

SAMPLE SI EXAMINER SCRIPT (Pancreatitis) V1.6

CASE INTRODUCTION:

“Hello Doctor, this is a structured interview case. There is no role playing. In response to the questions I will ask, please give me a LIST of information you would gather to come to a final diagnosis. At times, I may interrupt you to move you through the case; this is not a reflection of your performance. You will have 15 minutes to complete the case. Before we begin, do you have any questions?”

“The patient we will be discussing is a 42-year-old man with epigastric pain and vomiting for the past six hours.”

SEND STIMULUS 1 - INITIAL INFORMATION

HISTORY

Prompt 1: “Here is the initial information regarding this patient. After you have read it, please give me a list of the additional historical information you would obtain.”

“You asked about X. Why X?”

Scoring Guidelines:

1. Rationale: risk of peptic ulcer disease/gastritis, pancreatitis, liver dysfunction

General Guidelines:

- If candidate begins managing the case like a standard case, examiner states, “Remember Doctor, there is no role playing in this case. Please list the additional information you want to obtain.”
- If candidate does not offer a complete list of historical information, examiner should pause long enough to allow them to list additional items, before asking “why” questions.
- If candidate mentions “past medical history,” or “social history” examiner clarifies by asking, “What specifically do you want to know about PMH/social history?”

PHYSICAL

“You are provided with the following additional historical information:”

- The pain radiates to his back.
- He drinks alcohol infrequently but drank heavily for him last evening (6 beers and 2 shots of tequila).
- He has no known history of gall bladder disease.
- There has been no melena or blood in his emesis.

Prompt 2:

“Based on what you now know, please give me a list of specific physical examination findings you would be looking for.”

“Doctor, you examined X during the physical exam. Please explain how that would help you.”

Scoring Guidelines:

6. Rationale: Assess location of pain, presence of masses, and peritoneal signs

DIFFERENTIAL DIAGNOSIS

“You are provided with the following physical exam findings:”

- The patient is slightly diaphoretic and appears to be uncomfortable and nauseous.
- Oral mucosa is dry.
- There is moderate epigastric tenderness without rebound.
- Bowel sounds are normal.
- Stool is negative for occult blood.
- Vascular exam is normal.

Prompt 3:

“Based on what you now know, what are the top three items on your differential diagnosis based on the most likely conditions?”

(If more than three conditions are mentioned, say, “OK thank you. Please give me your three, and only three, most likely diagnoses”)

Appropriate differential diagnoses include:

- Acute pancreatitis
- Biliary disease
- Perforated viscus
- Peptic ulcer disease/gastritis
- Intestinal obstruction

Scoring Guidelines:

Mentioning any gallbladder pathology including cholecystitis, biliary colic, or ascending cholangitis, counts as one item of three on differential.

DIAGNOSTIC STUDIES

Prompt 4: “Based on what you know and your working differential diagnosis, what, if any, diagnostic studies would you order?”

“Doctor, you ordered X. Why X?”

Scoring Guidelines:

12. Rationale: evidence of pancreatic inflammation
14. Rationale: rule out obstructive etiology of pancreatitis and gall bladder pathology

After the candidate responds,

SEND STIMULUS 2 - PERTINENT POSITIVES AND NEGATIVES

TREATMENT AND OTHER ACTIONS

Prompt 5: “Based on what you now know, what treatments, if any, would you order and/or what actions, if any, would you perform?”

“Doctor, you ordered X. Why X?”

Scoring Guidelines:

17. Rationale: evidence of volume contraction given PE, BMP.
18. Rationale: response to therapy/observation and reassessment

FINAL DIAGNOSIS

Prompt 6: “Based on everything you know about this case, what is your final diagnosis?”

Scoring Guidelines:

21. Verbalizing “pancreatitis” or “acute pancreatitis” meets the critical action.
If candidate mentions “peripancreatic stranding,” examiner asks, “Can you be more specific about the diagnosis?”

DISPOSITION

Prompt 7: “Based on what you know, what should be the disposition of this patient?”

“Why would you [admit/discharge] this patient?”

23. Rationale: monitoring of clinical course, complications, maintain NPO status

TRANSITION OF CARE

Prompt 8: “What specific actions would you take at the time of [admission/discharge]?”

Thank you, Doctor. That concludes this case.

Please tear up your notes.