery.

The idea of being vulnerable during and after surgery and possibly losing your independence also frightens you. You wonder how you would cope with the three flights of stairs in your home. There is no bathroom on the ground floor.

Nevertheless, you will probably have the surgery “when the time comes.” You are not happy about the prospect, but see little choice unless something exceptional happens while you are waiting for surgery.

You want some practical advice about this whole mess.

Hypertension

You feel as if you are becoming an old woman. First came the arthritis and the suggestion of knee surgery, and now you are taking medication for hypertension. Your high BP was detected six months ago (three months after you started taking diclofenac/misoprostol (Arthrotec)). At first you didn't quite believe it, but your FP repeated the measurements three times before starting medication. The readings on those occasions were 160/95 mm Hg.

Three months ago you started taking hydrochlorothiazide (HCTZ), 25 mg daily. Your last BP measurement was 140/90 mm Hg three weeks ago in Dr. Hann's office.

You know that diclofenac/misoprostol (Arthrotec) can cause high BP because you discussed this possibility with Dr. Hann. You decided that you would rather have the pain relief and deal with the increased BP. You hope that this new FP will agree with the approach you have taken, but are worried that he or she might decide to stop the one medication that is helping you manage.

You have no known history of cardiac disease or diabetes. You recall that you had a screen for diabetes and lipids about four months ago, as well as electrocardiography (ECG) at the same time; the ECG was normal.

MEDICAL HISTORY

You have had excellent care from Dr. Hann. You had a thorough physical examination 12 months ago. Routine well-woman care tests, including fecal occult blood testing and mammography, were normal.

You had a hysterectomy at age 45 because of fibroids and bleeding.

MEDICATIONS

- Diclofenac/misoprostol (Arthrotec), 50 mg twice daily
- Acetaminophen (Tylenol), 650 mg as needed
- HCTZ, 25 mg daily
- Calcium and vitamin D daily

LABORATORY RESULTS

- Lipids normal
- Glucose screen negative
- ECG normal

ALLERGIES

None

IMMUNISATIONS

Immunisations, including flu vaccination, are up to date.

LIFESTYLE ISSUES

Tobacco: You are a non-smoker.

Alcohol: You have one glass of wine with dinner most evenings.

Diet: You love high-fat French cuisine, especially dishes with lots of cream and butter.

Leisure activities: You enjoy cooking for others and entertaining.

FAMILY HISTORY

Your father, FREDERICK O'BRIEN, died of a stroke 15 years ago. At 85 years

Your mother, HARRIET SELMAN O'BRIEN, died of a malignant brain tumour ten years ago. It developed rapidly and led to her death within a short time. She was 70.

PERSONAL HISTORY

Childhood

You were an only child. You suspect that your parents consciously decided to have no more. As

a child, you recall overhearing that your mother was told another pregnancy would kill her.

Your parents were very traditional. Your mother gave up her teaching career when she became pregnant with you, and stayed home to take care of the house. Your father was a school principal until he retired.

You remember your childhood as stable and happy. You did well in school.

Current Family

You have never married or been sexually active. As a young woman you dated, but never met anyone for whom giving up your freedom seemed worthwhile. You are very content with your decision to remain single.

Thirty years ago you started your teaching career and wanted to move out of your parents' home. You purchased a house with three friends. The four of you have shared a large home for years. MARY HILL, age 55, is a former nursing colleague; she is single and thinking of retiring. Alice Smith and her late husband, JACOB SMITH, also shared the home. Two years ago, Jacob died suddenly of pneumonia, at age 82. He had been a teacher and was quite a bit older than the rest of you. You watched him slow down as he reached age 80, and hoped that you would never become so infirm. Alice is a retired social worker, and while she is in excellent health, at 70 she is much older than you and Mary.

Alice and Jacob had one child, SAM SMITH, who grew up in the house. Helping them raise Sam filled a void in your life. You are very proud of how well this young man has turned out. He is now 25 and completing a law degree; he lives out of town at his university.

You consider Mary and Alice your family. You all have your own space, but eat meals together. Each of you undertakes different tasks to help the house run well. Your job is managing the kitchen, Alice takes care of the garden, and Mary is the cleaner and social coordinator. You know that your family is a source of benign gossip among your social set. You are amused by and relish being the subject of gossip, especially as nothing is going on.

EDUCATION AND WORK HISTORY

Everyone thought you would go into teaching as your parents did, but you decided to become a hospital nurse. You realise now that your decision to go into nursing was probably a form of rebellion. You followed the traditional route at that time and attended a hospital-based nursing school.

After about two years of nursing, you realised that your career decision was a mistake. You really wanted to be teacher. You attended university and completed a bachelor of arts in French literature. Eventually you acquired a teaching certificate. You taught French at the grade school level for 20 years, and took extension courses to complete a master's degree in education. Your last job was as head of a small private school for girls. You loved the job. Even now your voice swells with pride when you talk about "your" girls. Often your graduates stop you on the street when they are back in town, and tell you how they are doing.

You were very good at your job, but kept a promise to yourself to retire early and enjoy life.

FINANCES

You have an excellent pension and a substantial estate left to you by your parents. You therefore can afford a comfortable retirement.

SOCIAL SUPPORTS

Your family members—Mary, Alice, and of course Sam—are your primary social supports. You also have a diverse extended network of friends.

RELIGION

You attend the local Anglican church most Sundays. You are not active in the church, but love the music and liturgy of the high church service.

ACTING INSTRUCTIONS

You are well but conservatively dressed. You are very neat in your appearance, without a hair out of place. You have a tendency to treat the candidate like one of your students.

You hope that this new FP will understand your reluctance to stop taking diclofenac/misoprostol (Arthrotec), despite its impact on your BP. You will not respond positively to a candidate who does not try to understand.

You expect the candidate to help you with your knee problem. You know that the pain is so debilitating that you should have surgery. You really want the candidate to convince you that surgery is probably the best option. You know that your family will support whatever decision you make. You will respond positively to a candidate who understands about your family.

If you are asked how hypertension was diagnosed, you reply that you had your BP measured three times on three separate occasions. The measurements were taken over a six-month period.

You will not volunteer that you know about the connection between diclofenac/misoprostol (Arthrotec) and elevated BP. You feel that if the candidate does not recognise the link, then you are not going to advise him or her in case he or she decides to discontinue diclofenac/misoprostol (Arthrotec).

If asked about narcotics for pain management, you respond that they would be “fine,” but you would really prefer to keep using diclofenac/misoprostol (Arthrotec), which you know is effective.

TIMELINE

3 weeks ago: You had your last BP reading at Dr. Hann’s office.

3 months ago: You started taking HCTZ.

4 months ago: Lipids screening, diabetes screening, and ECG were done.

6 months ago: You had your first high BP reading.

8 months ago: You saw the orthopaedist, Dr. Ibsen.

9 months ago: You started taking diclofenac/misoprostol (Arthrotec).

12 months ago: You had a complete physical examination.

CAST OF CHARACTERS

MARGARET O'BRIEN: The 55-year-old patient, a retired teacher with osteoarthritis in her left knee and high BP.

MARY HILL: Margaret's friend and housemate, a 55-year-old nurse.

ALICE SMITH: Margaret's friend and housemate, a 70-year-old retired social worker.

JACOB SMITH: Alice's husband, a retired teacher who died of pneumonia two years ago, at age 82.

SAM SMITH: Alice and Jacob's son, a 25-year-old law student who lives in another city.

FREDERICK O'BRIEN: Margaret's father, who died of a stroke 15 years ago, at age 85.

HARRIET SELMAN O'BRIEN: Margaret's mother, who died of a malignant brain tumour ten years ago, at age 70.

DR. HANN: Margaret's former FP, who is seriously ill.

DR. IBSEN: Margaret's orthopaedic surgeon.