

PACES Station 2: HISTORY TAKING

Patient details:	Mrs Janice Miller, a 30-year-old woman
Your role:	You are the doctor in the general medical outpatient clinic
Presenting complaint:	Fatigue and exhaustion

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,

I would value your opinion on this patient who recently presented to me complaining of exhaustion over the past 18 months.

Physical examination was normal except for her blood pressure, which was around 145–150/90 mmHg. Her serum urea and electrolytes were all normal, as were her liver function tests. The only abnormalities I found were a mild normocytic anaemia with a haemoglobin of 110 g/L (normal range: 115–165).

She is not taking any prescribed medication but has taken paracetamol from time to time.

I would value your opinion as to what is going on here.

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 Janice Miller, a 30-year-old woman
Location: The general medical outpatient clinic

History of presenting symptoms

Information to be volunteered at the start of the consultation

You have been troubled by increasing fatigue and exhaustion. You are not sleeping well, often waking early.

You have been crying quite a lot recently and have lost some weight – you think about 3 kg (6–7 lbs). You have been very worried about your symptoms. Your family doctor has examined you, carried out some blood tests and has referred you to the outpatient clinic. You are also aware that your blood pressure is slightly high.

Information to be given *if asked*

You have experienced numerous aches and pains, particularly in the smaller joints of your hands and feet, intermittently for the past 6 months. More recently these pains have increased. The pain is at its worst when you wake and lasts until lunchtime.

You have had a troublesome red rash affecting the bridge of your nose and your cheeks. This was most obvious last summer and has presently resolved. There was also a hint of a similar rash on the backs of your hands at that time. You have recently had recurring problems with mouth ulcers.

Last year you became pregnant, but lost the baby after about 10 weeks.

Background information

Past medical and surgical history

As a child you had measles, chickenpox and mumps. Eighteen months ago, you had a deep venous thrombosis or blood clot in your right leg, which required warfarin therapy for 6 months. A year ago you had a painful right elbow for about 2–3 weeks, which your doctor treated with painkillers.

Other complaints

None.

Medication record

Current medications

You are not using any contraception. You take paracetamol and occasional ibuprofen (Brufen®).

Relevant previous medications

None.

Allergies and adverse reactions

None known.

NOT TO BE SEEN BY CANDIDATES
INFORMATION FOR THE SURROGATE

Scenario No: Sample 16

Personal history

Lifestyle

You have been married for 2 years. You do not smoke and you drink only at weekends (about three vodkas and a glass or two of wine). (The alcohol history should only be used if culturally appropriate.)

Social and personal circumstances

You have no money worries.

Occupational history

You have worked in a bank since leaving school. Your job occasionally involves moving files and boxes, which is sometimes painful, and your fingers hurt after a day of operating a keyboard.

Family history

You have one sister and both your parents are alive and well. There are no known illnesses in your family.

Concerns, expectations and wishes

Your symptoms are getting worse and you feel as though everything is going wrong. You sense your husband is becoming fed up with you and you are getting fed up with yourself too.

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

- Why am I developing all these symptoms?
- Why do I feel so tired?
- Did I have the miscarriage because I am so run down?
- Is it ok for me to try to become pregnant again when I feel so low?

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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 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.

Problem:	Fatigue and exhaustion
Candidate's role:	The doctor in the general medical outpatient clinic
Surrogate's role:	The patient, Mrs Janice Miller, a 30-year-old woman

Examiners are reminded the areas 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 diagnoses:

- Systemic lupus erythematosus
- Other connective tissues disorders (e.g. primary antiphospholipid antibody syndrome)

Possible additional diagnosis:

- Depression

Clinical Communication Skills (Clinical Skill C)

- Obtains a history of fatigue and arthralgia
- Also obtains the relevant past history of hypertension, previous venous thrombosis, photosensitive rash, mouth ulcers and previous miscarriage

Managing Patients' Concerns (Clinical Skill F)

- Addresses the patient's concerns about their symptoms and explains the need for further investigation
- Advises avoidance of pregnancy until a clear diagnosis and management plan are in place

Clinical Judgement (Clinical Skill E)

- Proposes an appropriate plan of investigation and management that includes relevant autoantibody tests, lupus anticoagulant, and urine dipstick

Maintaining Patient Welfare (Clinical Skill G)

See marksheet.