

MRCP(UK) PACES

Station 2: HISTORY-TAKING SKILLS

Your role: You are the medical FY2 doctor in the outpatient clinic

Please indicate whether surrogate or real patient: surrogate

Please read the letter from this patient's general practitioner. You may make notes on the paper provided. When the bell sounds, enter the examination room to begin the consultation. ***Please remember to take this instruction sheet into the examination room with you.***

Dear Doctor

Re: Mary White d.o.b. 01/05/1953

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

Yours sincerely,

- Please take a history from the patient (you may continue to make notes if you wish on the paper provided).
- Your examiners will warn you when 12 minutes have elapsed.
- You have 14 minutes to take a history from the patient followed by 1 minute of reflection before five minutes of discussion with the examiners.

- Be prepared to discuss solutions to the problems posed by the case and how you might reply to the GP's letter.
- *You are not required to examine the patient.*
- Any notes you make must be handed to the examiners at the end of the station.

NOT TO BE USED IN THE EXAM

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The patient or surrogate: Mary White (female) 01/05/1953

You are a 54 year old woman.

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.

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.

You smoke 20 cigarettes per day and have done so for the past 20 years. You don't like the taste of alcohol. You have never been abroad.

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

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. Your breathlessness now makes it more difficult to care for him. This concerns you. You have a dog. Your mother died of breast cancer aged 72 and your father had angina and died of a stroke aged 77. 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.

You have been on Bendrofluazide 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. You are allergic to elastoplasts.

You are worried about your breathlessness and your key concerns are:

- 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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Brief History: Assessment of progressively worsening dyspnoea.

Diagnosis: Nitrofurantoin induced pulmonary fibrosis.

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'.

Examiners should advise candidates when there are two minutes remaining. 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 allow the candidate that time for reflection and remain silent. The patient should remain until the end of the 14 minute period.

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

The examiner should refer to the marking guidelines in 3 domains on the marksheet. Specific issues raised by this scenario are suggested below. Both examiners should consider these, and any others they feel appropriate, and agree the issues that a candidate should address to achieve a Pass and a Clear Pass. The examiners should also agree the criteria for Fail and Clear Fail.

In order to pass, the candidate should explore the following issues or make the following diagnoses:

Obtain sufficient information from the history to draw up a list of differential diagnoses which might include:

- Nitrofurantoin induced pulmonary fibrosis
- Extrinsic allergic alveolitis
- Chronic obstructive pulmonary disease
- Chronic heart failure

Identify risk factors

Plan investigations including:

- CXR
- ECG
- Pulmonary function tests
- High resolution CT scan of chest
- Immunological tests

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