

## Candidate Brief

Station 5: BRIEF CLINICAL CONSULTATION

PACES @ SMS

<b>Patient details:</b>	70 yr female
<b>Your role:</b>	Doctor in rheumatology clinic

You have 15 minutes with each patient. The Examiners will alert you when 13 minutes have elapsed and will stop you after 15 minutes. In the remaining 5 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 is referred with severe pain in knee and difficulty walking for 10 days

Physiological observations for the patient above	Reading on arrival	
Respiratory rate (respirations per minute)	12	
Pulse rate (beats per minute)	82	
Systolic blood pressure (mm Hg)	130	
Diastolic blood pressure (mm Hg)	85	
Oxygen saturations (%)	98	
Temperature °C	37.2	
Other relevant observation data (units if applicable)		

### 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.

## Surrogate brief

**NOT TO BE SEEN BY CANDIDATE**

### BRIEF CLINICAL CONSULTATION

Candidates will have a very limited time (15minutes) 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:** *75 year old woman*

#### **History of current problem**

Surrogate history.

**“Please note that your details have been modified for the purpose of the examination”  
Please use the details given.**

#### **Information to be volunteered at the start of the consultation:**

You have severe pain in your right knee.

It started 10 days ago and started quite suddenly. There is no history of trauma though you did play football about a fortnight ago with your grandchildren, and do not normally do much exercise. You now have difficulty weight bearing on it. You have no other pains in joints

#### **Information to be given *if asked*:**

you had diarrhoea about 1 month ago at the end of a holiday in Thailand. You were quite ill with it- high temperature and a little blood in stool on one occasion. it got better on its own though you had a horrible journey home. You have no vaginal discharge or irritation, though it does sting to pass urine. Your GP gave you some antibiotics which you took for three days and stopped. You have started to feel breathless recently.

#### **Background information**

You have had arthritis and been receiving some treatment (can't remember the name). You had a heart attack 5 years ago and a clot in legs (left) 2 years ago for which you took the rat poison for 6 months.

#### **Relevant family history**

You have no family history of arthritis at a young age, though your mother had a hip replacement at 76. Your uncle has ankylosing spondylitis.

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#### **Medication record**

**Current medications:** Methotrexate 5 mg on Mondays, Paracetamol, Codeine phosphate, ibuprofen (all from GP, none really help much) (You may wish to bring a list of your treatment and show it to the doctor if asked.)

### **Personal history**

#### **Relevant personal, social or travel history**

You are a smoker. You drink about 4 pints of beer and 2 shots of whisky 5 times a week. You are married with no children. You have never paid for sex and never had sex with men.

#### **Occupational history**

You work as a teacher.

#### **Physical Examination**

**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 causing the joint pains?
2. is there a link with eye soreness and pain passing urine.
3. Why am I breathless?

## Information for examiners

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### Station 5: BRIEF CLINICAL CONSULTATION

Examiners should advise candidates after 13 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.

Information for examiners

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<b>Problem:</b>	Reactive arthritis
<b>Candidate's role:</b>	<i>As noted on the first page.</i>
<b>Patient details:</b>	75 year old woman
<b>Patient or surrogate:</b>	Surrogate

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)	Time course of oligoarthritis, link with diarrhoea and urethritis, and conjunctivitis.
Physical Examination (A)	Rapid basic rheumatological and eye examination. oral examination
Clinical Judgment (E)	Suggest knee aspirate to rule out septic arthritis. Blood tests. Evidence of antecedent or concomitant infection <ul style="list-style-type: none"> <li>●Elevated acute phase reactants</li> <li>●Positive testing for rheumatoid factor</li> <li>●Inflammatory synovitis</li> <li>●CXR</li> <li>●Bedside Spirometry</li> <li>●Imaging abnormalities consistent with enthesitis or arthritis</li> </ul>
Managing Patients' Concerns (F)	Addresses the patient's questions and concerns in an appropriate manner.
Identifying Physical Signs (B)	Arthralgia, looks for swollen joints, deformities, muscle atrophy, signs of inflammation, nail changes, nodules, rashes
Differential Diagnosis (D)	<p><b>Probable Diagnosis:</b></p> <p>Sero positive arthritis</p> <p><b>Plausible alternative diagnoses:</b></p> <p>Nitrofurantoin associated pulmonary fibrosis on a background of rheumatoidarthritis</p> <p>Seronegative arthritis</p>
Maintaining Patient Welfare (G)	See marksheet.