

**MRCP(UK) PACES**

## Station 2: HISTORY TAKING

<b>Patient details:</b>	Miss Lily Kwan, a 28-year-old woman
<b>Your role:</b>	The doctor in the general medical outpatient clinic
<b>Presenting complaint:</b>	Diarrhoea and weight loss.

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,

Thank you for seeing this woman who presented to my surgery complaining of a one-month history of diarrhoea and weight loss.

On examination she has a soft and non-tender abdomen. Rectal examination is normal. I have sent routine bloods including full blood count, urea and electrolytes and glucose, which have all been normal. Furthermore, urine culture showed no growth.

She is otherwise well with no past medical history and is not taking any regular medications. She works as an IT consultant.

I would be grateful for any advice on the possible diagnosis and immediate.

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

**MRCP(UK) PACES**

Station 2: HISTORY TAKING

**Your role:** Miss Lily Kwan, a 28-year-old woman  
**Location:** The general medial outpatient clinic

**History of presenting symptoms**

You have been feeling generally unwell for about three months. Over the last month you have developed diarrhoea, which is loose but formed stool, with no blood or mucus. If asked the stool does not float in the pan and is not offensive smelling. You open your bowels approximately 5-6 times a day and occasionally need to open your bowels once at night. You have no urinary symptoms of any sort.

You have also noticed that you've lost weight unintentionally, having dropped from a size 12 to a size 10 in the last three months. You do not weigh yourself to be able to comment on exact weight loss.

Your appetite has not been affected and in fact you feel that if anything, you seem to be eating more than usual.

If asked, state that your periods have become erratic over the last 6 months with only occasional, scanty blood loss. If asked, state that you feel warm and sweaty a lot of the time and haven't enjoyed the recent warm weather which is not like you. Similarly if asked recently your hands feel somewhat 'shaky', and sometimes your writing has been difficult to read. You have not noticed any problems with your eyes and have not developed any skin rashes. You wonder if your neck has become a little swollen.

**Background information**

**Past medical and surgical history**

You have otherwise always been well. You have only been to hospital once before, for a termination of pregnancy at the age of 19. You do not take any prescribed medications, but have been taking vitamin supplements recently. You have no allergies.

**Medication record**

**Current medications**

None.

## **Personal history**

### **Lifestyle**

You smoke 5-10 cigarettes a day. If asked admit to occasionally smoking cannabis. You drink about two gin and tonics a day (a generous measure if asked).

### **Social and personal circumstances**

You live with your partner and have been trying to start a family recently.

### **Occupational history**

You work as an IT consultant.

### **Family history**

Both your parents died in their 80s. Your father had a heart attack, and your mother had colon cancer. There is no family history of inflammatory bowel disease or coeliac disease.

### **Patient's concerns, expectations and wishes**

You are concerned that you may have cancer as your mother had diarrhoea and lost weight before she was diagnosed with cancer. Also you have concerns about your fertility, which is causing some friction between you and your partner.

# NOT TO BE SEEN BY CANDIDATES

## INFORMATION FOR THE EXAMINERS

Scenario N° EX4

### 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.

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## NOT TO BE SEEN BY CANDIDATES

### INFORMATION FOR THE EXAMINERS

Scenario N° EX4

**Problem:** Diarrhoea and weight loss  
**Candidate's role:** The doctor in the general medical outpatient clinic.  
**Surrogate's role:** Miss Lily Kwan, a 28-year-old woman

#### Probable diagnosis:

- Thyrotoxicosis

#### Key issues to address:

- Collection of information regarding the nature of the diarrhoea, specifically history consistent with fast transit and not with inflammatory change or malabsorption.
- Elucidation of weight loss in the context of increased appetite and neck swelling.
- Clarification of diagnosis, noting:
  - Tremor
  - Heat intolerance
  - Oligomenorrhoea
  - Neck swelling
  - Eye problems
  - Skin rashes
- Planning investigations that must include thyroid function tests.
- Discussion of likely initial management plan: block (carbimazole) and replace (with thyroxine when euthyroid); beta blockers for temporary symptomatic relief.