

Managing Uncertainty station 3

Managing Uncertainty Station 11 - Notes for candidates

Patient: Raj Patel 80

Setting: GP surgery

You are Working as a foundation doctor in General Practice and you are about to see Raj who has had wanted to see the GP because he became unconscious for about 30 seconds a week ago.

You will need to:

- 0-5 minutes - take a focused history from the patient. You will then be told the examination findings.
- 5-10 minutes - explain your differential diagnosis and your suggested management to the patient

Managing Uncertainty - Information for the actor

History of presenting complaint

- He was out with his friends from a local book club at a cafe when he started feeling light headed. He thought he was just hot so took his jacket off. Next thing he remembers he's been out of consciousness according to his friends.

Presenting information/ Questions to ask

- Before: He felt a little light headed before the collapse as he was getting up. He also felt shaky and off balance. No chest pain, no palpitations. No changes to his vision.
- During: He fell backward on to his friend so didn't hurt himself according to his friends.
- After: He was shaken awake by his friends. He was a little confused but after a few minutes felt better and continued on. His friends insisted he see a doctor but as he felt better he refused.
- Since that he has become a little afraid and has been having increasing frequency of lightheadedness but has not had another collapse.
- In terms of previously experiencing this he has felt a little more light headed since his recent hospital admission.
- The doctor at the hospital (he was admitted for a chest infection) increased his Ramipril dose (only answer is asked whether medications were altered)

PMH + Surgical History

- Diabetes, Angina, Hypertension

Drugs History

- Metformin, Atorvastatin, Aspirin, GTN spray, Amlodipine, Ramipril, Bisoprolol, Lansoprazole

Family History

- Father died of a heart attack at 60
- No history of sudden death

Social History:

- Lives at home with wife, son, daughter -in -law and grandchildren.
- Retired factory worker
- Never smoked, Does not drink alcohol
- He is a vegetarian

Mood:

- His mood has not been down per say but he just feels a little scared now. He enjoys gardening quite a lot but sometimes but has noticed that whilst gardening he started to feel off balance so sits down and is then able to continue.

ICE:

- I - Does not know why it is happening. He thinks that it is old age and it's all a part of getting older.
- C - Concerned that he is going to fall over and hurt himself seriously which may impair his independence.
- E - Hoping you can give him some medication.

Examination Findings:

Observations:

- RR: 18

OSCE Express – Sumedh Sridhar, Dr Nidhi Agarwal

- O2: 98 % RA
- Temp: 36.7
- HR: 79
- Bp: 120/77 - On lying standing BP drop of systolic BP of 19mmhg
- ECG: Normal Sinus Rhythm
- Previous ECHO from 1.5 years ago - EF between 55 - 60%, Normal Aortic valve, Mild mitral regurgitation

Examination:

- Pulse: Regular
- HS 1+2 +0
- Abdomen soft non-tender
- Breath sounds clear, bilateral air entry
- Calves soft non-tender
- No palpable lymph nodes

Differential list

Haematological: Anaemia (Do a FBC)

Endocrinological: Hyperthyroidism (TFT), Hypoglycaemia (HbA1c)

Polypharmacy: BBLOCKERS, Anti-Hypertensives (Offer to look at medications together and amend these)

Cardiology: Postural Hypotension, Heart Blocks, Arrhythmias, Aortic valve calcification (Offer to do an ECG, review last ECHO)

Neurology: Situational, Vasovagal

Others: Dehydration (recent vomiting, diarrhoeas)

It is hard to determine what is the exact cause of the syncope.

Suggest that there are certain tests that were done in the GP practice such as observations, ECG but will require other tests such as blood tests, ECHO to rule out any valvular abnormalities, look at LVEF see if that's changed since the last time.

This could also be due to new medication change as that is the most recent change, he could have been dehydrated on the particular day.

Give safety netting advice.

Managing Uncertainty 3 - Examiner Marksheet

<p>Marking Rubric</p>	
<p>Opening</p> <ul style="list-style-type: none"> • Introduces themselves • Confirms Patient Demographics • Explains and gains consent from patient about consultation 	
<p>Communication and consultation skills</p> <ul style="list-style-type: none"> • Demonstrates sensitivity and empathy in questioning • Explains differential diagnosis clearly avoiding jargon • Explains management plans with empathy and sensitivity • Achieves a shared understanding of the nature of the problem 	
<p>Data Gathering</p> <ul style="list-style-type: none"> • Establishes focused presenting complaint and associated supporting history • Explores symptoms in adequate depth • Asks specifically about relevant red flag symptoms • Is well - organized / systematic in approach to data - gathering 	
<p>Management of patient</p> <ul style="list-style-type: none"> • Investigations to consider (FBC, CRP, TFT), stool sample (calprotectin), • Possibly also sigmoidoscopy/ colonoscopy • Discuss appropriate treatment to include diet • Discuss management of stress 	
<p>Patient centered care</p> <ul style="list-style-type: none"> • Effectively explores patients ideas, concerns, expectations • Acknowledges patients agenda - demonstrates understanding of issues and challenges of patient • Effectively negotiates an acceptable and appropriate management plan with patient 	
<p>Professionalism</p> <ul style="list-style-type: none"> • Demonstrates professionalism during the consultation • Demonstrates good time management skills • Identifies and advices for patient safety issues 	