

MRCP(UK) PACES**Station 5: BRIEF CLINICAL CONSULTATION**

Patient details: Ms Jane Doe aged 35.
Your role: You are the doctor in the medical admissions unit.

You have 10 minutes with each patient. The examiners will alert you when 6 minutes have elapsed and will stop you after 8 minutes. In the remaining 2 minutes, one examiner will ask you to **report on any abnormal physical signs** elicited, your **diagnosis or differential diagnoses**, and your **plan for management** (if not already clear from your discussion with the patient).

Referral text:

Clinical problem: Please see this woman who has been experiencing severe abdominal pain for the last 36 hours.

Your task is to:

- Assess the problem by means of a brief focused clinical history and a relevant physical examination. You do not need to complete the history before carrying out an appropriate examination.
- Advise the patient of your probable diagnosis (or differential diagnoses), and your plan for investigation and treatment, where appropriate.
- Respond directly to any specific questions / concerns which the patient may have.

Any notes you make may be taken into the examination room for your reference, but must be handed to the examiners at the end of the station.

NOT TO BE SEEN BY CANDIDATES**MRCP(UK) PACES****Station 5: BRIEF CLINICAL CONSULTATION**

Candidates will have a very limited time (8 minutes) with you to gather all the information they require, perform an examination and explain what further tests or treatments they would like to arrange, as well as answer your questions. The scenario below may be based upon your case, however, some aspects of your medical history may have been simplified or left out from the scenario for the purpose of the exam, for example other health problems, previous tests and treatments. It is very important that you stick to the history given below and do not deviate from it. This is essential to ensure that the exam is fair for all candidates. Those organising the exam will contact you beforehand to run through the scenario with you. Please read through the history carefully as you will have the opportunity at that point to raise any questions or concerns you may have.

You are: Ms Jane Doe aged 35.
You are in: the medical admissions unit.

History of current problem**Information to be volunteered at the start of the consultation**

For the last 36 hours, you have been experiencing severe pain in the left side of your abdomen. The pain spreads towards your back as well. It started as a dull ache but has steadily got worse - last night it was difficult to tolerate. It has felt slightly better since your GP gave you an injection last night.

Information to be given *if asked*

You have felt nauseated and vomited once yesterday. There was no blood in the vomit. You have felt generally unwell and sweaty but you have not experienced any shivering. You have a mild headache and have been passing urine more frequently but have had not experienced pain when you pass water. Yesterday, you thought there was blood in your urine. You have never experienced anything like this before.

Your periods are regular - your last period was 10 days ago.

You have not experienced diarrhoea.

Background information**Past medical and surgical history**

Two years ago, you were found have high blood pressure.

Relevant family history

Your mother has high blood pressure.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)

Bendroflumethiazide 1 tablet daily,
Amlodipine 1 tablet daily.

Personal history**Relevant personal, social or travel history**

You have two children, both aged 8 and 10. As far as you know, you had no problems during either pregnancy. Your husband and children are well.

You do not smoke and you drink alcohol very rarely.

Occupational history

You are a housewife.

Physical Examination

The doctor will examine your abdomen. Please tell the doctor that the area above your left hip is tender when they press it.

You have one or two specific questions / concerns for the doctor at this consultation.

Please note them down on a small card to remind you during the exam.

1. What is my problem?
2. Why have I had blood in my urine – do I have cancer?

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DATE	CYCLE

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Examiners should advise candidates after 6 minutes have elapsed that “You have two minutes remaining with your patient”. 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 examine. If they have finished, please remain silent and allow the candidate that time for reflection.

The examiner should ask the candidate to describe any abnormal physical findings that have been identified. The examiner should also ask the candidate to give the preferred diagnosis and any differential diagnoses that are being considered. Any remaining areas of uncertainty, eg regarding the plan for investigation or management of the problem may be addressed in any time that remains.

Examiners should refer to the marking guidelines in the seven skill domains on the marksheet.

Examiners must fully rehearse the scenario with the patient / surrogate during calibration. The boxes on the next page indicate areas of potential interest in this case which both examiners should consider, along with any other areas they feel appropriate. Examiners must agree the issues that a candidate should address to achieve a Satisfactory award for each skill and record these on the calibration sheet provided. Examiners should also agree the criteria for an Unsatisfactory award at each skill.

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Problem:	Severe abdominal pain and pyelonephritis.
Candidate's role:	The doctor in the medical admissions unit.
Patient details:	Ms Jane Doe aged 35.
Patient or surrogate:	Surrogate.
Clinical setting:	The medical admissions unit.

Examiners are reminded that the boxes below indicate areas of potential interest, but are not intended as absolute determiners of Satisfactory performance. It is for the examiners to agree and record the specific criteria they will assess the candidate on during the calibration process.

Clinical skill	Key issues
Clinical Communication Skills (C)	Takes appropriate history of the current problem (abdominal pain) including urinary symptoms, past medical history and drug history. Personal and family history obtained.
Physical Examination (A)	Examines the abdomen and finds marked tenderness on palpation of the left renal angle. Asks to view a temperature, BP and fluid balance chart and offer to test urine for blood, leucocytes, nitrites and glucose.
Clinical Judgment (E)	Makes a diagnosis of pyelonephritis. Realises that further investigation will be necessary to see if there is any structural abnormality of the renal tract and that cystoscopy might be necessary if the haematuria persists.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Detects tenderness on palpitation of the left renal angle. Checks the BP.
Differential Diagnosis (D)	Probable Diagnosis: Acute pyelonephritis. Plausible alternative diagnoses: Renal abscess, renal cell carcinoma.
Maintaining Patient Welfare (G)	Treats the patient respectfully, sensitively and ensures comfort, safety and dignity. Does not cause physical or emotional discomfort or jeopardise safety.