MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mrs XX aged 45.
Your role:	You are the doctor in the medical admissions unit.

You have 10 minutes with each patient. The Examiners will alert you when 6 minutes have elapsed and will stop you after 8 minutes. In the remaining 2 minutes, one Examiner will ask you to **report on any abnormal physical signs** elicited, your **diagnosis or differential diagnoses**, and your **plan for management** (if not already clear from your discussion with the patient).

Referral text:

Clinical problem: This woman had an uncomplicated myocardial infarction five weeks ago. She now feels lethargic. Please examine her and rule out a further myocardial infarction.

Physiological observations for the patient above	Reading on arrival
Respiratory rate (respirations per minute)	22
Pulse rate (beats per minute)	56
Systolic blood pressure (mm Hg)	105
Diastolic blood pressure (mm Hg)	65
Oxygen saturations (%)	96
Temperature ^{0}C	36.8
Other relevant observation data (units if applicable)	N/A

Your task is to:

- Assess the problem by means of a brief focused clinical history and a relevant physical examination. You do not need to complete the history before carrying out appropriate examination.
- Advise the patient of your probable diagnosis (or differential diagnoses), and your plan for investigation and treatment where appropriate.
- Respond directly to any specific questions which the patient may have.

Any notes you make may be taken into the examination room for your reference, but must be handed to the examiners at the end of the station.

NOT TO BE SEEN BY CANDIDATES

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Candidates will have a very limited time (8 minutes) with you to gather all the information they require, perform an examination and explain what further tests or treatments they would like to arrange, as well as answer your questions. The scenario below may be based upon your case, however some aspects of your medical history may have been simplified or left out from the scenario for the purpose of the exam e.g. other health problems, previous tests and treatments. It is very important that you stick to the history given below and do not deviate from it. This is essential to ensure that the exam is fair for all candidates. Those organising the exam will contact you before the exam to run through the scenario with you. Please read through the history carefully beforehand and you will have the opportunity at that point to answer any questions or concerns you may have.

You are: Mrs XX aged 45.
You are in: the medical admissions unit.

History of current problem

Information to be volunteered at the start of the consultation
You have felt lethargic over the past week and have been unable to do your normal activities. You are disappointed because you felt you were starting to make a recovery after your recent heart attack. You had a heart attack five weeks ago and you are very worried that this could be another one. You could ask your first question here if you get the opportunity.

Information to be given *if asked*
The lethargy started about one week ago. You tried the angina spray but it did not help, it just gave you a bad headache and made you feel very dizzy. You have noticed dizziness when getting up out of a chair over the past week. You almost fell over the first time but have now learned to get up carefully.

You have not had any further chest pains or discomfort.

You have wondered whether your tablets are responsible for making you feel like this.

Background information

Past medical and surgical history
You had a heart attack five weeks ago. It all happened so quickly – you were rushed into hospital and had an angiogram immediately. The doctors opened up the heart artery with a balloon (angioplasty) and put in a stent. You were told all your other heart arteries were fine and that the stent and tablets should help to stop further problems. You were told that smoking was at least partly to blame and that you must stop if possible. You were in hospital for four days and went home with lots of tablets. You have been on the cardiac rehabilitation programme for three weeks but felt too lethargic to go this week. You were going to ask them about your symptoms but now feel too worried, so you came back to hospital.

Relevant family history
Your father had a heart attack in his fifties but he is still alive at the age of 70.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
Aspirin 75 mg once daily,
Ramipril 10 mg once daily,
Bisoprolol 5 mg once daily,
Clopidogrel 75 mg once daily,
Atorvastatin 80 mg at night,
GTN (glyceryl trinitrate) spray as needed.

All of this is new. You were not taking any regular medication before the heart attack. You don't like taking all these tablets and you wonder if they are causing some of your current symptoms. Your family doctor increased the Ramipril from 5 mg to 10 mg two weeks ago, as per the hospital's advice.

Personal history

Relevant personal, social or travel history
You are married and have two children aged 12 and 16.

You stopped smoking (20 cigarettes a day) at the time of your heart attack – you are determined not to start again. You do not drink alcohol.

Physical examination

The doctor will want to feel your pulse and listen to your heart. They may want to take your blood pressure with you lying down and then standing up. If you do stand up, you feel a bit dizzy and stagger a bit - hold onto something (such as the bed) but do not fall over. After a minute you feel alright.

You have a few specific questions for the doctor at this consultation.
Please note them down on a small card to remind you during the exam.

1. Have I had another heart attack?

2. Is this a side effect of the tablets I've been taking since my heart attack?

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DATE	CYCLE

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Examiners should advise candidates after 6 minutes have elapsed that "You have two minutes remaining with your patient". 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 examine. If they have finished, please remain silent and allow the candidate that time for reflection.

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

Examiners must fully rehearse the scenario with the patient / surrogate during calibration. 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.

Continued on next page…

Problem:	Recent myocardial infarction with lethargy and low BP following an increase in the ACE inhibitor dose.
Candidate's role:	The doctor in the medical admissions unit.
Patient's name:	Mrs XX aged 45.
Patient or surrogate:	Surrogate.
Clinical setting:	The medical admissions unit.

Examiners are reminded that the boxes 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.

Clinical skill	Key issues
Clinical Communication Skills (C)	Establishes nature of lethargy, excluding recurrent angina, heart failure and GI bleed symptoms. Obtains detail of recent myocardial infarction. Reviews drug treatment, note recent increase in Ramipril.
Physical Examination (A)	Checks to assess severity of illness – airway, breathing, circulation. Asks for / looks at the observations and notes relatively low BP. Offers to do lying and standing BP. Feels pulse, listens to heart and lungs.
Clinical Judgement (E)	Immediate tests: U&E, FBC, ECG to exclude AKI, bleed, MI. Would probably not need a troponin. Would advise withholding ACEI and then restarting lower dose. Probably does not need to stay in hospital once AKI and GI bleed excluded – could go home with instructions for GP follow-up.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Identifies that the patient is stable, not shocked, but has relatively low blood pressure. No other abnormal physical signs.
Differential Diagnosis (D)	**Probable Diagnosis:** Postural hypotension related to increased ramipril dose. **Plausible alternative diagnoses:** Lethargy induced by β-adrenoceptor blocker. Dehydration secondary to AKI induced by ACE inhibitor.
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.