

PACES: CONSULTATION

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 below. When the bell sounds, enter the room. You have 15 minutes with the patient, followed by 5 minutes for discussion with the examiners. You may make notes if you wish; any notes you make must be handed to the examiners at the end of the encounter.

Presenting complaint:

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,

Yours faithfully,

Physiological observations	Reading on arrival
Temperature (°C)	37.6 C
Pulse (beats/min)	96
Systolic BP (mmHg)	124
Diastolic BP (mmHg)	85
Respiratory rate (breaths/min)	16
Oxygen saturation, breathing air (%)	95
Other relevant observation data	

Your task is to:

- Assess the problem by eliciting a clinical history and 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.
- Discuss your assessment and the medical options with the patient and agree how best to proceed, answering any questions that are raised.

- Assess the patient's views of their problems and clarify what matters most to them. Please read the following scenario carefully.

Your medical history may have been modified for the examination. This may mean that some details (e.g. your current diagnosis, other health issues, past tests and treatments) have been changed or removed.

Please use the details given in this scenario to answer the doctor's questions – this ensures that the exam is fair for all candidates.

The doctor will perform a physical examination, explain any further tests or treatment they would like to arrange and will answer your questions.

If you have any questions or concerns before the examination, please let the examiners know and they will help you.

- **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.

NOT TO BE USED IN THE EXAM

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?

NOT TO BE USED IN THE EXAM

PACES: CONSULTATION

DATE	CYCLE

Examiners should advise candidates when there are 2 minutes remaining with the patient (i.e. after 13 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 patient or surrogate should remain in the room until the end of the 20-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.

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 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'.

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

Examiners are reminded that, during the calibration process, the patient/surrogate should be rehearsed and specific aspects of the scenario that require clarification or emphasis should be discussed. The sections on the next page indicate areas of potential interest in this case that 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.

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

Patient or surrogate: Choose an option.

Examiners are reminded that the sections 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.

Physical Examination (A)

- May include:
- Sputum examination, Look for finger clubbing, lymphadenopathy, weight loss. Examine lungs

Identifying Physical Signs (B)

- Basal crepitations
- Reduced chest expansion

Clinical Communication Skills (C)

- The candidate must take a history which adequately explores all areas relevant to the differential diagnoses – it is not sufficient to take a history which confirms a suspected diagnosis without adequately exploring other possibilities or relevant personal history
- The candidate should agree a management plan with the patient
- Elicits a history of haemoptysis in a smoker on a background of chronic productive cough suggestive of bronchiectasis or COPD

Differential Diagnosis (D)

Probable diagnosis:

- Bronchiectasis- possibly secondary to childhood pneumonia

Plausible alternative diagnoses:

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

Clinical Judgment (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

Managing Patient's Concerns (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

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

NOT TO BE USED IN THE EXAM