

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

Patient details: Mr Justin Smith aged 70. Your role: You are the doctor in the medical outpatient clinic.
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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:

<p>Clinical problem: This man has been referred today by his doctor. He has type 2 diabetes mellitus, chronic kidney disease (stage 4), dyslipidaemia and hypertension. He now has recurrent joint pain which his doctor suspects may be gout.</p>
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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: Mr Justin Smith aged 70.
You are in: the medical outpatient clinic.

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

Over the last few months, the joints in your toes and ankles have become intermittently acutely painful, red and swollen and this has affected your walking. Your GP has told you that she thinks this is gout and has given you indomethacin tablets – these settled the pain within a few days.

Information to be given *if asked*

You were diagnosed with type 2 diabetes over fifteen years ago.

In 2003, you attended the diabetic clinic and some impairment of your kidney function and protein in your urine was noted. After further investigations, a tumour was found in your right kidney and was then removed. After this, your kidney function deteriorated. After the deterioration, it has remained stable. The tumour has not recurred and you have not noticed any problems when going to the toilet.

Your general health is otherwise good and your diabetes is well controlled.

Background information**Past medical and surgical history**

You have been diagnosed with type 2 diabetes for at least 15 years (see above).

You had your right kidney removed in 2003 because of a tumour (see above).

Relevant family history

You are not aware of history of any illnesses, diabetes or gout in your family.

Medication record

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

Aspirin 75 mg once daily,
Glimepiride 6 mg once daily,
Ramipril 5 mg once daily,
Pioglitazone 30 mg once daily,
Indapamide 2.5 mg once daily,
Bisoprolol 5 mg once daily,
Atorvastatin 40 mg at night.

Personal history

Relevant personal, social or travel history

You are widowed. You have two children and you do not smoke or drink alcohol.

Occupational history

You worked as a librarian and are now retired.

Physical Examination

The doctor will examine the joints in your feet, and possibly also your hands. They may check your ears for signs of gout.

You have a few specific questions / concerns for the doctor at this consultation.

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

1. Do you think any of my medication could have caused this?
2. Is the treatment my GP has prescribed likely to interfere with my kidney, or interact with my other medicines?
3. What treatment do you think I should have?

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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:	Recurrent joint pain and recurrent acute gout.
Candidate's role:	The doctor in the medical outpatient clinic.
Patient details:	Mr Justin Smith aged 70.
Patient or surrogate:	Patient.
Clinical setting:	The medical outpatient clinic.

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 a detailed history of the acute joint pains and note the degree of chronic kidney impairment.
Physical Examination (A)	Examines for any clinical evidence of acute or chronic gout, including tophi.
Clinical Judgment (E)	Routine bloods, including renal function and urate levels. Advises that indapamide, renal impairment, aspirin all pre-dispose to gout. Notes that indomethacin is contraindicated with this degree of renal impairment as it could cause further deterioration and hypertension and could precipitate significant hyperkalaemia. Recommends colchicine for acute gout, and introduction of allopurinol at a low dose with the patient well hydrated under colchicine cover to prevent recurrent gout.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Notes any evidence of acute gout and that, if present, tophi indicate chronic hyperuricaemia.
Differential Diagnosis (D)	Probable Diagnosis: Recurrent acute gout. Plausible alternative diagnoses: Acute inflammatory arthritis.
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.