PACES Station 2: HISTORY TAKING

Patient details: Ms Donna Jones, a 47-year-old woman
Your role: You are the doctor in the general medical outpatient clinic
Presenting complaint: Fatigue

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 most grateful if you could see this patient, who presented with increasing fatigue over the past year. I checked her full blood count and she has a haemoglobin of 78 g/L (normal range [females]: 115–165; [males]: 130–180) with an MCV of 112 fL (normal range: 80–96).

I would be grateful if you would advise on her 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.

PACES Station 2: HISTORY TAKING

Your role: You are the patient, Ms Donna Jones, a 47-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 been feeling increasingly tired, particularly over the past year. As a consequence, you have stopped going out so much and rather than walking to the shops, half a mile (about 1 km) away, you now tend to take the car. There have been times when you have felt rather breathless on walking up even relatively gentle inclines.

Information to be given *if asked*

You have had no headache, dizziness, nausea or vomiting. There is no history of abdominal pain or alteration in bowel habit, and you have not noticed any mouth ulceration or change in your weight.

Background information

Past medical and surgical history

You have never been notably unwell before. In particular, there is no history of any heart or chest problems. You were therefore very surprised when your family doctor told you that you have anaemia (a low blood count).

Medication record

Current medications

You are not prescribed any medication but because your father had a bowel tumour, a nurse friend had suggested taking a small dose of aspirin to prevent the chances of developing something similar. You have been doing this for the past 5 years.

Personal history

Lifestyle

You are a non-smoker. You drink a moderate amount of alcohol (approximately 15 units per week but mainly all at the weekend; equivalent to a bottle and a half of wine over the weekend), and have never drunk any more than that.

Social and personal circumstances

You have a generally good diet. You tend towards being almost vegetarian, with a good intake of fruit and vegetables, and little in the way of red meat.

Family history

Both your mother and grandmother had thyroid problems and you recall that a great-aunt had to wear a wig because of premature hair loss. Your father had bowel cancer.

Patient's concerns, expectations and wishes

You are anxious that your anaemia may be an indication of a more serious problem.

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE SURROGATE

Scenario No: Sample 9

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

- What could be causing me to be anaemic?
- Could I have bowel cancer like my father, as I remember he too was anaemic?
- Could it be related to the aspirin I have been taking?
- What tests will I need to have?

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 9

Problem: Fatigue
Candidate's role: The doctor in the general medical outpatient clinic
Surrogate's role: The patient, Ms Donna Jones, a 47-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:

- Pernicious anaemia

Plausible alternative diagnoses:

- Gastrointestinal disease
- Alcohol excess
- Dietary insufficiency

Clinical Communication Skills (Clinical Skill C)

- Obtains a history of symptomatic anaemia
- Identifies a significant family history of autoimmune disease

Managing Patients' Concerns (Clinical Skill F)

- Addresses patient's concerns

Clinical Judgement (Clinical Skill E)

- Indicates a likely diagnosis and explains further investigations for this (antibody tests and possible Schilling test)
- Indicates likely treatment options with parenteral vitamin B12 supplementation.

Maintaining Patient Welfare (Clinical Skill G)

See marksheet