PACES Station 2: HISTORY TAKING

Patient details: Mrs Betty Drake, a 56-year-old woman
Your role: You are the doctor in the general medical outpatient clinic
Presenting complaint: Weight loss, diabetes mellitus and abnormal liver function tests

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 be grateful if you would see this patient who was found to have type 2 diabetes mellitus 2 weeks ago. She was previously overweight with a body mass index of 28 kg/m^2 (normal range: 18–25); however, she has been losing weight recently. She is taking bendroflumethiazide, and beclometasone and salbutamol inhalers.

Her urea and electrolyte results are entirely normal. However, her liver function tests are as follows:

serum albumin	35 g/L (normal range: 37–49)
serum total bilirubin	28 μmol/L (normal range: 1–22)
serum alanine aminotransferase	46 U/L (normal range: 5–35)
serum alkaline phosphatase	460 U/L (normal range: 45–105)
serum gamma glutamyl transferase	560 U/L (normal range: 4–35)

Her fasting plasma glucose has remained around 12.0–13.0 mmol/L (normal range: 3.0–6.0) over the past 2 weeks.

I am unsure why this patient has abnormal liver function tests and would value your assessment.

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 Betty Drake, a 56-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 noticed that you have been getting very thirsty over the past 6 weeks. You have also been passing a lot of urine and have often had to get up 3–4 times during the night to pass urine.

You were told 2 weeks ago that you have type 2 diabetes mellitus, and were advised about cutting out sugar from your diet. You were shown how to test your blood sugar and given a meter to do this but your blood sugar in the morning has remained high at around 12–13 mmol/L (normal range: 3–6). Your family doctor has just prescribed a drug called gliclazide for you to take for this.

Information to be given *if asked*

If asked, you will say that your urine has looked darker recently. Your vision has been blurred and you have been feeling tired and generally lethargic.

Your weight has gradually been falling over the past 6 months. You have lost about 12 kg over this period. This has occurred despite eating a normal diet.

You have also been troubled by episodes of upper abdominal pain, which often radiates through to your back.

Your stools have tended to be looser than they were previously. You have never seen blood in the stools and there has been no obvious colour change.

You have a cough in the mornings, which is frequently productive of clear or white phlegm.

You have not coughed up any blood.

You have not experienced any chest pain.

You do not have any rashes or joint pains.

Background information

Past medical and surgical history

Your gallbladder was removed when you were 42 years old and at that time you were jaundiced.

You have had high blood pressure for the past 5 years.

You have been told that you have mild chronic obstructive pulmonary disease (COPD).

Other complaints

None.

Medication record

Current medications

You take bendroflumethiazide 2.5 mg daily for hypertension.

You use a beclometasone inhaler, 2 puffs twice daily, and you also have a salbutamol inhaler which you rarely use, for COPD.

You have just started taking gliclazide 80 mg once daily prescribed by your family doctor.

Relevant previous medications

None.

Allergies and adverse reactions

None known.

Personal history

Lifestyle

You have smoked 10–15 cigarettes per day since you were 18 years old. You have been drinking very little alcohol recently because this seems to upset your stomach. However, in the past you tended to drink about a bottle of wine at the weekends.

Social and personal circumstances

You are married and live with your husband. You have one daughter who is married and works full-time as a secretary.

Occupational history

You are a housewife but you also look after your two young grandchildren 3 days per week.

Travel history

You visited Greece 10 months ago but apart from that have not recently travelled overseas.

Family history

There is no family history of diabetes, haemochromatosis or coeliac disease.

Patient's concerns, expectations and wishes

You are worried about the reason you are losing so much weight and it has crossed your mind that you may have cancer. You are concerned that your diagnosis of diabetes might affect your ability to look after your grandchildren. You are also worried that you may require insulin injections.

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

- Why do I have this pain in my stomach?
- What has caused the diabetes?
- Will I need insulin injections to control the diabetes?
- Why am I losing so much weight?
- I regularly look after my grandchildren during the day – will I still be able to do this?

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 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: Weight loss, diabetes mellitus and abnormal liver function tests
Candidate's role: The doctor in the general medical outpatient clinic
Surrogate's role: The patient, Mrs Betty Drake, a 56-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:

- Secondary diabetes mellitus, associated with carcinoma of the pancreas

Plausible alternative diagnoses:

- Alcoholic liver disease
- Gallstone in common bile duct
- Haemochromatosis
- Primary biliary cirrhosis

Clinical Communication Skills (Clinical Skill C)

- Listens to the patient, and takes detailed history of the symptoms and asks about the relevant symptoms
- Is able to take a history to explore some of the causes of the abnormal liver function tests

Managing Patients' Concerns (Clinical Skill F)

- Elicits and addresses the patient's concerns

Clinical Judgement (Clinical Skill E)

- Proposes a plan of investigation including ultrasound scan of abdomen, CT scan of abdomen or MRCP
- Advises smoking cessation sensitively, in view of the possibility of underlying cancer
- Non-judgemental about previous alcohol use

Maintaining Patient Welfare (Clinical Skill G)
See marksheet