INFORMATION FOR THE CANDIDATE	Scenario N° Example 4

MRCP(UK) PACES

Station 2: HISTORY-TAKING SKILLS

Your role: You are the SHO on call in the General Medical 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: Miss. Janine Evans, female, D.O.B 10.02.1980

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 management.

Yours sincerely,

NOT TO BE USED IN THE EXAM

- 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

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE PATIENT	Scenario N° Example 4

MRCP(UK) PACES

Station 2: HISTORY-TAKING SKILLS

The patient or surrogate: Miss. Janine Evans, female, D.O.B 10.02.1980

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.

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.

You work as an IT consultant. You live with your partner and have been trying to start a family recently. 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).

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.

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 you partner.

NOT TO BE USED IN THE EXAM

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INFORMATION FOR THE EXAMINERS	Scenario N° Example 4

MRCP(UK) PACES

Station 2: HISTORY-TAKING SKILLS

Brief History: Thyrotoxicosis presenting as diarrhoea.

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.

NOT TO BE USED IN THE EXAM

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

1. Collect information regarding the nature of the diarrhoea, specifically history consistent with fast transit and not with inflammatory change or malabsorption.

2. Elucidate weight loss in the context of increased appetite and neck swelling.

3. Make the diagnosis of thyrotoxicosis, noting
   - Tremor
   - Heat intolerance
   - Oligomenorrhoea
   - Neck swelling
   - Eye problems
   - Skin rashes

4. Plan investigations that must include thyroid function tests.

- Discuss the likely initial management plan: block (carbimazole) and replace (with thyroxine when euthyroid); beta blockers for temporary symptomatic relief.

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