

**MRCP(UK) PACES****Station 2: HISTORY-TAKING SKILLS**

**Your role:** You are the medical FY2 doctor in the general medical clinic

**Please indicate whether surrogate or real patient:** surrogate

Please read the letter from this patient's general practitioner. You may make notes on the paper provided. When the bell sounds, enter the examination room to begin the consultation. *Please remember to take this instruction sheet into the examination room with you.*

Dear Doctor

**Re: Tom Walshe (d.o.b. 29/5/91)**

I really do not see this man much. He mainly works at night where he owns a night club. I think that he may be a bartender. The club is on the third floor of a small unit locally. He has noticed getting remarkably short of breath when going upstairs to work. I think he may have COPD. I have pursued his recent bloods which are normal apart from a mildly elevated alanine transaminase. His recent X-ray has been reported as normal. I am therefore pretty certain there is nothing to worry about. Please advise.

**Yours sincerely,**

- Please take a history from the patient (you may continue to make notes if you wish on the paper provided).
- Your examiners will warn you when 12 minutes have elapsed.
- You have 14 minutes to take a history from the patient followed by 1 minute of reflection before five minutes of discussion with the examiners.

- Be prepared to discuss solutions to the problems posed by the case and how you might reply to the GP's letter.
- *You are not required to examine the patient.*
- Any notes you make must be handed to the examiners at the end of the station.

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**The patient or surrogate: Tom Walshe (Surrogate)**

You are a 29 year-old-man. You are not 'just' a bartender. You are also the owner of the night club where you work.

You have noticed recently that you get extremely short-of-breath when climbing the stairs to get to the third floor where the club is. You do not get short-of-breath otherwise, at rest or even on exertion. You do not have a cough at all, and have no chest pain. You have noticed this one symptom in the last fortnight or so.

There is nothing of note in the rest of your medical history apart from recent loss of weight (1 stone in a year), despite no intention to lose your weight. Your appetite, you would say, is low/normal. Also, there was a period about a week ago when your urine appeared to be slightly darker than usual and your stools appeared slightly pale; however you were certainly your usual 'pasty' self, i.e. not yellow. Finally, at the age of 21 you had to undergo a partial hemicolectomy due to colon cancer. You understand that there has been no recurrence of this disease, and you are regularly under the care of the Gastroenterology/Oncology multidisciplinary team anyway. The surgical management was unremarkable apart from two blood transfusions, because you became quite anaemic due to the operation. (As you did not want a colostomy bag, you specifically asked for your colon to be stitched back together.)

No diseases appear to run in your family apart from the fact that some members (direct relatives) have either had colon cancer or diagnosed with colonic polyps. You are not on any prescription medications, and you have no known drug allergies.

Currently - socially, you do not have any hobbies apart from clubbing in different clubs. You regularly use cocaine in 'the right social environment'; but no marijuana. You drink about 3-4 vodka shots a night at least. You have always been a non-smoker. You have had unprotected sexual intercourse several times, and your recent partner Paul said, "it was the best he's had". You have never been out with women, but "there is a reason for this". You occasionally take heroin, but do not think (to your knowledge) have an addiction to it. In terms of dress sense, you prefer smart casual to look professional; this is also to cover the needle tracks that you have.

You would like to know more about your symptoms and your key concerns are:

Is my X-ray result good news?

What is causing my shortness of breath?

Why has my urine changed colour?

Was my partial hemicolectomy relevant?

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**Brief History: Tom Walshe (aged 29)**

**Diagnosis:** Shortness of breath

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'.

Examiners should advise candidates when there are two minutes remaining. 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 allow the candidate that time for reflection and remain silent. The patient should remain until the end of the 14 minute period.

The examiner is expected to ask the candidate whether they have formed a problem list or preferred diagnosis and answer the questions in the GP's letter. Following discussion of the answer to these questions the discussion should explore the issues raised.

The examiner should refer to the marking guidelines in 3 domains on the marksheet. Specific issues raised by this scenario are suggested below. Both examiners should consider these, and any others they feel appropriate, and agree the issues that a candidate should address to achieve a Pass and a Clear Pass. The examiners should also agree the criteria for Fail and Clear Fail.

In order to pass, the candidate should be expected to consider HIV-related illness or viral hepatitis as a possible diagnosis.

Discuss an appropriate medical management plan for the patient, especially with due regard to a possible new diagnosis of the above.