PACES Station 2: HISTORY TAKING

Patient details: Mrs Florence Smith, a 50-year-old woman
Your role: You are the doctor in the general medical outpatient clinic
Presenting complaint: Valvular heart disease, fatigue and breathlessness

Please read the letter printed below. When the bell sounds, enter the room. You have 14 minutes to take a history from the patient, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Referral text:

Dear Doctor,

This patient has valvular heart disease and atrial fibrillation and is under regular cardiac review.

She presented to me 6 months ago with some fatigue and increasing breathlessness. I found her to be anaemic with a haemoglobin of 97 g/L (normal range: 115–165). Her ferritin was also low.

Despite treatment with oral iron over this period of time, her haemoglobin concentration has not significantly improved. She is also taking warfarin. There is no history to suggest blood loss.

The patient’s medication comprises digoxin, co-amilofruse, levothyroxine, atorvastatin, warfarin and ferrous sulfate.

I would be grateful for your help with the further investigation and management of this patient.

Yours faithfully,

Your task is to interview the patient and, based on the history you obtain, construct a differential diagnosis and plan for investigation. You should explain these to the patient and answer any questions they may have.

DO NOT EXAMINE THE PATIENT

Any notes you make must be handed to the examiners at the end of the station.
PACES Station 2: HISTORY TAKING

Your role: You are the patient, Mrs Florence Smith, a 50-year-old woman
Location: The general medical outpatient clinic

History of presenting symptoms

Information to be volunteered at the start of the consultation
You went to see your family doctor about 6 months ago because you had noticed some fatigue and breathlessness. These symptoms had been present for perhaps 6 months before you saw your doctor. Your breathlessness occurs if you exert yourself, such as walking uphill or ascending more than one flight of stairs. Your doctor performed several blood tests and found you to be anaemic. Because of this you were given iron tablets but these have not made you feel any better.

Information to be given if asked
- You are not breathless at rest or in bed and you have not had any chest pain.
- Your ankles have not been swelling.
- You have a good appetite and your weight is steady. You are not keen on meat.
- You do not get heartburn or indigestion.
- Your bowels are usually regular, although you had an episode of constipation earlier this year, at which point you also noticed fresh, red blood on the toilet paper; you attributed the bleeding to haemorrhoids (piles), which you have had before.
- You also had diarrhoea about 6 months ago, intermittently for 4 or 5 weeks with watery stools but no blood, mucus or slime in the stool at that time.
- Your stools are normally easy to flush away and you have never noticed that they contain undigested food. You have noticed that your stools have become dark in colour (almost black) since starting treatment with iron tablets.
- You stopped having periods 5 years ago and have had no bleeding since.

Background information

Past medical and surgical history
About 6 months ago, you saw a surgeon privately at another hospital for investigation of diarrhoea and you were advised to have a colonoscopy (camera test of the bowel). On the day of the test, you became unwell, with breathlessness, nausea, and ‘pins and needles’ in your lips and limbs. You had been feeling very anxious about the test. The colonoscopy was cancelled; you do not have a clear explanation as to what happened to you on that day.

You had rheumatic fever as a child. Later in life, mitral valve disease was diagnosed when a heart murmur was discovered during your second pregnancy. You had a mitral valve replacement operation 5 years ago. You believe that you have a metal valve (you can hear it ticking when the surroundings are very quiet). You have check-ups every 6 months, and the cardiologist has told you that your heart is doing well.

You had a haemorrhoidectomy (removal of piles) 10 years ago.

Three years ago, an underactive thyroid gland was diagnosed. You take thyroxine treatment and the thyroid blood tests are satisfactory.
Medication record
Current medications (you may bring a handwritten list of these medications with you)
- digoxin 125 micrograms daily
- co-amilofruse 5/40 two tablets daily
- levothyroxine 50 micrograms daily
- atorvastatin 10 mg at night
- warfarin (variable dose according to INR readings)
- ferrous sulfate 200 mg three tablets daily (you take them regularly despite them causing you some nausea)

With regard to your warfarin, you have regular checks of your INR (blood clotting status) and as far as you know, these have generally been quite satisfactory (readings between 3 and 4). You have been taking a stable dose of warfarin for several months now.

Allergies and adverse reactions
You are allergic to penicillin, which causes a rash.

Personal history
Lifestyle
You do not smoke or drink alcohol. You have a good appetite and your weight is steady.

Social and personal circumstances
You are married and have two grown-up children. You live with your husband, who is in good health.

Occupational history
You have been a housewife since getting married. You now volunteer in a charity shop for 2 days a week.

Travel history
You have not been overseas for several years.

Family history
There is no family history of bowel disease. Your mother is aged 84 and is in very good health; indeed, you are slightly envious that she seems to be in better health than you are. Your father died 5 years ago at the age of 81 following a stroke.

Patient’s concerns, expectations and wishes
You are uncertain why your doctor has sent you to the hospital and you do not understand why your anaemia has not responded to iron therapy. You are concerned that another colonoscopy will be recommended and you may become unwell again because of this.
You have some specific questions for the doctor at this consultation:

- Why did my doctor send me to hospital?
- Why is my anaemia not responding to iron treatment?
- What happened to make me unwell before my last planned colonoscopy?
- Will it happen again?
Examiners should advise candidates when there are 2 minutes remaining (i.e. after 12 minutes). If the candidate appears to have finished early remind them how long is left at the station and enquire if there is anything else they would like to ask, or whether they have finished. If they have finished, please remain silent and allow the candidate that time for reflection. The surrogate should remain until the end of the 14-minute period.

A good candidate would be expected to take a history which includes a detailed social history and activities of daily living; and to particularly focus on the questions raised in the referral letter. At the end of the consultation the candidate should have discussed solutions to the problems posed by the case. A good candidate would also give the patient the opportunity to ask any further questions before closure. It is not necessary for candidates to agree a summary with the patient during their interview.

Examiners are encouraged to make a rough record of the candidate’s consultation with the patient as it progresses. This may highlight omissions in history taking, ambiguities that remain unresolved, and additional points that were not ‘in the script’.

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

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

Examiners are reminded that, during the calibration process, the surrogate should be rehearsed and specific aspects of the scenario that require clarification or emphasis should be discussed. The boxes on the next page indicate areas of potential interest in this case which both examiners should consider, along with any other areas they feel appropriate. Examiners must agree the issues that a candidate should address to achieve a Satisfactory award for each skill and record these on the calibration sheet provided. Examiners should also agree the criteria for an Unsatisfactory award at each skill.
Problem: Valvular heart disease, fatigue and breathlessness
Candidate’s role: The doctor in the general medical outpatient clinic
Surrogate’s role: The patient, Mrs Florence Smith, a 50-year-old woman (with multiple medical problems including anaemia)

Examiners are reminded the areas below indicate areas of potential interest, but are not intended as absolute determiners of Satisfactory performance. It is for the examiners to agree and record the specific criteria they will assess the candidate on during the calibration process.

**Differential Diagnosis (Clinical Skill D)**
**Probable diagnosis:**
- Gastrointestinal blood loss

**Plausible alternative diagnoses:**
- Anaemia resulting from haemolysis related to heart valve replacement
- Malabsorption of iron possibly due to coeliac disease
- Poor dietary iron intake

**Clinical Communication Skills (Clinical Skill C)**
- Establishes current symptoms and relevant past history
- Assesses compliance with iron therapy
- Assesses warfarin control
- Explains the patient’s symptoms on the day of her colonoscopy

**Managing Patients’ Concerns (Clinical Skill F)**
- Addresses the patient’s concerns about recurrent anaemia and colonoscopy

**Clinical Judgement (Clinical Skill E)**
- Proposes causes of the iron deficiency anaemia
- Proposes alternative causes of the patient’s tiredness and breathlessness – i.e. cardiac failure, under-replacement with levothyroxine (oral iron causes malabsorption of levothyroxine and the two medications should be taken at least 2 hours apart)
- Outlines a plan of investigation including gastroscopy, D2 biopsy and colonoscopy

**Maintaining Patient Welfare (Clinical Skill G)**
See marksheet