

PACES: CONSULTATION

Patient: IW 64 YEAR-OLD MAN
Your role: You are the doctor in the medical assessment unit

Please read the letter below. When the bell sounds, enter the room. You have 15 minutes with the patient, followed by 5 minutes for discussion with the examiners. You may make notes if you wish; any notes you make must be handed to the examiners at the end of the encounter.

Presenting complaint:

Dear Doctor,

This man really attends our surgery although he did have a myocardial infarction 8 years ago. He presents today complaining of worsening breathlessness. I found him to be tachycardic but could hear no abnormality on auscultation. I would be very grateful if you could see and advise.

Yours faithfully,

Physiological observations	Reading on arrival
Temperature (°C)	36
Pulse (beats/min)	105
Systolic BP (mmHg)	175
Diastolic BP (mmHg)	94
Respiratory rate (breaths/min)	14
Oxygen saturation, breathing air (%)	98
Other relevant observation data	I

Your task is to:

- Assess the problem by eliciting a clinical history and relevant physical examination. You do not need to complete the history before carrying out an appropriate examination.
- Advise the patient of your probable diagnosis (or differential diagnoses) and your plan for investigation and treatment where appropriate.
- Discuss your assessment and the medical options with the patient and agree how best to proceed, answering any questions that are raised.
- Assess the patient's views of their problems and clarify what matters most to them.

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Please read the following scenario carefully.

Your medical history may have been modified for the examination. This may mean that some details (e.g. your current diagnosis, other health issues, past tests and treatments) have been changed or removed.

Please use the details given in this scenario to answer the doctor's questions – this ensures that the exam is fair for all candidates.

The doctor will perform a physical examination, explain any further tests or treatment they would like to arrange and will answer your questions.

If you have any questions or concerns before the examination, please let the examiners know and they will help you.

You are: IW
Location: You are in the medical assessment unit

Presenting complaint

At the beginning of the examination, please give the doctor the following information:

You have been feeling breathless for the last few weeks particularly on climbing stairs

If the doctor asks about the following details, please answer using the information below

Further information about your current symptoms:

- You recently were visiting relatives in Australia and were struggling to keep up with family when walking. You became very tired and breathless when playing with your grandchildren. You have also had a dry cough, particularly at night time.
- You have not coughed up any sputum or blood.
- You have not had chest pain, palpitations or dizziness.
- You have noted your socks to be tight but you have not had painful calves.
- Your appetite is unchanged and you do not think you have put on weight

Past medical and surgical history:

- Heart Attack about 8 years ago. You had an angiogram but you do not think you got a stent.

Family history:

Your older brother had a heart bypass operation two years ago. Your younger sister has a thyroid problem but you don't know any details.

Current medications (bring a list with you if needed):

- Aspirin 75mg
Atorvastatin 20mg
Ramipril 5mg

Allergies, adverse reactions and relevant past medications:

You could not tolerate a beta blocker tablet

Social and personal circumstances:

Ex smoker since the heart attack. You live with your wife who is generally well.

Travel history:

Recent trip to Australia



Occupational history:

You are a bus driver and enjoy your job so do not plan to retire for the next few years

Physical examination

- The doctor will examine your pulse and listen to your heart and lungs. They may also examine your legs.

Your concerns, expectations and wishes:

You are worried that your heart problems have returned and that you may also need a heart bypass.

You saw a recent advert about lung cancer and it mentioned a persistent cough is sometimes a symptom of lung cancer.

You have some questions you would like to ask the doctor

Please note them down on a small card to remind you during the exam.

Make sure you ask the following two questions:

- What is causing my breathlessness?
- Could I have lung cancer?

You might also like to ask the following questions:

- Do I have a serious heart problem?
- Could I have a clot in my lung?

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DATE	CYCLE

Examiners should advise candidates when there are 2 minutes remaining with the patient (i.e. after 13 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 patient or surrogate should remain in the room until the end of the 20-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.

The examiner should ask the candidate to describe any abnormal physical findings that have been identified. The examiner should also ask the candidate to give the preferred diagnosis and any differential diagnoses that are being considered. Any remaining areas of uncertainty e.g. regarding the plan for investigation or management of the problem may be addressed in any time that remains.

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'.

Examiners should refer to the marking guidelines in the seven skill domains on the mark sheet.

Examiners are reminded that, during the calibration process, the patient/surrogate should be rehearsed and specific aspects of the scenario that require clarification or emphasis should be discussed. The sections on the next page indicate areas of potential interest in this case that 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.

Presenting complaint:	Breathlessness and cough
Candidate's role:	The doctor in Choose a setting.
Patient's details:	IW 64yo man
Patient or surrogate:	Choose an option.

Examiners are reminded that the sections 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.

Physical Examination (A)

- Assesses pulse for AF
- Checks calves for signs of DVT or oedema
- Checks JVP
- Listens to hearts and lungs

Identifying Physical Signs (B)

- AF
- Could use a patient with a murmur or pleural effusion.

Clinical Communication Skills (C)

- The candidate must take a history which adequately explores all areas relevant to the differential diagnoses – it is not sufficient to take a history which confirms a suspected diagnosis without adequately exploring other possibilities or relevant personal history
- The candidate should agree a management plan with the patient.
- Important to note travel history and past cardiac history.
- Normal appetite and weight loss makes cancer less likely

Differential Diagnosis (D)

- Atrial fibrillation
- CCF
- Pulmonary embolism
- ACE-I induced cough
- Pneumonia

Clinical Judgment (E)

- ECG and CXR
- BNP (natriuretic peptide)
- D-Dimer
- ?CTPA and/or echocardiogram
- Mention blood pressure control

Managing Patient's Concerns (F)

- Addresses the patient's questions and concerns in an appropriate manner

Maintaining Patient Welfare (G)

- Treats the patient respectfully, sensitively and ensures comfort, safety and dignity
- Does not cause physical or emotional discomfort or jeopardise safety