

MRCP(UK) PACES

Station 2: HISTORY TAKING

Patient details:	Mrs Heba Kamel, a 54-year-old woman
Your role:	The doctor in the general medical outpatient clinic
Presenting complaint:	Progressively worsening dyspnoea

Please read the letter printed below. When the bell sounds, enter the room. You have 14 minutes to take a history from the patient, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Referral text:

Dear Doctor,

This retired nurse has had progressively worsening dyspnoea for the past 18 months. She has a history of recurrent urinary tract infections and is on long-term antibiotic therapy.

She smokes 20 cigarettes per day and has done so for the past 20 years. She has no past respiratory history.

She has hypertension and is known to have right bundle branch block on her ECG. Examination reveals definite bi-basal crackles on auscultation of the chest. Full blood count and urea and electrolytes are normal.

Please see and advise on her management.

Your sincerely,

Your task is to interview the patient and, based on the history you obtain, construct a differential diagnosis and plan for investigation. You should explain these to the patient and answer any questions they may have.

DO NOT EXAMINE THE PATIENT

Any notes you make must be handed to the examiners at the end of the station

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE SURROGATE

Scenario N° EX1

MRCP(UK) PACES

Station 2: HISTORY TAKING

Your role: Mrs Heba Kamel, a 54-year-old woman
Location: The general medical outpatient clinic

History of presenting symptoms

You present with an 18 month history of progressively worsening breathlessness. Now you get breathless on walking 100 yards on the flat or after doing housework such as vacuuming. The breathlessness does not get worse at night and you sleep with 1 pillow. You have no history of chest pain, palpitations, cough or ankle swelling. Your sputum is normal and you have never coughed up blood.

Background information

Past medical and surgical history

Your past history includes high blood pressure, varicose vein surgery and recurrent urinary tract infections. Apparently you've been told you have an abnormal heart tracing but you do not think you have any heart problems.

Other complaints

Your only other symptoms of note are nocturnal leg cramps and occasional flushes. You sometimes get constipated but this doesn't bother you.

Medication record

Current medications

You have been on bendroflumethiazide 2.5 mg daily and lisinopril 20 mg daily for your hypertension for a few years. Your doctor prescribed an antibiotic for your urinary tract infections 10 years ago and you take this religiously, the dose being 50 mg at night. You are dreadful at remembering names.

Allergies and adverse reactions

You are allergic to elastoplasts.

Personal history

Lifestyle

You smoke 20 cigarettes per day and have done so for the past 20 years. You don't like the taste of alcohol.

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INFORMATION FOR THE SURROGATE

Scenario N° EX1

Social and personal circumstances

You are a retired nurse (you retired to act as a carer for your son). Your husband is a mechanic and suffers from diabetes. He also had TB as a child. You have two sons. The eldest has a history of diabetes also but this is well controlled and he is at university. The younger son has a history of cerebral palsy and still lives at home. You have a dog.

Your eldest son keeps pigeons and you have been looking after them for the past few years when he is away on holiday or away at weekends. This usually involves you feeding them and cleaning out their cages a few days each month, several months a year.

Travel history

You have never been abroad.

Family history

Your mother died of breast cancer aged 72 and your father had angina and died of a stroke aged 77.

Patient's concerns, expectations and wishes

Your breathlessness now makes it more difficult to care for your younger son. This concerns you.

You have some specific questions for the doctor at this consultation:

- What could be causing my symptoms?
- Could it be related to my smoking?
- Will it get worse and interfere with my ability to care for my son?

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INFORMATION FOR THE EXAMINERS

Scenario N° EX1

MRCP(UK) PACES

DATE	CYCLE

Station 2: HISTORY TAKING

Examiners should advise candidates when there are 2 minutes remaining (i.e. after 12 minutes). If the candidate appears to have finished early remind them how long is left at the station and enquire if there is anything else they would like to ask, or whether they have finished. If they have finished, please remain silent and allow the candidate that time for reflection. The surrogate should remain until the end of the 14-minute period.

A good candidate would be expected to take a history which includes a detailed social history and activities of daily living; and to particularly focus on the questions raised in the referral letter. At the end of the consultation the candidate should have discussed solutions to the problems posed by the case. A good candidate would also give the patient the opportunity to ask any further questions before closure. It is not necessary for candidates to agree a summary with the patient during their interview.

Examiners are encouraged to make a rough record of the candidate's consultation with the patient as it progresses. This may highlight omissions in history taking, ambiguities that remain unresolved, and additional points that were not 'in the script'.

The examiner is expected to ask the candidate whether they have formed a problem list or preferred diagnosis and answer the questions in the Family Doctor's letter. Following discussion of the answer to these questions the discussion should explore the issues raised.

Examiners should refer to the marking guidelines in the four skill domains on the mark sheet.

The box on the following page indicates areas of potential interest in this case. Both examiners should consider these, and any other areas they feel appropriate, and agree the issues that a candidate should address to achieve a Satisfactory award for each skill. These should be recorded on the calibration sheet provided.

Examiners should also agree the criteria for an Unsatisfactory award for each skill.

Continued on next page...

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INFORMATION FOR THE EXAMINERS

Scenario N° EX1

Problem: Progressively worsening dyspnoea
Candidate's role: The doctor in the general medical outpatient clinic
Surrogate's role: Mrs Heba Kamel, a 54-year-old woman

Probable diagnosis:

- Nitrofurantoin induced pulmonary fibrosis.

Plausible alternative diagnoses:

- Extrinsic allergic alveolitis
- Chronic obstructive pulmonary disease
- Chronic heart failure

Key issues to address:

- Obtain sufficient information from the history to draw up a list of differential diagnoses
- Identify risk factors
- Plan investigations including:
 - CXR
 - ECG
 - Pulmonary function tests
 - High resolution CT scan of chest
 - Immunological tests