MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mrs Jane Brown aged 69.
Your role:	You are the doctor in the hospital ward.

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: This woman has been admitted to the orthopaedic ward. She fractured her hip and had hip surgery two days ago. She initially recovered well. However, she is now feeling unwell with a blood glucose of 29 and she has a cough. She has diabetes and was started on twice daily insulin a year ago, having previously been on oral medication for 10 years. She received IV fluids and variable dose IV insulin peri-operatively but these were stopped yesterday.

Physiological observations for the patient above	Reading on arrival
Respiratory rate (respirations per minute)	24
Pulse rate (beats per minute)	98
Systolic blood pressure (mm Hg)	110
Diastolic blood pressure (mm Hg)	68
Oxygen saturations (%)	91
Temperature ^{0}C	37
Other relevant observation data (units if applicable)	N/A

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

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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: Mrs Jane Brown aged 69.
You are in: the hospital ward.

History of current problem

Information to be volunteered at the start of the consultation
Three days ago, you were admitted to the orthopaedic ward having fractured your left hip when you slipped in a neighbour's garden.

You were recovering well and beginning to get on your feet after the surgery performed two days ago, but today you have been feeling unwell. You have felt rather hot and now you have a cough and are feeling a little short of breath.

You were diagnosed with diabetes 10 years ago.

Information to be given *if asked*
You have been coughing up green phlegm since this morning.

Your diabetes was initially treated with tablets and is now treated with twice daily insulin. You think this has been reasonably well controlled and your normal BMs run at about 10. You are careful about your diet.

You fractured your right wrist about six years ago (you fell whilst on holiday) but have not had any other problems with your bones and have not been taking any treatment for osteoporosis. You have not had a bone density scan.

Background information

Past medical and surgical history
You have not had any previous chest problems.

Relevant family history
There is no history of diabetes in your family.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
Mixtard insulin 20 U and 15 U daily,
Metformin.

Personal history

Relevant personal, social or travel history
You do not smoke. You do not drink alcohol.

Occupational history
You were a teacher but are now retired.

Physical Examination

The doctor will listen to your chest. They might examine your legs to look for swelling and tenderness.

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 wrong with me?

2. My diabetes seems very out of control - do I need to change the treatment for my diabetes?

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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…

Problem:	Cough following hip surgery, post-operative chest infection leading to hyperglycaemia.
Candidate's role:	The doctor in the hospital ward.
Patient details:	Mrs Jane Brown aged 69.
Patient or surrogate:	Surrogate.
Clinical setting:	The hospital ward.

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 history of the new problem of cough to establish the cause is more likely to be infection rather than heart failure, pulmonary embolus etc. Establishes the usual treatment and control of diabetes.
Physical Examination (A)	Notes the physiological observations. Focused examination of the chest.
Clinical Judgment (E)	Considers investigations / treatment for a post-operative chest infection eg chest X-ray, FBC, CRP, antibiotics. Checks blood sugar, electrolytes, renal function, checks for ketones and treats the raised sugar with fluids and insulin.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Normal chest examination. No sign of DVT.
Differential Diagnosis (D)	**Probable Diagnosis:** Post-operative chest infection leading to hyperglycaemia. **Plausible alternative diagnoses:** Pulmonary embolism.
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.