

## PACES Station 2: HISTORY TAKING

<b>Patient details:</b>	Mrs Erica Phillips, a 30-year-old woman
<b>Your role:</b>	You are the doctor in the acute medical unit
<b>Presenting complaint:</b>	Night sweats and pyrexia

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 can you see this patient who has a 4-week history of nocturnal sweats and pyrexia. She has been treated with two courses of antibiotics for a suspected urosepsis but her symptoms are persisting. She has a history of congenital aortic valve disease and is reviewed annually for this.

Please can you review her and organise further investigations.

Yours faithfully,

**Your task** is to interview the patient and, based on the history you obtain, construct a differential diagnosis and plan for investigation. You should explain these to the patient and answer any questions they may have.

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 Erica Phillips, a 30-year-old woman  
**Location:** The acute medical unit

### History of presenting symptoms

#### **Information to be volunteered at the start of the consultation**

You have been feeling unwell for the last 4 weeks, with drenching night sweats, and have been to your family practitioner twice. You have taken two courses of antibiotics. Although the last course of antibiotics has made you feel marginally better, you are still having this excessive sweating every night.

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

You have never had symptoms like this before.

You have never felt this unwell.

You feel generally fatigued.

You feel more short of breath.

Your appetite has been reduced and you have lost about 5 kg (about 11 lbs) in weight over the last 6 weeks.

Over the last week, you have started to feel some pain in the upper left side of your abdomen.

You do not have any pain on passing urine and you have not had to pass urine more frequently than usual. However, you have noticed that your urine is darker than normal.

You have not had any cough, headache, sore throat, earache, diarrhoea, or vomiting.

You have not felt any abnormal lumps anywhere.

### Background information

#### **Past medical and surgical history**

You were born with a defect in the aortic valve (bicuspid valve).

You had a procedure to widen the valve (balloon angioplasty) at the age of 3 years.

You had a mechanical aortic valve replacement 5 years ago.

You get followed up annually and are stable.

You are usually fit and well apart from this heart condition.

#### **Other complaints**

None.

### Medication record

#### **Current medications**

You take warfarin for your valve replacement.

Your blood clotting tests (international normalised ratio or INR) have been well controlled.

You do not take any oral contraception.

#### **Relevant previous medications**

Your family doctor prescribed two courses of antibiotics for suspected urinary tract infection:

- trimethoprim (first course)

**NOT TO BE SEEN BY CANDIDATES**  
**INFORMATION FOR THE SURROGATE**

**Scenario No: Sample 12**

- cefotaxime (second course)

**Allergies and adverse reactions**

You are allergic to penicillin.

**Personal history**

**Lifestyle**

You do not smoke.

You do not drink alcohol.

You have never used recreational drugs.

**Social and personal circumstances**

You are married and live with your spouse.

**Occupational history**

You work in a call centre.

**Travel history**

You went on holiday to the Algarve last year.

You have never travelled to the tropics or to Africa, South America, or Asia.

**Family history**

Your father also had an aortic valve replacement.

Your mother is fit and well.

**Patient's concerns, expectations and wishes**

You are worried about why you are not getting better despite antibiotic treatment.

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

- What do you think is wrong with me?
- What tests do you think I need?

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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.

<b>Problem:</b>	Night sweats and pyrexia
<b>Candidate's role:</b>	The doctor on the acute medical unit
<b>Surrogate's role:</b>	The patient, Mrs Erica Phillips, 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 diagnosis:**

- Prosthetic valve endocarditis

**Plausible alternative diagnoses:**

- Lymphoproliferative disorder
- Other infection caused by a multiresistant organism
- Deep-seated infection

### Clinical Communication Skills (Clinical Skill C)

- Clearly identifies that endocarditis is the probable diagnosis
- Elicits history which is typical for endocarditis
- Clearly explains to the patient that the possibility of endocarditis needs exclusion as a priority

### Managing Patients' Concerns (Clinical Skill F)

- Is able to explain the potential differential diagnoses

### Clinical Judgement (Clinical Skill E)

- Understands the link between dental treatment and endocarditis, and the importance of regular dental care
- Understands the link between any infection and possible endocarditis
- Understands the necessity to stop antibiotics and obtain at least three sets of blood cultures
- Expedites echocardiography/cardiology review
- Describes where to obtain local antibiotic guidelines for treatment of prosthetic valve endocarditis
- Knows that prosthetic valve endocarditis will require intravenous antibiotic treatment for at least 6 weeks and probably valvular replacement
- Remembers to obtain a pregnancy test (for female surrogate)

### Maintaining Patient Welfare (Clinical Skill G)

See marksheet