

## PACES Station 2: HISTORY TAKING

<b>Patient details:</b>	Mrs Barbara Cassell, a 52-year-old woman
<b>Your role:</b>	You are the doctor in the medical admissions unit
<b>Presenting complaint:</b>	Headaches and numbness

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,

Thank you for assessing this patient. She describes suddenly experiencing a sensation of feeling "strange and unreal" while at work today, followed by the onset of a headache and some numbness.

She is clearly distressed by her symptoms. I would be grateful if you could exclude any serious pathology.

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 Barbara Cassell, a 52-year-old woman  
**Location:** The medical admissions unit

### History of presenting symptoms

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

You were entirely well earlier today when, while sitting down at work, you suddenly experienced a strange and unreal feeling in your head, followed by a rushing sound. You then felt light-headed and developed some numbness of the right side of your body, along with a throbbing headache affecting the left side of your head at the front. You were also aware of some problems with your vision.

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

You lost the right side of your vision in both eyes – everything on the right side of your visual field is blurry and this has persisted. If the doctor asks if you can read print, say that you have not tried, but that you had trouble finding the correct keys on your computer keyboard. The headache, which was moderate in terms of pain (about 5 out of 10 if asked) has eased. The right-sided numbness is also much less than it was.

### Background information

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

You generally enjoy good health, but have had occasional episodes of migraine over a period of several years. When you get your usual migraine headache, you often feel nauseated and experience sensitivity to light. These headaches are most frequent in the few days before your period or if you are stressed. They can last all day and sometimes you wake up with a headache. Sometimes these episodes have been associated with visual disturbance, but this has always resolved over a period of minutes. You also recall one episode in which you briefly experienced right-sided numbness.

You have not previously been hospitalised, apart from childbirth.

#### **Other complaints**

None.

### Medication record

#### **Current medications**

You are not taking any prescribed medications, but you take vitamins and mineral supplements, which you buy yourself. You take paracetamol as required.

#### **Relevant previous medications**

None of relevance. You have never taken any medications to treat or prevent migraine as you only get occasional episodes and have never really complained about it.

#### **Allergies and adverse reactions**

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

**Scenario No: Sample 3**

None known.

**Personal history**

**Lifestyle**

You do not smoke or consume alcohol. You have never used recreational drugs.

**Social and personal circumstances**

You are happily married with two children, who are at university. Your husband is an architect and you have no financial worries.

**Occupational history**

You work full-time as the assistant head teacher at a local college for blind people and you enjoy your work. (If this scenario is played in the first cycle you could add that you start work very early in the morning.)

**Travel history**

You have taken family holidays in southern Europe and the USA only.

**Family history**

Nothing of relevance. Specifically, there is no family history of strokes, heart disease or blood clots.

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

- You have found the symptoms you have experienced today extremely distressing and you are particularly concerned about your prolonged loss of vision.
- You want to know when your vision will return to normal and whether this is something more serious than a migraine attack.
- You would like to have a brain scan for reassurance, but you are not very keen to remain in hospital.

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

- Is this just another migraine attack?
- If so, why is it more severe than any previous episodes?
- When will my vision return to normal?
- Can I go home and have any further investigations as an outpatient?

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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>	Headaches and numbness
<b>Candidate's role:</b>	The doctor in the medical admissions unit
<b>Surrogate's role:</b>	The patient, Mrs Barbara Cassell, a 52-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:**

- Even with the history of migraine, there are additional features here which should prompt consideration of intracranial haemorrhage or another cerebrovascular event

##### **Plausible alternative diagnosis:**

- Severe attack of migraine, in view of the past history; however, the pattern of onset of symptoms and the persistence of the visual field defect, in the face of resolution of other symptoms, make this less likely

#### Clinical Communication Skills (Clinical Skill C)

- Establishes that the current symptoms are slightly different from the previous migraine
- Establishes the persisting visual symptoms
- Establishes the patient's anxieties

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

- Addresses the patient's concerns, avoiding unjustifiable reassurance

#### Clinical Judgement (Clinical Skill E)

- Considers the potential causes of symptoms, to include an acute cerebrovascular event
- Formulates an appropriate and clear management plan for investigation and treatment of a probable acute cerebrovascular event in a relatively young woman, including urgent brain imaging
- Appreciates that discharge of this patient without further investigation would not be appropriate

#### Maintaining Patient Welfare (Clinical Skill G)

See marksheet