PACES Station 2: HISTORY TAKING

Patient details: Mr Steve Wright, a 25-year-old man
Your role: You are the doctor in the acute medical admissions unit
Presenting complaint: Acute chest pain and vomiting

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 would you see this patient, who has developed acute chest pain and nausea after vomiting following a student party last night. He is a temporary resident at my general practice health centre and I have no past medical history for him.

Although he looks unwell, his ECG was normal and general physical examination was unremarkable apart from a tachycardia.

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.

PACES Station 2: HISTORY TAKING

Your role: You are the patient, Mr Steve Wright, a 25-year-old man
Location: The acute medical admissions unit

History of presenting symptoms

Information to be volunteered at the start of the consultation
Last night you went to a student party with your girlfriend.

After leaving the party at 02:00 h, you ate some takeaway food and, about half an hour later, vomited a couple of times in the street. After retching, you then noticed rather severe pain in the centre of your chest, which was worse on breathing.

Information to be given *if asked*
Although the chest pain settled a bit, it was still bad enough to stop you sleeping. Despite taking paracetamol and ibuprofen, you are still in pain, which is worse when you take a deep breath. You also feel rather sick and sweaty, and now find it a bit difficult to swallow.

At the party, you drank a bottle of wine, having already consumed four bottles of lager in the pub beforehand. You also took an ecstasy tablet when you arrived at the party and smoked a couple of cannabis joints. You do not take cocaine.

Background information

Past medical and surgical history
None relevant.

Other complaints
None.

Medication record

Current medications
You take no regular medications.

Relevant previous medications
None.

Allergies and adverse reactions
You are allergic to penicillin, which makes you come out in a rash and wheeze.

Personal history

Lifestyle
You smoke 10 cigarettes per day, drink 5–6 bottles of lager at the weekends and use ecstasy and cannabis at parties when you can afford it. You do not take cocaine.

Social and personal circumstances

You live in a flat with your girlfriend, who is a student nurse.

Occupational history
You left school at the age of 17 with no qualifications. You do some manual building work when this is available but recently you have been unemployed and relying on state benefits.

Travel history
None relevant.

Family history
Your parents are divorced and you have very little to do with them although you do see your 14-year-old brother occasionally. All the family seem well although you remember that your dad had a heart attack about 5 or 6 years ago.

Patient's concerns, expectations and wishes
Having taken an ecstasy tablet, you are worried you have done something to your heart because you read that it can affect your blood pressure. You suppose your worries are partly because you are conscious of what happened to your dad, who had heart disease.

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

- What is the cause of the pain – could it be a heart attack?
- Is it serious?
- Why am I finding it difficult to swallow?
- Why haven't the painkillers helped?

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.

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR EXAMINERS

Scenario No: Sample 7

Problem: Acute chest pain and vomiting
Candidate's role: The doctor in the acute medical admissions unit
Surrogate's role: The patient, Mr Steve Wright, a 25-year-old man

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:

- Oesophageal tear and haematoma

Plausible alternative diagnoses:

- Spontaneous pneumothorax
- Oesophageal reflux/oesophagitis
- Oesophageal rupture

Clinical Communication Skills (Clinical Skill C)

- Obtains a history of the temporal relationship of the pain to the vomiting
- Notes the lifestyle issues relating to drug and alcohol use
- Documents the patient's significant allergy to penicillin

Managing Patients' Concerns (Clinical Skill F)

- Identifies and addresses the patient's concerns
- Is clearly reassuring

Clinical Judgement (Clinical Skill E)

- Develops a management plan focusing on chest X-ray, cautious endoscopy or water-soluble contrast-medium swallow, with the reassurance that an oesophageal tear and haematoma should resolve spontaneously

Maintaining Patient Welfare (Clinical Skill G)

See marksheet