

MRCP(UK) PACES

Station 2: HISTORY-TAKING SKILLS

Your role: You are the SHO in the diabetes clinic about to see the patient below who has attended clinic previously but has a new letter from her general practitioner.

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: Geraldine Pearson (female) DOB 27.03.1981

I would be grateful if you would see Geraldine earlier than her planned annual review as she is having increasing problems with hypoglycaemia.

As you know she has had type 1 diabetes for 19 years and generally has not been troubled by it. Over the last 6 months she has had increasingly frequent and more severe episodes of hypoglycaemia and she says she is now getting no warning symptoms. Her partner has had to force feed her jam at night to resuscitate her on a number of occasions. He is particularly concerned about the effect on her work.

Her latest HbA1c was 8.5% which is an improvement from 9.8% last year.

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: Geraldine Pearson (female) D.O.B 27.03.1981

You are a 27 year old bank clerk who has had type 1 diabetes since the age of 8. You have never taken particularly close care of your diabetes, but it has never caused you any obvious problems.

You take insulin 4 times daily, Human Actrapid 24 – 28 units with meals and Human Insulatard 38 units at bedtime. You use a cartridge pen injector to give your Insulin. You always inject in your thighs because that is easiest. There is some lumpiness at your commonly used injection sites.

You have been told that you have “normal changes of diabetes” in your eyes, but have never had laser treatment, and have eye examinations every year by the mobile screening service. You have also been told that you have some loss of sensation in your feet when they are tested and you tend to get hard skin which can crack, but otherwise do not have problems with your feet. You have never been told that there are any kidney problems from diabetes, but you have not provided a urine sample for testing for the last few years because you “check your blood instead”. Your blood pressure is said to be “normal.”

You have been in your present job for 6 years and are happy in it. Friends and colleagues at work know you have diabetes but until recently it hasn't caused problems. Recent re-staffing has made it more difficult to get regular fixed breaks for meals and snacks, the timing of these will vary between days. You have been living with your present partner for 8 months, and have been thinking about getting married and starting a family. You are on the standard oral contraceptive pill and have been for 4 years. You have started going to the gym to exercise regularly 4 evenings a week for the last 8 months to try and help you to lose weight. You also enjoy going to the cinema and eating out. You eat regularly but have been trying to miss extras to help lost weight.

Over the last 6 months you have been experiencing frequent episodes of hypoglycaemia both at night and during the day. Previously you got warning symptoms of feeling hungry and shaky and sweating, but these do not now occur and you find that you suddenly cannot function at work or at home when, you test your blood sugar it is 2-3 mmol/L. You have also been woken at night by your partner trying to feed you because you are restless, incomprehensible and your sugar is low. On one occasion recently you lost consciousness after having got up to get some food. Your partner is concerned about you and what he can do to help you.

No physical examination will be required. The candidate will be assessed on his or

her ability to communicate with you and to obtain the relevant information.

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE EXAMINERS

Scenario N^o Example 3

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Brief History: Loss of hypoglycaemia awareness in a female type I diabetic.

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:

A good candidate would be expected to get a clear view of the current situation with her diabetes and its complications, and to elucidate possible precipitation factors for the increased hypoglycaemia and impaired hypoglycaemia awareness. These would include:

- Meal patterns.
- Exercise Patterns including sexual activity.
- Lipohypertrophy.
- Autonomic neuropathy
- Improving glycaemic control on soluble and isophane insulins.
- Other endocrine causes eg. Addison's disease, thyrotoxicosis, (renal failure)

He/she would also be expected to highlight the issue of her future marriage and potential plans for pregnancy in the setting of poor glycaemic control.

Se/she would be expected to advise the patient on the need to vary injection sites, have an insulin regime to match a regular meal pattern, modify diet and insulin around exercise. He/she would also be expected to demonstrate the roles of other members of the diabetes team, and to agree a course of action with the patient. He/she would be expected to arrange education of her partner.

Topics for discussion might include:

- The use of analogue insulins in type I diabetes.
- The causes of changes in hypoglycaemia and hypoglycaemia awareness.
- The problems of night time hypoglycaemia.
- The evidence for good glycaemic control preventing complications in type I diabetes.
- The importance of glycaemic control in and around pregnancy in type I diabetes.