

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

**Patient details:** Mr John Brown aged 43.  
**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 man who is being treated for hypertension. Otherwise he is fit. He has experienced headaches for a while. He developed a more severe headache today.

**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.

<b>You are:</b> Mr John Brown aged 43.
<b>You are in:</b> the medical admissions unit.

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

You attended the emergency care centre because a few hours ago you developed a severe headache. The headache didn't begin suddenly – it gradually built up in intensity over about one hour. The headache is a dull pain (not throbbing) and there is a sensation of pressure – it feels like your head is in a vice. You have taken paracetamol but it has made no difference.

**Information to be given *if asked***

For the last three months, you have been experiencing similar but less severe headaches every few days. These can occur at any time but are particularly bad in the evenings. Using your computer makes them worse. You also have headaches in the mornings and you recognise that these symptoms may relate to the fact that you sleep poorly and that you are currently drinking alcohol to excess (up to 60 units a week).

You are under considerable stress at work.

You have recently changed your reading glasses, which does coincide with the onset of your headache problem.

You have not noticed any fever or sweating.

**Background information****Past medical and surgical history**

You have hypertension (high blood pressure) which was diagnosed some years ago. You recently started treatment for this.

**Relevant family history**

Your father also had high blood pressure.

**Medication record**

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

Amlodipine 5 mg once daily. You started taking this over the last few months for high blood pressure over the last few months.

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

You are married and have two grown up children.

You smoke 10 cigarettes a day. You drink up to 60 units of alcohol a week.

**Occupational history**

You work as an IT consultant.

**Physical Examination**

The doctor will examine your blood pressure, eyes and your neck. They may look at the back of your eyes with a bright light. They may also examine your legs.

**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. Do I have a brain tumour?
2. What tests will you do?

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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.

**Continued on next page...**

<b>Problem:</b>	Hypertension, headache and tension headache.
<b>Candidate's role:</b>	The doctor in the medical admissions unit.
<b>Patient details:</b>	Mr John Smith aged 43.
<b>Patient or surrogate:</b>	Surrogate.
<b>Clinical setting:</b>	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.

<b>Clinical skill</b>	<b>Key issues</b>
Clinical Communication Skills (C)	Obtains a history and identifies the risk factors of stress, hypertension, smoking and alcohol. Identifies ongoing headaches for three months and related to visual stress and pattern of end of day headaches.
Physical Examination (A)	Key examination points should include measurement of blood pressure, a rapid 'screening' neurological examination (eg exclude meningism, and check eye movements, gait), including funduscopy if time. Good candidates may find time to confirm that nuchal muscle tenderness is present.
Clinical Judgment (E)	Able to discuss whether CT brain scan is needed. Recommends blood pressure control, smoking cessation, reduced alcohol intake and other secondary prevention measures to include lipid assessment. Discusses possible stress management approaches.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	The patient has no abnormal physical signs other than slight neck muscle tenderness.
Differential Diagnosis (D)	<p><b>Probable Diagnosis:</b> Tension headache.</p> <p><b>Plausible alternative diagnoses:</b> Migraine. Open angle glaucoma. Alcohol related headache. Hypertension. Drug related (amlodipine).</p>
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.