Cancer care – Candidate instructions

You are the FY1 on the oncology admissions unit and you have been asked to speak to and assess this patient.

Steve Smith 64 year old has been referred with breathlessness. They have a previous diagnosis bowel cancer.

A copy of oncology letter and observation chart will be provided in your reading time.

You will have 20 minutes for this station and will be required to:

0-10 mins

- Take a history (8 minutes)
- Answer examiners questions relating to findings (2 mins)

10-20 mins

- Discuss the patient's recent investigation results with them
- Share the management
- Answer any questions the patient has

Oncology letter

From 3 weeks ago

Oncology department

Steve Smith 64 Zoo Lane Leicester LE21XX

Dear Doctor,

Diagnosis: Stage 4 Bowel Cancer

I have reviewed Steve in clinic today. He says he is feeling more tired than usual and struggling to cope at home along with is wife. Otherwise, he is well. I have therefore referred him to social services for an at home assessment for community care.

Investigations: In the past have shown he has an inoperable stage 4 cancer and therefore is under the palliative care team.

Follow up: 1 month's time

Yours sincerely, Dr Lemon

Cancer care – Patient instructions

Presenting complaint: I have been struggling with breathing for last week or so and I get out of breath very easily.

History of presenting complaint:

Before I could walk to the shops down the road and now I can't even walk around the house without getting breathless.

I am still feeling tired and it has got worse actually.

I don't have a fever

I have developed a cough for last couple of days – no phlegm but did notice some blood this morning that's why came in.

No I don't have any chest pain.

Other relevant symptoms: My bowels are the same as they have been since my diagnosis. I occasionally get some blood in them.

ICE: Have I got some sort of infection? Is it something worse? (if probed then reveal worried about cancer spreading) Get a scan or something?

PMH: Bowel cancer – stage 4, hypertension, Type 2 diabetes, High cholesterol, had a melanoma about 5 years ago which was cut out.

DHx: Ramipril, Metformin and some other medication that I forgot the name to, Atorvastatin and some pain medications – paracetamol for my back pain.

FHx: My mum had breast cancer. Nothing apart from that.

SHx: I smoke 10 cigarettes a day for as long as I can remember. Occasionally have a drink on special occasions.

Systems review: Otherwise fine.

Other relevant history or instructions for actor:

Confirm details about last oncology appointment and say social service are due to come see house next week.

Cancer care – Examiner marksheet

Introduces themselves and confirms patient details	
Puts patient at ease and shows empathy	
Open questions and then narrows down	
History of presenting complaint	
Address ICE	
Asks about PMH	
Asks about DHx	
Asks about FHx, SHx and other history if relevant	
Summaries and clarifies	
Correctly answers examiners questions	

Please fill out NEWs giving patient NEWs score of 0

What is you most likely diagnosis and why? Lung Metastases – justifies with relevant info from history

What examination would you like to perform and what would you find?

Respiratory examination – may find dullness on percussion and reduced chest expansion or reduced lung sounds or side of tumour.

What is the most important investigation you would like to order?

Chest X-ray

Investigation results:



Case courtesy of David Cuete, Radiopaedia.org. From the case rID: 24723

Introduces themselves and confirms patient details	
Puts patient at ease and shows empathy	
Open questions and then narrows down	
History of presenting complaint	
Address ICE	
Asks about PMH	
Asks about DHx	
Asks about FHx, SHx and other history if relevant	
Summaries and clarifies	

Correctly interprets all clinical information	
Explains investigations results accurately to patient	
Clarifies understanding	
Has a clear structure such as SPIKES	
Chunks down information and checks understanding	
Skilled in breaking bad news	
Holistic approach demonstrated	
Explains next steps within levels of competence	
Summarises and allows time for questions	

NEWS key		FULL NAME		
0 1 2 3		DATE OF BIRTH DATE OF ADMISSION	DATE OF ADMISSION	
	_		-	
	DATE		TIME	
			_	
A+B	21-24	3 2	21-24	
Respirations Errethylean	18-20		18-20	
	15-17		15-17	
	12-14		12-14	
	9-11		9-11	
	s8	3	s8	
A.D	296		296	
A+B Sp0, Scale 1 Oygen seturation (sa	94-95		94-95	
	92-93	2	92-93	
Olygo test con (1)	191	3	191	
SpO ₂ Scale 2 ¹	297+xOy	3	297 an O2	
Oxygen saturation (%) Use Scale 2-Harget	95-96 ₊₄ O ₃	2	95-96 m	
range is 86-60%, ag in hyperiapole range atory failure	93-94 _{th} O ₂ 293 _{th} air		93-94++ 253 sn 8f	
respiratory felura	88-92		88-92	
	86-87		86-87	
ONLY use Scale 2 under the direction of	84-85	2	84-85	
a qualified climician	s83%	3	s83%	
Air or oxygen?	AIAR		ARAIr	
	O ₂ L/min	2	O ₂ L/min	
	Device		Device	
C	≥220		≥220	
	201-219		201-219	
Blood	181-200		181-200	
pressure somig Soors uses system BP only	161-180		161-180	
	121-140		121-140	
Market Control	111-120		111-120	
	101-110		101-110	
	91-100	2	91-100	
	81-90		81-90	
	71-80 61-70	3	71-80 61-70	
	51-60	3	51-60	
	s50		s50	
507	≥131	3	≥131	
C	121-130		121-130	
Pulse	111-120	2	111-120	
Bratumen	101-110	1	101-110	
	91-100		91-100	
	81-90		81-90	
	71-80 61-70		71-80 61-70	
	51-60		51-60	
	41-50		41-50	
	31-40		31-40	
	s30	3	£30	
-	Alert		Alert	
D	Confusion		Confusio	
Consciousness	V	3	V	
Score for NEVV proset of confusion (no score if chronic)	P		P	
CAR STOLE (LEGISLO)	U		U	
=	≥39.11	2	239.1"	
E	38.1-39.01		38.1-39	
Temperature	37.1-38.01		37.1-38.	
~	35.1-36.0°		36.1-37.	
	≤35.0°	3	s35.0°	
NEWS TOTAL	- 3		TOTAL	
Monitoring	g frequency		Monitorin	
Escalation	of care Y/N		Escalatio	
	Initials		Initials	