

PACES Station 2: HISTORY TAKING

Patient details: Mrs Caroline Riley, a 30-year-old woman
Your role: You are the doctor in the medical admissions unit
Presenting complaint: Drowsiness

Please read the letter printed below. When the bell sounds, enter the room. You have 14 minutes to take a history from the patient, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Referral text:

Dear Doctor,

Please could you review this patient who has metastatic ovarian cancer. She has felt generally unwell and has been drowsier and intermittently confused over the past week. She is struggling to manage at home.

Unfortunately, I think she might be approaching the end of her life.

Yours faithfully,

Your task is to elicit a history, assess the person's views of their problems and clarify what matters most to them. You should construct a differential diagnosis and plan for investigation. Discuss your assessment and the medical options with the person and agree how best to proceed, answering any questions that are raised.

DO NOT EXAMINE THE PATIENT

Any notes you make must be handed to the examiners at the end of the station.

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Your role: You are the patient, Mrs Caroline Riley, a 30-year-old woman

Location: The medical admissions unit

History of presenting symptoms

Information to be volunteered at the start of the consultation

You were found to have ovarian cancer about 5 years ago. You initially had an operation (to remove the ovaries and womb) and then you were given lots of cycles of chemotherapy. You were recently told that your disease has progressed and that further chemotherapy will not help. Your oncologist is looking for any trials that you can be involved in, but you have not had any chemotherapy for the past month. Despite this, you normally manage to take your children to school, do the housework and cooking, and care for yourself.

Over the past week, your health has significantly deteriorated and you have experienced progressive fatigue. You are now struggling to get out of bed and look after your children. You are sleeping during the day which is not normal for you. Your husband has told you that you have been sleepier and less communicative at times and you are finding it difficult to concentrate. You have become weaker.

Information to be given *if asked*

- You have felt nauseated at times. You have also vomited once or twice over the past week.
- You are not passing as much urine as usual.
- You have had some jerking of your hands and have spilled some drinks as a result of this.
- Your abdomen has been getting more swollen for a while, and your oncologist told you that this might be because of a build-up of fluid. He has talked about inserting a drain if this worsened.
- You have been constipated and have not opened your bowels for about 3 days.
- You were having pain in your abdomen as a result, and your family doctor prescribed naproxen twice daily 2 weeks ago. This pain has now improved. Usually, you need about 4 doses of morphine sulfate oral solution (Oramorph[®]) per day, but you have not taken any Oramorph[®] at all over the past 3 days.

Background information

Past medical and surgical history

You had a total abdominal hysterectomy and bilateral salpingo-oophorectomy (womb and both ovaries removed) 5 years ago. You have had five different chemotherapy medications since then.

Other complaints

None.

NOT TO BE SEEN BY CANDIDATES
INFORMATION FOR THE SURROGATE

Scenario No: Sample 15

Medication record

Current medications

- paracetamol 1 g 4 times daily
- naproxen 500 mg twice daily
- morphine sulfate modified-release capsules 80 mg twice daily
- morphine sulfate oral solution (Oramorph[®]) 20 mg as needed

Relevant previous medications

You have not taken anything else since your last cycle of chemotherapy about 5 weeks ago.

Allergies and adverse reactions

None known.

Personal history

Lifestyle

You drive a car and need this to take your children to school.

Social and personal circumstances

You live with your husband and two young sons. You are normally independent and self caring but, as you have become more unwell over the past week, you have spent more time in bed and have been less able to manage at home. Your husband has taken time off work to look after you.

Occupational history

You are no longer working; before your cancer diagnosis, you worked as a secretary.

Travel history

None.

Family history

- Your mother had ovarian cancer and died at the age of 40.
- Your maternal aunt had breast cancer but was cured.
- Your father is alive and well.
- You have been tested for the *BRCA* gene mutation (a familial cause of breast and ovarian cancer) and found to be positive.

Patient's concerns, expectations and wishes

Your family doctor has told you that he thinks that your disease is progressing. You understand that you might be dying, but you are keen that everything possible is done to allow you more time with your children. You are concerned about your family and how they will manage if you die. You were managing well before last week, so this has happened quite quickly and you are shocked at the speed of your deterioration. You are easily fatigued and lethargic and would like to feel brighter and be able to look after your children. You are concerned about your nausea and constipation and would like these to be managed. You are pleased that your pain control is better than it had been.

NOT TO BE SEEN BY CANDIDATES
INFORMATION FOR THE SURROGATE

Scenario No: Sample 15

You have some specific questions for the doctor at this consultation:

- Am I dying?
- Can you make me feel better?
- Why have I deteriorated so quickly?

NOT TO BE USED IN THE EXAM

PACES Station 2: HISTORY TAKING

DATE	CYCLE

Examiners should advise candidates when there are 2 minutes remaining (i.e. after 12 minutes). 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 remain silent and allow the candidate that time for reflection. The surrogate should remain until the end of the 14-minute period.

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'.

The examiner is expected to ask the candidate whether they have formed a problem list or preferred diagnosis and answer the questions in the family doctor's letter. Following discussion of the answer to these questions, the discussion should explore the issues raised.

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

Examiners are reminded that, during the calibration process, the surrogate should be rehearsed and specific aspects of the scenario that require clarification or emphasis should be discussed. The sections 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.

Problem: Drowsiness
Candidate's role: The doctor in the medical admissions unit
Surrogate's role: The patient, Mrs Caroline Riley, a 30-year-old woman

Examiners are reminded that the sections 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.

Differential Diagnosis (Clinical Skill D)

Probable diagnosis:

- Opioid toxicity as a result of renal impairment – risk factors are a new NSAID and disease progression causing possible obstructive uropathy

Plausible alternative diagnosis:

- Hypercalcaemia
- Entering terminal phase of illness

Clinical Communication Skills (Clinical Skill C)

- Establishes a clear trajectory of rapid deterioration
- Explores the patient's understanding of her illness

Managing Patients' Concerns (Clinical Skill F)

- Explores the patient's wishes and expectations
- Explains the need to rule out reversible causes of deterioration

Clinical Judgement (Clinical Skill E)

- Suggests appropriate investigations including urea and electrolytes and serum calcium, and considers ultrasound scan of renal tract
- Plans management of potentially reversible causes of deterioration, and explains the next steps in a clear and concise manner
- Discusses referral to palliative care team and support available for family

Maintaining Patient Welfare (Clinical Skill G)

See marksheet.