

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: Donna Jones DOB 10.10.1963

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.

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.

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The patient or surrogate: Donna Jones, female DOB 10.10.1963

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.

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 general practitioner told you that you have anaemia (a low blood count).

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.

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. 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. 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.

You are anxious that your anaemia may be an indication of a more serious problem and would like to know:

- 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?

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Brief History: This woman is referred with symptomatic macrocytic anaemia. There is nothing to suggest this is due to gastrointestinal disease or dietary insufficiency of either B12 or folic acid. In addition there is no evidence of significant alcohol excess.

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 a history of symptomatic anaemia.
- Explore the possibilities of gastrointestinal disease, alcohol excess and dietary insufficiency.
- Identify a significant family history of autoimmune disease.
- Indicate a likely diagnosis of pernicious anaemia and explain further investigations for this (antibody tests and possible Schillings test)
- Indicate likely treatment options with parenteral B12 supplementation.

NOT TO BE USED IN THE EXAM