PACES Station 2: HISTORY TAKING

Patient details: Mr Daniel Steele, a 63-year-old man
Your role: You are the doctor in the general medical clinic
Presenting complaint: Haemoptysis and suspected bronchiectasis on chest X-ray

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,

I would be grateful if you would see this patient who has had haemoptysis for the past few weeks. He has been treated for chest infections in the past but has no other respiratory problems. I arranged a chest X-ray which has been reported as showing changes consistent with bronchiectasis.

Please advise on further investigation and management.

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, Mr Daniel Steele, a 63-year-old man
Location: The general medical clinic

History of presenting symptoms

Information to be volunteered at the start of the consultation

You have been coughing up blood for the past 4 weeks. You are coughing up only small amounts of blood but it is occurring several times each day. Your family doctor arranged for a chest X-ray to be performed and told you it showed a lung condition, the name of which you have forgotten.

Information to be given *if asked*

The blood is mixed with clear or white sputum. You have had a persistent cough for around 2 years but this is the first time you have ever coughed up blood. Your cough is usually productive of clear or white sputum. You feel that you have to clear your chest each morning, and can cough up as much as an egg-cupful of sputum. On numerous occasions, your sputum has turned green, and if this persists for more than a couple of days, you see your family doctor to check if you need a course of antibiotics. You have had six or seven courses of antibiotics over the past 2 years. You do not like to see doctors so you have never spoken to your family doctor about your chronic cough and you have not had any tests before.

You have been breathless on exertion for around 1 year. This appears to be slowly getting worse although this does not often limit you. You might have to stop to catch your breath when walking up hills or walking on the flat briskly. If you take your time when walking on the flat, you do not need to stop. You feel wheezy when you are breathless. You are not breathless when lying flat and do not wake up with attacks of breathlessness.

You do not have any ankle swelling. You have no pain and you have not lost weight.

Before the development of these symptoms, you never had any chest complaints, except for an episode of severe pneumonia when you were a child. You were hospitalised for this but you remember little else given how long ago it was.

Background information

Past medical and surgical history

You have had recurrent chest infections over the past 2 years. You had pneumonia when you were 5 years old.

Other complaints

None.

Medication record

Current medications

None

Relevant previous medications
You have taken six or seven courses of antibiotics over the past 2 years. You cannot remember the names of these.

Allergies and adverse reactions
None known.

Personal history

Lifestyle
You smoke 15 cigarettes per day and you have done since you were aged 17 years. You do not drink alcohol.

Social and personal circumstances
You live with your wife. You are both independent in everyday activities. You have had a pet dog for the past 8 years.

Occupational history
You are recently retired. You worked as a joiner. To the best of your knowledge, you have never been exposed to asbestos.

Travel history
You were in Paris 6 months ago for a short break with your wife; otherwise, you have not been abroad for several years.

Family history
None relevant.

Patient's concerns, expectations and wishes
You do not like visiting doctors and thought your long-standing cough was a simple smoker's cough. Seeing blood in your sputum has alarmed you, as has the urgency with which your family doctor arranged this appointment. You are concerned that you might have lung cancer.

You have some specific questions for the doctor at this consultation:

- What was the condition my family doctor said was on the chest X-ray?
- Why am I coughing up blood?
- Could I have lung cancer?
- What can be done to help my symptoms?

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DATE	CYCLE

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.

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR EXAMINERS

Scenario No: Sample 1

Problem: Haemoptysis and suspected bronchiectasis on chest X-ray
Candidate's role: The doctor in the general medical clinic
Surrogate's role: The patient, Mr Daniel Steele, a 63-year-old man

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:

- Bronchiectasis- possibly secondary to childhood pneumonia

Plausible alternative diagnoses:

- Primary lung cancer
- Chronic obstructive pulmonary disease (COPD)

Clinical Communication Skills (Clinical Skill C)

- Elicits a history of haemoptysis in a smoker on a background of chronic productive cough suggestive of bronchiectasis or COPD

Managing Patients' Concerns (Clinical Skill F)

- Sensitively explains to the patient that lung cancer is a possibility and does not offer false reassurance
- Explains that the chest X-ray has shown changes consistent with bronchiectasis and explains to the patient what this is in terms understandable to a lay person

Clinical Judgement (Clinical Skill E)

- Identifies investigating for lung cancer as the most pressing issue
- Recognises that longer history of productive cough is suggestive of COPD or bronchiectasis
- Arranges further investigations including chest X-ray, high-resolution CT scan of chest, bronchoscopy, spirometry
- Is aware of treatment options for bronchiectasis i.e. chest physiotherapy, mucolytics, bronchodilators, antibiotics

Maintaining Patient Welfare (Clinical Skill G)

See marksheet