

PACES Station 2: HISTORY TAKING

Patient details:	Mrs Patricia Wilson, a 49-year-old woman
Your role:	You are the doctor in the medical admissions unit
Presenting complaint:	Chest pain

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,

This patient presented to the emergency department with a 20-minute history of central chest pain. Examination is unremarkable and her ECG is normal.

Please advise on further investigation and management.

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 Patricia Wilson, a 49-year-old woman
Location: The medical admissions unit

History of presenting symptoms

Information to be volunteered at the start of the consultation

Two hours ago, you were walking home after lunch in a restaurant with your daughter when you developed central chest pain with some discomfort in the upper stomach. The pain was associated with a heavy feeling in your left arm, and nausea. You sat down and the pain eased a bit but returned when you started to walk again and you decided to go home. After the first few minutes of severe pain, the pain was constant and unpleasant but not unbearable, and it eased off completely after about 20 minutes. You now feel well and think this might have been your gallstones playing up.

Information to be given *if asked*

You did not feel sweaty or breathless with the pain. Your daughter said you looked pale and insisted on bringing you to the hospital on the way home.

Background information

Past medical and surgical history

About 5 years ago, you experienced similar pain after meals and were found to have gallstones on an ultrasound scan arranged by your family doctor. You did not want to have your gallbladder removed at the time. This has not caused you any recent problems.

You had a varicose vein stripping 15 years ago.

You suffered from pneumonia when you were 23 years old.

Other complaints

Your periods seem to be stopping and you are experiencing quite bad flushing. You have never had hormone replacement treatment.

Medication record

Current medications

You currently do not take any prescribed medications; you do, however, take a vitamin preparation that you buy from the chemist.

Relevant previous medications

You took the oral contraceptive pill on and off for about 10 years between the ages of 25 and 40.

Allergies and adverse reactions

None known.

Personal history

Lifestyle

NOT TO BE SEEN BY CANDIDATES
INFORMATION FOR THE SURROGATE

Scenario No: Sample 13

You smoke 10 cigarettes per day and have done since the age of 25. You drink alcohol infrequently – really only at special events. You have never used recreational drugs. You regard yourself as fairly fit as you walk to school and back every day (a distance of about a mile, or 1 km) and you are on the go all day at school. While you are still able to walk to school, you think you may be experiencing some breathlessness taking the stairs in the school. You do housework and look after a big garden without any difficulty but you do not take formal exercise. You eat a healthy diet. You want to lose weight but are finding it difficult.

Social and personal circumstances

You are married and have two grown-up daughters. In your spare time, you are secretary of the local community council and you run a successful social club. You have no pets. You do not have any particular worries or stresses at the moment.

Occupational history

You are a primary-school teacher. You enjoy your work.

Travel history

You have not travelled out of the country in recent years.

Family history

Both parents are alive: your mother is in her seventies and is prone to chest infections but is otherwise well. Your father, also in his seventies, has high blood pressure and you think he had a heart attack in his mid-fifties. You have two older brothers and have just found out that one of them has high cholesterol.

Patient's concerns, expectations and wishes

You think that this pain is from your gallstones and wonder if you should now consider an operation. However, the nurse in the emergency department said it could have been from your heart, and you are keen to know if the doctor thinks that is the case. You want to know what further tests will be required, and if you will need to stay in hospital.

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

- Was this pain from my gallstones? Should I have an operation to remove them?
- I heard someone say it could have been my heart but my ECG is normal so how could this have been a heart attack?
- I feel better now; can I go home?
- What further tests are required?

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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:	Chest pain
Candidate's role:	The doctor in the medical admissions unit
Surrogate's role:	The patient, Mrs Patricia Wilson, a 49-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:

- Angina or non-ST-elevation myocardial infarction (despite the 'normal' ECG)

Plausible alternative diagnosis:

- Biliary disease
- Dyspepsia (gastrooesophageal reflux/spasm)

Clinical Communication Skills (Clinical Skill C)

- Obtains a clear history of events, notes there is no abdominal tenderness to support a gastrointestinal cause of symptoms
- Establishes the vascular risk factors
- Explains the need to investigate for a potentially serious condition

Managing Patients' Concerns (Clinical Skill F)

- Offers a plausible differential diagnosis
- Outlines a reasonable plan of investigation and treatment

Clinical Judgement (Clinical Skill E)

- Investigates further for the possibility of ischaemic heart disease: arranges for cardiac markers (e.g. serum troponin, serum creatine kinase MB fraction etc.) and further ECGs before the patient is discharged (i.e. safe practice)
- Addresses smoking cessation

Maintaining Patient Welfare (Clinical Skill G)

See marksheet