

PACES Station 2: HISTORY TAKING

Patient details: Mrs Linda Hinds, a 53-year-old woman
Your role: You are the doctor in the medical outpatient department
Presenting complaint: Intermittent limb weakness

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 has a 6-month history of increasing limb weakness and, in particular, difficulty with climbing stairs. The weakness tends to vary throughout the day.

She has also complained that her mouth is dry and she has found that her speech is sometimes slurred. She has lost a few kilograms in weight but her appetite seems normal.

She is taking an ACE inhibitor for control of her blood pressure.

Many thanks for seeing her

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 Linda Hinds, a 53-year-old woman
Location: The medical outpatient department

History of presenting symptoms

Information to be volunteered at the start of the consultation

For the past 9–12 months, you have become increasingly aware of some health problems, mainly with your legs. Initially, you hardly noticed anything, but gradually you became aware that you were having difficulty getting up the stairs in your house.

The weakness in your legs is not always present. It is usually at its worst when you first get up in the morning and then seems to get better after you have been walking about for a while. However, if you undertake housework or walk to the nearby shops, the weakness quickly returns.

You have found recently that you have difficulty getting up from a chair, particularly if you have been seated for several minutes.

Information to be given *if asked*

There may be some mild weakness of your arms but this does not really trouble you. Your grip strength is normal and you have no difficulties with fine movements of your fingers.

You have also noticed that chewing has become difficult. Again, it is difficult to chew at the beginning of your meal and then gets better for a while. However, once you have been eating for 15 minutes or so, the difficulty returns. Your mouth is often dry and this makes eating more difficult. Your husband has noticed that your voice fades from time to time and that your speech can be a bit slurred.

You have no difficulty swallowing your food. You have not noticed any drooping of your eyelids and you have never had double vision. You have had no problems with bladder or bowel function and no alteration in sensation in your limbs.

You have noticed that you are dizzy on standing. There is also a sensation of light-headedness. You have a dry cough, which has been troublesome for the past 3–4 months. You have lost about 4 kg in weight and continue to lose weight despite trying to eat more.

Background information

Past medical and surgical history

You have had high blood pressure and have been on treatment for this for the past 4–5 years.

Other complaints

None.

Medication record

Current medications

NOT TO BE SEEN BY CANDIDATES
INFORMATION FOR THE SURROGATE

Scenario No: Sample 6

- ramipril 10 mg daily

Relevant previous medications

None.

Allergies and adverse reactions

None known.

Personal history

Lifestyle

You have smoked since the age of 16 and currently smoke 20 cigarettes per day. You do not drink any alcohol.

Social and personal circumstances

You are married with two grown-up children. They both live away from home. Your husband is an electrician and often works away from home. He can be away on a job for several days at a time

Occupational history

You work in an office as a secretary.

Family history

Your father died at the age of 62 from motor neurone disease. Your mother is 76 and has had two hip replacement operations and is a bit unsteady on her feet. She had an overactive thyroid gland which you remember was treated with radioactive iodine. She is now taking levothyroxine tablets. She is also on treatment for high blood pressure.

Patient's concerns, expectations and wishes

You are very worried that you have motor neurone disease, particularly since you witnessed the distressing decline of your father's health. If you have a wasting disease like your father, you wish to write a living will which will prevent unnecessary prolongation of your life.

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

- Do I have motor neurone disease?
- What is going to happen to me?
- Is it going to get worse?

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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:	Intermittent limb weakness
Candidate's role:	The doctor in the medical outpatient department
Surrogate's role:	The patient, Mrs Linda Hinds, a 53-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)

Plausible diagnoses:

- Lambert–Eaton myasthenic syndrome
- Myasthenia gravis
- Acute or chronic inflammatory demyelinating polyradiculopathy
- Dermatomyositis/polymyositis and Sjögren's syndrome
- Inclusion body myositis
- Spinal muscular atrophy

Candidates are not expected to suggest all of these differential diagnoses.

Clinical Communication Skills (Clinical Skill C)

- Obtains a history of fluctuating muscle weakness and recognises the likelihood that this is a neuromuscular problem
- Takes the history of dry mouth and postural hypotension, and is alert to the presence of autonomic nerve involvement
- Takes the history of dry cough and weight loss, and is alert to the possibility of an underlying neoplasm

Managing Patients' Concerns (Clinical Skill F)

- Is able to address the patient's concerns

Clinical Judgement (Clinical Skill E)

- Discusses investigations – serum creatine kinase activity, chest X-ray and CT scan of chest, neurophysiological studies, anti-acetylcholine receptor antibodies, anti-voltage gated calcium channel antibodies

Maintaining Patient Welfare (Clinical Skill G)

See marksheet