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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mrs XX aged 72.
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 has been referred by her family doctor with severe back pain. She lives on her own and is struggling to cope at home. She is known to have osteoporosis and her family doctor is concerned that she may have had another vertebral fracture.

Physiological observations for the patient above	**Reading on arrival**
Respiratory rate (respirations per minute)	18
Pulse rate (beats per minute)	90
Systolic blood pressure (mm Hg)	110
Diastolic blood pressure (mm Hg)	55
Oxygen saturations (%)	98 on air
Temperature ^{0}C	38.0
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 an 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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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, for example 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 beforehand to run through the scenario with you. Please read through the history carefully as you will have the opportunity at that point to raise any questions or concerns you may have.

You are: Mrs XX aged 72.
You are in: the medical admissions unit.

History of current problem

Information to be volunteered at the start of the consultation
One week ago, you noticed a dull pain in the middle of your back which has not gone away and is getting steadily worse. It is now there all the time and any movement is now painful. You just don't feel right in yourself and as you live on your own, daily activities such as washing and dressing are becoming increasingly difficult. You have had a fracture in your back in the past and are concerned that this may be related.

Information to be given *if asked*
You have not fallen recently.

The back pain started gradually around one week ago and is now present constantly. It wakens you from sleep at night.

You have also been feeling feverish and sweaty and a bit shaky at times. You feel washed out, tired and just not right. You haven't felt like eating much over the past week and you think you may have lost a little weight (a few pounds) over that time but you haven't noticed a significant loss of weight.

You did have a small cut on your toe about one month ago which oozed pus. The family doctor gave you a course of antibiotics but you didn't complete the course as they made you feel sick. Your toe improved in a few days and is now back to normal.

You have no cough, breathlessness or sputum. You have not coughed up any blood.

Your bowels are working fine with no change in habit or blood from the back passage / in the stool. You are not going to the toilet more frequently and have not had any episodes of bowel or urinary incontinence.

Background information

Past medical and surgical history
You have osteoporosis and have had a fracture of a bone in your back as a result of this.

Relevant family history
Your mother broke her hip after a minor fall in her early seventies.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
Alendronate 70 mg once weekly.
Calcium carbonate (Calcichew D3 Forte) two tablets daily.

Personal history

Relevant personal, social or travel history
You are widowed. You have never smoked but enjoy the occasional glass of sherry.

Occupational history
You are a retired primary school teacher.

Physical Examination

The doctor will want to examine your back. If they press down the middle of your spine, please tell them that it is painful just over your spine in the middle of your back. They may wish to examine the power in your legs and test your reflexes. You have normal power in your legs and normal sensation.

You have one or two specific questions / concerns for the doctor at this consultation.

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

1. Why am I feeling so unwell?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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, eg 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 marksheet.

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:	Osteoporosis and vertebral fracture with back pain and fever preceded by cutaneous infection.
Candidate's role:	The doctor in the medical admissions unit.
Patient details:	Mrs XX aged 72.
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 symptoms of gradual onset constant back pain with fever, not in keeping with osteoporotic fracture. Establishes risk factors for discitis in history (preceding soft tissue infection, failure to complete antibiotics and probable bacteraemia with seeding in previously fractured vertebrae). Establishes no symptoms suggestive of acute cord compression.
Physical Examination (A)	Looks at the observations to assess for septic shock. Palpates spine looking for spinal tenderness, conducts focal neurological examination of lower limbs, assessing tone, power and reflexes. Indicates the wish to formally check sensation and perform rectal exam to assess anal tone and perianal sensation. Indicates the need to look for signs of endocarditis (skin lesions, murmur etc).
Clinical Judgment (E)	Immediate management – close observation, assess for signs of sepsis syndrome, fluid balance. Commence empirical antibiotics eg IV flucloxacillin based on likely staphylococcal infection after several sets of blood cultures. Immediate tests: x-ray of spine, MR scan of spine looking for evidence of discitis, cord compression. Blood cultures, FBC, U&Es, CRP. Discusses the need for discussion with senior on call and liaison with microbiology. Recognises that abnormal bone eg previous fracture acts as a nidus for infection.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Identifies pyrexia, hypotension and sepsis. Identifies spinal tenderness and establishes no signs of acute cord compression.

Differential Diagnosis (D)	**Probable Diagnosis:** Infective discitis presumed secondary to bacteraemia following incompletely treated soft tissue infection. **Plausible alternative diagnoses:** Osteoporotic fracture with an alternative source of sepsis.
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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mr JS aged 70.
Your role:	You are the doctor in the medical assessment 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 man has developed pain and swelling in his finger. He has a history of controlled heart failure, hypertension, mild stable renal impairment and type 2 diabetes.

Physiological observations for the patient above	**Reading on arrival**
Respiratory rate (respirations per minute)	12
Pulse rate (beats per minute)	68
Systolic blood pressure (mm Hg)	136
Diastolic blood pressure (mm Hg)	80
Oxygen saturations (%)	98
Temperature ^{0}C	37.1
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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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: Mr JS aged 70.
You are in: the medical assessment unit.

History of current problem

Please note that your medical details have been modified for the purposes of the examination.

Information to be volunteered at the start of the consultation
You have developed pain and swelling in your finger. The pain has not been relieved by paracetamol so you went to see your doctor who has sent you to hospital for further assessment.

Information to be given *if asked*
The pain in your finger started two days ago. The joints in your finger have become swollen. Your finger is so swollen and tender that you cannot bear to use that hand or let anything touch it. You do not recall any injury to your hand or finger.

You vaguely remember something similar some years ago but had forgotten about it until this latest episode. The episode settled after taken ibuprofen for a week.

You have discomfort in your hips and knees which you have put down to arthritis. The doctor has told you it is due to ‘wear and tear’. You take paracetamol as required and this usually helps.

Background information

Past medical and surgical history
You were diagnosed with type 2 diabetes 10 years ago, which you control by diet and medication (metformin).

Six years ago, you had a heart attack which was treated with angioplasty and a stent followed by medication. You were told there was moderate damage to the heart muscle. You currently experience mild breathlessness if you push yourself but you don't experience angina.

You have high blood pressure which was diagnosed at the same time as diabetes. It has been a bit higher over the last few months so your doctor added some more medication.

The doctor has advised you that your kidneys are not working 100% but they are stable. You haven't had a blood test to check your kidneys for about three months.

You used to have indigestion but this is now controlled by medication.

Relevant family history
None of your family have experienced anything similar.

Medication record

Current medications (Please bring a list of your treatment and show it to the doctor if asked.)
Amlodipine 5 mg once daily,
Aspirin 75 mg once daily,
Atorvastatin 40 mg at night,
Bendroflumethiazide 2.5 mg once daily,
Bisoprolol 2.5 mg twice a day,
Eplerenone 25 mg once daily,
Lansoprazole 15 mg once daily,
Metformin 500 mg three times a day,
Paracetamol 1 g up to four times a day as required,
Ramipril 5 mg twice a day.

If asked, say that the bendroflumethiazide was started four weeks ago for your blood pressure.

Personal history

Relevant personal, social or travel history
You stopped smoking at the time of your heart attack. You do not drink alcohol.

Occupational history
You are a retired teacher.

Physical Examination

The doctor will examine your hands. They may also wish to examine your other joints, such as knees and feet. They may check the appearance of your ears.

You have a few specific questions / concerns for the doctor at this consultation.

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

1. Why are my fingers so painful?

2. What tests and treatment do I need?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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:	Acute gout in a patient with IHD, DM, HF and CKD.
Candidate's role:	The doctor in the medical assessment unit.
Patient details:	Mr JS aged 70.
Patient or surrogate:	Patient with modified history.
Clinical setting:	The medical assessment 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)	Focused history of joint pain and swelling, including the previous episode. Explores all likely causes of joint symptoms, noting pre-existing O/A. Establishes PMH and treatment. Notes drug history and establishes new treatment with diuretic in relation to onset of symptoms.
Physical Examination (A)	Notes physiological observation, including borderline pyrexia. Examines hands & knees, offers to examine other joints. Checks ears for gouty tophi.
Clinical Judgment (E)	Investigates: FBC, WCC, CRP/ESR. Renal function & urate level. Checks diabetes and cholesterol control. Joint x-ray may be required. Joint aspiration if there is significant fluid / suggestion of infection. Treats: NSAID or colchicine with appropriate advice, aware of preventative treatment with allopurinol. Advises: role of diuretics, alternative BP control.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Right index finger is swollen over the pip and dip joints. Skin redness and tenderness. No significant fluid collection.
Differential Diagnosis (D)	**Probable Diagnosis:** Acute gout precipitated by introduction of diuretic. **Plausible alternative diagnoses:** Infected joint.
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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mrs Jane Smith aged 52.
Your role:	You are the doctor in the medical outpatient clinic.

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 has been experiencing drooping of the right side of her face with slurred speech and weakness in her right arm for three hours. This occurred two days ago. She has made a complete recovery.

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 an 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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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, for example 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 beforehand to run through the scenario with you. Please read through the history carefully as you will have the opportunity at that point to raise any questions or concerns you may have.

You are: Mrs Jane Smith aged 52.
You are in: the medical outpatient clinic.

History of current problem

Information to be volunteered at the start of the consultation
Two days ago, while making a cup of tea, you noticed that your face had suddenly started drooping on the right side. Your speech was also slurred. You also noticed that your right arm felt weak.

Information to be given *if asked*
The whole episode lasted for three hours - you now feel completely better. You haven't experienced anything like this before.

You didn't have a headache or experience any visual symptoms during the episode. You didn't notice any weakness in your legs. You didn't call the doctor at the time as you were felt frightened during the episode.

Background information

Past medical and surgical history
Five years ago you were diagnosed with high blood pressure.

Relevant family history
None of your family have experienced anything similar.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
Losartan for high blood pressure. Your blood pressure was checked last month by your GP and was normal.

Personal history

Relevant personal, social or travel history
You smoke 15 cigarettes a day and have done so for the last 20 years.

Occupational history
You are a medical secretary and are right handed.

Physical Examination

The doctor will examine your pulse, and listen to your heart and neck. They may examine your arms and speech.

You have one or two specific questions / concerns for the doctor at this consultation.

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

1. Why did I experience this weakness?

2. What can I do to prevent this happening again?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE		CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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, eg 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 marksheet.

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:	Right sided facial drooping and weakness, TIA.
Candidate's role:	The doctor in the medical outpatient clinic.
Patient details:	Mrs Jane Smith aged 52.
Patient or surrogate:	Patient.
Clinical setting:	The medical outpatient clinic.

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)	Takes a history and establishes the diagnosis of TIA. Identifies risk factors ie smoking and hypertension.
Physical Examination (A)	General physical examination including pulse, heart sounds, excludes murmurs, carotid bruits. Checks reflexes.
Clinical Judgment (E)	Recommends ECG, glucose, Doppler studies and lipids and possibly an ECHO or MRI angiography.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	There are no abnormal physical signs.
Differential Diagnosis (D)	**Probable Diagnosis:** TIA. **Plausible alternative diagnoses:** Mini stroke.
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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Ms Jane Doe aged 35.
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: Please see this woman who has been experiencing severe abdominal pain for the last 36 hours.

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 an 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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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, for example 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 beforehand to run through the scenario with you. Please read through the history carefully as you will have the opportunity at that point to raise any questions or concerns you may have.

You are: Ms Jane Doe aged 35.
You are in: the medical admissions unit.

History of current problem

Information to be volunteered at the start of the consultation
For the last 36 hours, you have been experiencing severe pain in the left side of your abdomen. The pain spreads towards your back as well. It started as a dull ache but has steadily got worse - last night it was difficult to tolerate. It has felt slightly better since your GP gave you an injection last night.

Information to be given *if asked*
You have felt nauseated and vomited once yesterday. There was no blood in the vomit. You have felt generally unwell and sweaty but you have not experienced any shivering. You have a mild headache and have been passing urine more frequently but have had not experienced pain when you pass water. Yesterday, you thought there was blood in your urine. You have never experienced anything like this before.

Your periods are regular - your last period was 10 days ago.

You have not experienced diarrhoea.

Background information

Past medical and surgical history
Two years ago, you were found have high blood pressure.

Relevant family history
Your mother has high blood pressure.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
Bendroflumethiazide 1 tablet daily,
Amlodipine 1 tablet daily.

Personal history

Relevant personal, social or travel history
You have two children, both aged 8 and 10. As far as you know, you had no problems during either pregnancy. Your husband and children are well.

You do not smoke and you drink alcohol very rarely.

Occupational history
You are a housewife.

Physical Examination

The doctor will examine your abdomen. Please tell the doctor that the area above your left hip is tender when they press it.

You have one or two specific questions / concerns for the doctor at this consultation.

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

1. What is my problem?

2. Why have I had blood in my urine – do I have cancer?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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, eg 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 marksheet.

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:	Severe abdominal pain and pyelonephritis.
Candidate's role:	The doctor in the medical admissions unit.
Patient details:	Ms Jane Doe aged 35.
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)	Takes appropriate history of the current problem (abdominal pain) including urinary symptoms, past medical history and drug history. Personal and family history obtained.
Physical Examination (A)	Examines the abdomen and finds marked tenderness on palpation of the left renal angle. Asks to view a temperature, BP and fluid balance chart and offer to test urine for blood, leucocytes, nitrites and glucose.
Clinical Judgment (E)	Makes a diagnosis of pyelonephritis. Realises that further investigation will be necessary to see if there is any structural abnormality of the renal tract and that cystoscopy might be necessary if the haematuria persists.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Detects tenderness on palpitation of the left renal angle. Checks the BP.
Differential Diagnosis (D)	**Probable Diagnosis:** Acute pyelonephritis. **Plausible alternative diagnoses:** Renal abscess, renal cell carcinoma.
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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mr Justin Smith aged 70.
Your role:	You are the doctor in the medical outpatient clinic.

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 man has been referred today by his doctor. He as type 2 diabetes mellitus, chronic kidney disease (stage 4), dyslipidaemia and hypertension. He now has recurrent joint pain which his doctor suspects may be gout.

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 an 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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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, for example 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 beforehand to run through the scenario with you. Please read through the history carefully as you will have the opportunity at that point to raise any questions or concerns you may have.

You are: Mr Justin Smith aged 70.
You are in: the medical outpatient clinic.

History of current problem

Information to be volunteered at the start of the consultation
Over the last few months, the joints in your toes and ankles have become intermittently acutely painful, red and swollen and this has affected your walking. Your GP has told you that she thinks this is gout and has given you indomethacin tablets – these settled the pain within a few days.

Information to be given *if asked*
You were diagnosed with type 2 diabetes over fifteen years ago.

In 2003, you attended the diabetic clinic and some impairment of your kidney function and protein in your urine was noted. After further investigations, a tumour was found in your right kidney and was then removed. After this, your kidney function deteriorated. After the deterioration, it has remained stable. The tumour has not recurred and you have not noticed any problems when going to the toilet.

Your general health is otherwise good and your diabetes is well controlled.

Background information

Past medical and surgical history
You have been diagnosed with type 2 diabetes for at least 15 years (see above).

You had your right kidney removed in 2003 because of a tumour (see above).

Relevant family history
You are not aware of history of any illnesses, diabetes or gout in your family.

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,
Glimepiride 6 mg once daily,
Ramipril 5 mg once daily,
Pioglitazone 30 mg once daily,
Indapamide 2.5 mg once daily,
Bisoprolol 5 mg once daily,
Atorvastatin 40 mg at night.

Personal history

Relevant personal, social or travel history
You are widowed. You have two children and you do not smoke or drink alcohol.

Occupational history
You worked as a librarian and are now retired.

Physical Examination

The doctor will examine the joints in your feet, and possibly also your hands. They may check your ears for signs of gout.

You have a few specific questions / concerns for the doctor at this consultation.

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

1. Do you think any of my medication could have caused this?

2. Is the treatment my GP has prescribed likely to interfere with my kidney, or interact with my other medicines?

3. What treatment do you think I should have?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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.

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

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:	Recurrent joint pain and recurrent acute gout.
Candidate's role:	The doctor in the medical outpatient clinic.
Patient details:	Mr Justin Smith aged 70.
Patient or surrogate:	Patient.
Clinical setting:	The medical outpatient clinic.

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)	Takes a detailed history of the acute joint pains and note the degree of chronic kidney impairment.
Physical Examination (A)	Examines for any clinical evidence of acute or chronic gout, including tophi.
Clinical Judgment (E)	Routine bloods, including renal function and urate levels. Advises that indapamide, renal impairment, aspirin all pre-dispose to gout. Notes that indomethacin is contraindicated with this degree of renal impairment as it could cause further deterioration and hypertension and could precipitate significant hyperkalaemia. Recommends colchicine for acute gout, and introduction of allopurinol at a low dose with the patient well hydrated under colchicine cover to prevent recurrent gout.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Notes any evidence of acute gout and that, if present, tophi indicate chronic hyperuricaemia.
Differential Diagnosis (D)	**Probable Diagnosis:** Recurrent acute gout. **Plausible alternative diagnoses:** Acute inflammatory arthritis.
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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mr John Brown aged 43.
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: Please see this man who is being treated for hypertension. Otherwise he is fit. He has experienced headaches for a while. He developed a more severe headache today.

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 an 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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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, for example 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 beforehand to run through the scenario with you. Please read through the history carefully as you will have the opportunity at that point to raise any questions or concerns you may have.

You are: Mr John Brown aged 43.
You are in: the medical admissions unit.

History of current problem

Information to be volunteered at the start of the consultation
You attended the emergency care centre because a few hours ago you developed a severe headache. The headache didn't begin suddenly – it gradually built up in intensity over about one hour. The headache is a dull pain (not throbbing) and there is a sensation of pressure – it feels like your head is in a vice. You have taken paracetamol but it has made no difference.

Information to be given *if asked*
For the last three months, you have been experiencing similar but less severe headaches every few days. These can occur at any time but are particularly bad in the evenings. Using your computer makes them worse. You also have headaches in the mornings and you recognise that these symptoms may relate to the fact that you sleep poorly and that you are currently drinking alcohol to excess (up to 60 units a week).

You are under considerable stress at work.

You have recently changed your reading glasses, which does coincide with the onset of your headache problem.

You have not noticed any fever or sweating.

Background information

Past medical and surgical history
You have hypertension (high blood pressure) which was diagnosed some years ago. You recently started treatment for this.

Relevant family history
Your father also had high blood pressure.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
Amlodipine 5 mg once daily. You started taking this over the last few months for high blood pressure over the last few months.

Personal history

Relevant personal, social or travel history
You are married and have two grown up children.

You smoke 10 cigarettes a day. You drink up to 60 units of alcohol a week.

Occupational history
You work as an IT consultant.

Physical Examination

The doctor will examine your blood pressure, eyes and your neck. They may look at the back of your eyes with a bright light. They may also examine your legs.

You have one or two specific questions / concerns for the doctor at this consultation.

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

1. Do I have a brain tumour?

2. What tests will you do?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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, eg 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 marksheet.

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Continued on next page…

Problem:	Hypertension, headache and tension headache.
Candidate's role:	The doctor in the medical admissions unit.
Patient details:	Mr John Smith aged 43.
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)	Obtains a history and identifies the risk factors of stress, hypertension, smoking and alcohol. Identifies ongoing headaches for three months and related to visual stress and pattern of end of day headaches.
Physical Examination (A)	Key examination points should include measurement of blood pressure, a rapid 'screening' neurological examination (eg exclude meningism, and check eye movements, gait), including funduscopy if time. Good candidates may find time to confirm that nuchal muscle tenderness is present.
Clinical Judgment (E)	Able to discuss whether CT brain scan is needed. Recommends blood pressure control, smoking cessation, reduced alcohol intake and other secondary prevention measures to include lipid assessment. Discusses possible stress management approaches.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	The patient has no abnormal physical signs other than slight neck muscle tenderness.
Differential Diagnosis (D)	**Probable Diagnosis:** Tension headache. **Plausible alternative diagnoses:** Migraine. Open angle glaucoma. Alcohol related headache. Hypertension. Drug related (amlodipine).
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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mrs Jane Brown aged 69.
Your role:	You are the doctor in the hospital ward.

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 has been admitted to the orthopaedic ward. She fractured her hip and had hip surgery two days ago. She initially recovered well. However, she is now feeling unwell with a blood glucose of 29 and she has a cough. She has diabetes and was started on twice daily insulin a year ago, having previously been on oral medication for 10 years. She received IV fluids and variable dose IV insulin peri-operatively but these were stopped yesterday.

Physiological observations for the patient above	Reading on arrival
Respiratory rate (respirations per minute)	24
Pulse rate (beats per minute)	98
Systolic blood pressure (mm Hg)	110
Diastolic blood pressure (mm Hg)	68
Oxygen saturations (%)	91
Temperature ^{0}C	37
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 an 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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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, for example 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 beforehand to run through the scenario with you. Please read through the history carefully as you will have the opportunity at that point to raise any questions or concerns you may have.

You are: Mrs Jane Brown aged 69.
You are in: the hospital ward.

History of current problem

Information to be volunteered at the start of the consultation
Three days ago, you were admitted to the orthopaedic ward having fractured your left hip when you slipped in a neighbour's garden.

You were recovering well and beginning to get on your feet after the surgery performed two days ago, but today you have been feeling unwell. You have felt rather hot and now you have a cough and are feeling a little short of breath.

You were diagnosed with diabetes 10 years ago.

Information to be given *if asked*
You have been coughing up green phlegm since this morning.

Your diabetes was initially treated with tablets and is now treated with twice daily insulin. You think this has been reasonably well controlled and your normal BMs run at about 10. You are careful about your diet.

You fractured your right wrist about six years ago (you fell whilst on holiday) but have not had any other problems with your bones and have not been taking any treatment for osteoporosis. You have not had a bone density scan.

Background information

Past medical and surgical history
You have not had any previous chest problems.

Relevant family history
There is no history of diabetes in your family.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
Mixtard insulin 20 U and 15 U daily,
Metformin.

Personal history

Relevant personal, social or travel history
You do not smoke. You do not drink alcohol.

Occupational history
You were a teacher but are now retired.

Physical Examination

The doctor will listen to your chest. They might examine your legs to look for swelling and tenderness.

You have one or two specific questions / concerns for the doctor at this consultation.

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

1. What is wrong with me?

2. My diabetes seems very out of control - do I need to change the treatment for my diabetes?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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, eg 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 marksheet.

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Continued on next page…

Problem:	Cough following hip surgery, post-operative chest infection leading to hyperglycaemia.
Candidate's role:	The doctor in the hospital ward.
Patient details:	Mrs Jane Brown aged 69.
Patient or surrogate:	Surrogate.
Clinical setting:	The hospital ward.

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)	Takes a history of the new problem of cough to establish the cause is more likely to be infection rather than heart failure, pulmonary embolus etc. Establishes the usual treatment and control of diabetes.
Physical Examination (A)	Notes the physiological observations. Focused examination of the chest.
Clinical Judgment (E)	Considers investigations / treatment for a post-operative chest infection eg chest X-ray, FBC, CRP, antibiotics. Checks blood sugar, electrolytes, renal function, checks for ketones and treats the raised sugar with fluids and insulin.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Normal chest examination. No sign of DVT.
Differential Diagnosis (D)	**Probable Diagnosis:** Post-operative chest infection leading to hyperglycaemia. **Plausible alternative diagnoses:** Pulmonary embolism.
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.

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

Patient details:	Mr Joe Brown aged 22.
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 man presented to the medical admissions unit with a sudden onset of severe headache.

Physiological observations for the patient above	Reading on arrival
Respiratory rate (respirations per minute)	18
Pulse rate (beats per minute)	86
Systolic blood pressure (mm Hg)	114
Diastolic blood pressure (mm Hg)	76
Oxygen saturations (%)	98
Temperature ^{0}C	36.5
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 an 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 / concerns 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

MRCP(UK) PACES

Station 5: BRIEF CLINICAL CONSULTATION

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You are: Mr Joe Brown aged 22.
You are in: the medical admissions unit.

History of current problem

Information to be volunteered at the start of the consultation
You had a mild, generalised headache all day yesterday but you were able to go to college as usual.
You were woken up at 3 am this morning with a severe headache. The pain started all over your head but it now feels as if the top of your head is in a clamp. Your neck is a little stiff and sore, along with a general ache in the top of your shoulders. The painkillers that you have been given (Nurofen) help a little.

Information to be given *if asked*
If you rated the severity of the pain, it would be 10 out of 10.

You do not feel sick and have not vomited.
You haven't had any feverish symptoms, cold symptoms or any other symptoms of infection of any kind.
Your eyes are a little bit sensitive to bright light which makes you feel uncomfortable but it does not make your headache worse. You have had no problems with your speech or the function of your limbs. You have had no disturbance of your vision except for the slight sensitivity to bright light. You have no history of migraine.

Background information

Past medical and surgical history
You have never been ill before or had any operations.

Relevant family history
You are the eldest of three children. Your siblings and your parents are alive, fit and well.

Medication record

Current medications (Please bring a list of your treatment with you and show it to the doctor if asked.)
You are not on any medications.

Personal history

Relevant personal, social or travel history
You are single.

You smoke socially. You drink up to three pints of beer or cider at weekends only.

Occupational history
You are a full-time student in the dramatic arts.

Physical Examination

The doctor will examine your eyes, face and neck. They may examine your arms and legs briefly, to check the strength.

You have a few specific questions / concerns for the doctor at this consultation.

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

1. What is causing my headache?

2. Will it get better?

3. Will it happen again?

NOT TO BE SEEN BY CANDIDATES

MRCP(UK) PACES

DATE	CYCLE

Station 5: BRIEF CLINICAL CONSULTATION

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, eg 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 marksheet.

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:	Sudden severe headache & subarachnoid haemorrhage.
Candidate's role:	The doctor in the medical admissions unit.
Patient details:	Mr Joe Brown aged 22.
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)	Takes an appropriate history for a patient presenting with sudden onset headache, in particular assessing for the possibility of migraine, meningitis, tension headache as well as subarachnoid haemorrhage.
Physical Examination (A)	Notes the physiological observations. Performs a rapid screening neurological examination in particular checking for neck stiffness.
Clinical Judgment (E)	Routine bloods including inflammatory markers. Explains that the patient needs a CT or MRI brain scan urgently, followed by a lumbar puncture and analysis of CSF if the brain scan is normal. Explanation of management and likely outcome.
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	No abnormal physical signs.
Differential Diagnosis (D)	**Probable Diagnosis:** Subarachnoid haemorrhage. **Plausible alternative diagnoses:** Tension headache, migraine.
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.