

MRCP(UK) PACES

Station 2: HISTORY TAKING

Patient details:	Ms Donna Jones, a 47-year-old woman
Your role:	The doctor in the general medical outpatient clinic
Presenting complaint:	Fatigue

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,

I would be most grateful if you could see this woman who presents with increasing fatigue over the last one year. I checked her full blood count and she has a haemoglobin of 7.8 g/dl with an MCV of 112 fl.

Please advise on her investigation and 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° EX2

MRCP(UK) PACES

Station 2: HISTORY TAKING

Your role: Ms Donna Jones, a 47-year-old woman
Location: The general medical outpatient clinic

History of presenting symptoms

You have been feeling increasingly tired particularly over the last year. As a consequence you have stopped going out so much and rather than walking to the shops, half a mile away, you now tend to take the car. There have been times when you have felt rather breathless on walking up even relatively gentle inclines. You have had no headache, dizziness, nausea or vomiting. There is no history of abdominal pain or alteration in bowel habit. There is no history of change in your weight or any mouth ulceration.

Background information

Past medical and surgical history

You have never been particularly unwell before. In particular there is no history of any heart or chest problems. You were therefore very surprised when your Family Doctor told you that you have anaemia (a low blood count).

Medication record

Current medications

You are not prescribed any medication but because of your father's bowel tumour, a nurse friend had suggested that taking a small dose of Aspirin might prevent the chances of developing something similar and you have been doing this over the last 5 years.

Personal history

Lifestyle

You are a non-smoker. You take a moderate amount of alcohol (approximately 15 units per week but mainly all at the weekend: equivalent to a bottle and a half of wine over the weekend period) and have never taken any more than that.

Social and personal circumstances

You have a generally good diet although you tend towards being almost vegetarian. You do have a good intake of fruit and vegetables with little in the way of red meat.

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE SURROGATE

Scenario N° EX2

Family history

In your family history both your mother and grandmother had thyroid problems and you recall a great aunt had to wear a wig because of premature hair loss. Your father had bowel cancer.

Patient's concerns, expectations and wishes

You are anxious that your anaemia may be an indication of a more serious problem.

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

- What could be causing you to be anaemic?
- If you could have a bowel cancer like your father as you remember he too was anaemic?
- Could it be related to the Aspirin you have been taking yourself?
- What tests will you need to have?

NOT TO BE USED IN THE EXAM

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE EXAMINERS

Scenario N° EX2

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...

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE EXAMINERS

Scenario N° EX2

Problem: Fatigue
Candidate's role: The doctor in the general medical outpatient clinic
Surrogate's role: Ms Donna Jones, a 47-year-old woman

Probable diagnosis:

- Pernicious anaemia

Plausible alternative diagnoses:

- Gastrointestinal disease
- Alcohol excess
- Dietary insufficiency.

Key issues to address:

- Obtain a history of symptomatic anaemia.
- Identify a significant family history of autoimmune disease.
- Indicate a likely diagnosis and explain further investigations for this (antibody tests and possible Schilling test)
- Indicate likely treatment options with parenteral B12 supplementation.