PRIMARY CARE BLOCK

Simulated Patient Brief — BROWN (COPD) · Week 2

PCB

PATIENT DETAILS

Age	55
Name	Martin / Martha Brown
Presenting complaint	COPD — shortness of breath / later infective exacerbation
Opening statement (Part 1)	I've come for the results of the tests, my partner is very keen to know I'm alright doctor
Opening statement (Part 2)	I have a horrible cough doctor

ORIGINAL SCRIPT PAGE 1

FACILITATOR NOTES

PATIENT NAME: MARTIN BROWN/ MARTHA BROWN

AIM OF SIMULATION

- Take a focused history of respiratory symptoms - Review and interpret investigations – Spirometry, FBC, BNP , ECG - Make a diagnosis of COPD - Explain to the patient the diagnosis of COPD - Explain to the patient the initial management of the condition - Extension activity- secondary review of patient with acute infective exacerbation of COPD this should comprise of a short review history, getting students to focus on the history of

PRESENTING COMPLAINT (NOTHING IN THE HISTORY HAS REALLY CHANGED SO FOCUS ON THE ACUTE

presentation), examination findings (only read out the examination findings that the student asks for), diagnosis and management.

FACILITATOR RESOURCES

SPIROMETRY: SPIROMETRY INTERPRETATION | OBSTRUCTIVE VS RESTRICTIVE | GEEKY MEDICS

ECG- this is a normal ECG FBC & BNP - Normal FBC and BNP Chronic Obstructive Pulmonary Disease (COPD) | Geeky Medics Scenario: Stable COPD | Management | Chronic obstructive pulmonary disease | CKS | NICE Scenario: Acute exacerbation | Management | Chronic obstructive pulmonary disease | CKS | NICE

ORIGINAL SCRIPT PAGE 2

PATIENT INSTRUCTIONS- PART 1

PATIENT NAME: MARTIN BROWN/ MARTHA BROWN

Age: 55

PATIENT DESCRIPTORS AND SIMULATOR INSTRUCTIONS

Only provide the below information if it is asked by the 'doctor'

OPENING STATEMENT – "I'VE COME FOR THE RESULTS OF THE TESTS, MY PARTNER IS VERY KEEN TO KNOW

I'm alright doctor" The 'doctor' should take a history from you and then move on to review and explain the

RESULTS AND MANAGEMENT

You have been getting short of breath on exertion in the last 8 months, something which became very noticeable 1 month ago when the lift at work broke down and you had to pause at each floor to get your breath, you noticed your breathing was quite wheezy. No new chemicals or environmental triggers etc. You do not get short of breath lying flat, you do not wake up at night gasping for breath, you can sleep lying flat and have no ankle swelling. No chest pain. No unanticipated weight loss, no coughing up blood. No history of asbestos exposure. No close exposure to birds or bats

Fortunately, the lift is back working, but it did trigger you going to see a locum GP at the Practice 4 weeks ago. The GP felt it might be a problem with your lungs and arranged a Chest X-ray, Spirometry, blood tests and an ECG.

SOCIAL

Occupation: Work in IT, office job, 5th Floor You enjoy woodwork Lives with partner, no children Partner is worried about you, fears it might be something serious like lung cancer in light of his smoking all those years Ex-smoker: for 20 years x20 a day but stopped 5 years ago. Drinks very little alcohol – once a week. You have a dog but no new pets Not into sports etc so does little exercise but you do try to go with partner when walking your dog on a Sunday, albeit not a long walk now due to shortness of breath on exercise and wheezing in the hilly area in which you live!

Ideas – There might be something wrong with your heart or lungs Concerns – As above Expectations – a diagnosis and advice as to how you may improve your health AND reassurance for your partner as they are so worried.

You are happy to follow whatever treatment plan they come up with and you are receptive to treatment. You just want to feel better.

ORIGINAL SCRIPT PAGE 3

DOCTORS INFORMATION – PLEASE GIVE THIS INFORMATION TO THE STUDENT

PATIENT NOTES

PATIENT NAME: MARTIN BROWN/ MARTHA BROWN

Age: 55 PMH: Long hx of acid reflux DH: Lansoprazole 15mg a day Allergies: None

CASE NOTES -

Seen by Dr Locum 2 weeks ago: SOBOE, long hx of smoking, now ex-smoker No lung red flags BMI 30, BP 135/70 chest clear, HS normal, no ankle oedema See PN for Bloods, ECG and spiro Also for CXR, rev usual GP with result

ORIGINAL SCRIPT PAGE 4

RESULTS

PATIENT NAME: X MARTIN / MARTHA BROWN

Hospital number: H1826380 NHS Number: 987 654 3210

CONFIDENTIAL PATHOLOGY REPORT

Printed by Sandra Smith at 02/13/24

PATIENT NAME: X MARTIN / MARTHA BROWN HOSPITAL NUMBER: H1826380 SEX

Female / Male Date of birth: 10 September 1968 NHS Number: 987 654 3210 Address: 32 BERRY LANE, MACCLESFEILD, SK4 9FG

Reported Location Clinician

13 February 2024 Leighton Hospital Dr Smith

Patient unwell

Sample N,21.97256402.Y (Blood) Collected 13/02/24 Full Blood count Haemoglobin 143 g/L 100 - 165

White Cell Count 9.00 x109/L 4.00 - 11.00

Platelet Count 350 x109/L 140 - 400

Mean Cell Volume 99.0 fL 82.0 - 100.0

Haematocrit 0.398 L/L 0.370 - 0.470

Red Cell Count 5.25 x1012/L 3.80 - 5.80

Mean Cell Hb. 28.0 pg 27.0 - 32.0

Mean Cell Hb Conc. 350 g/L 320 - 360

RDW 14.1 % 12.0 - 15.0

Neutrophils 5.30 x109/L 2.00 - 7.50

Lymphocytes 3.50 x109/L 1.50 - 4.00

Monocytes 0.50 x109/L 0.20 - 0.80

Eosinophils 0.10 x109/L 0.00 - 0.40

Basophils 0.10 x109/L 0.00 - 0.10

Nucleated rbc's 0 x109/L

ORIGINAL SCRIPT PAGE 5

PATIENT NAME: X MARTIN / MARTHA BROWN

Hospital number: H1826380 NHS Number: 987 654 3210

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PATIENT NAME: X MARTIN / MARTHA BROWN HOSPITAL NUMBER: H1826380 SEX

Date of birth: 10 September 1968 NHS Number: 987 654 3210 Address: 32 BERRY LANE, MACCLESFEILD, SK4 9FG

Reported Location Clinician 13 February 2024 Leighton Hospital Dr Smith

SOB

Reference Range BNP 100pg/mL <75 yrs: <125pg/mL

>75yrs: <450pg/mL

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ORIGINAL SCRIPT PAGE 6

10/09/1968 NHS: 987 654 3210

ORIGINAL SCRIPT PAGE 7

SPIROMETRY

FEV1/FVC ratio: 0.6 No reversibility

10/09/1968 NHS: 987 654 3210

ORIGINAL SCRIPT PAGE 8

PATIENT INSTRUCTIONS- PART 2 (EXTENSION ACTIVITY)

OPENING STATEMENT: ' I HAVE A HORRIBLE COUGH DOCTOR'

You saw the GP 6 months ago and were diagnosed with COPD. You have been taking your new treatment plan as advised and you have been feeling better. Your exercise tolerance had increased, and you were enjoying your dog walks again. The last 7 days you have developed a cough, productive of green/yellow sputum. You had some hot and cold chills and you have been getting more short of breath again, especially on going up the stairs or when trying to walk around the house too quickly. You think that your wheeze is back. You have been taking your blue inhaler more over the last 3 days, needing to take it 4 times in the last 24 hours (2 puffs). You feel that it does help initially but you start to feel wheezy and short of breath again after a short time.

No chest pain No leg swelling Sleeping with 2 pillows, no waking at night with shortness of breath No blood in sputum No dizziness Eating and drinking well Passing urine normally Coping well at home but the shortness of breath is making it difficult to get around the home at times.

If the student tells you that you need some steroids (prednisolone) then say you are worried about taking them as you have heard that someone broke their hip when they fell and that it was because of steroids. If the student explains that this is very low risk especially if only taking them as a short course, then you are happy to take them. If does not clearly explain, then refuse to have the steroids and just say you will stick with whatever else they prescribe you (eg Antibiotics etc). If the student only prescribes you antibiotics you are happy to take these.

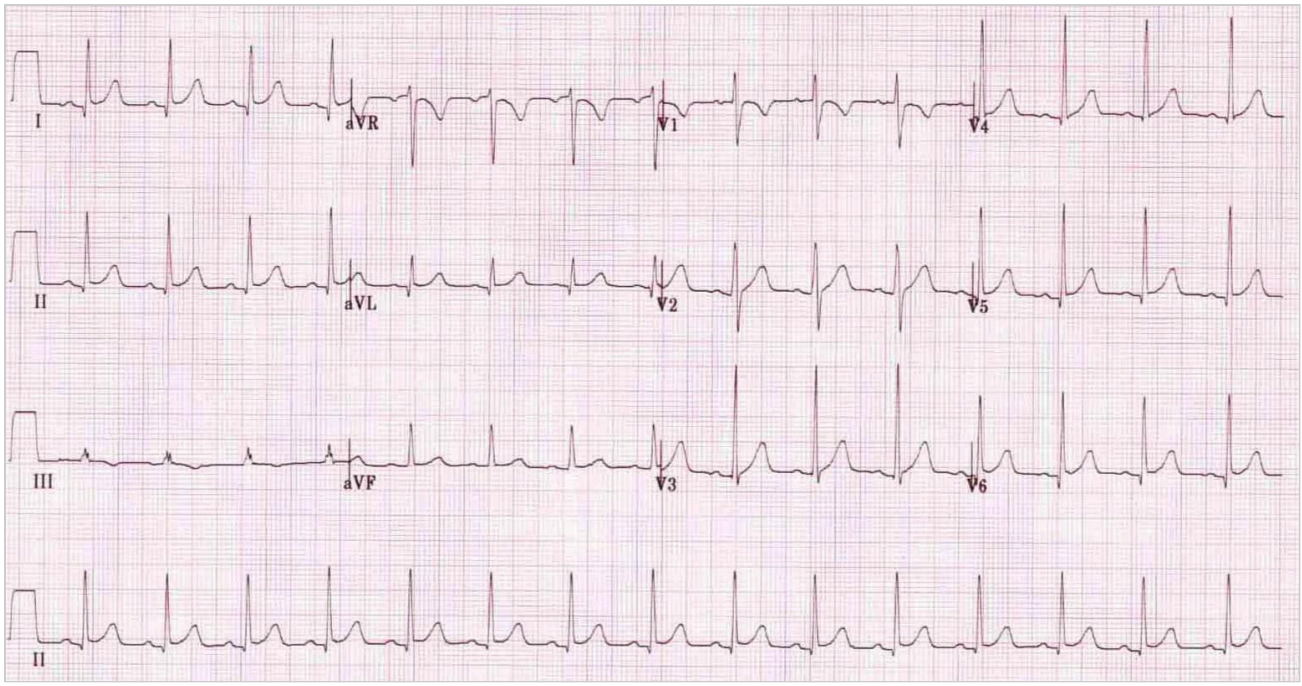
ORIGINAL SCRIPT PAGE 9

EXTENSION ACTIVITY- EXAMINATION FINDINGS

Pulse 80bpm regular SP02 95 % RA Resp Rate 20/Min BP 140/80mmHg Temp 37.9oC

Chest: Able to talk in full sentences but does appear breathless on walking around/ coming into the room. Not using accessory muscles. No audible wheeze externally while sat at rest. Right base- coarse crepitations with some audible wheeze, otherwise normal air entry in left.

FIGURES AND INVESTIGATIONS FROM ORIGINAL SCRIPT



ECG — Martin / Martha Brown (normal ECG per facilitator notes)

Primary Care Block · Week 2 · BROWN — COPD · Full script (no content omitted from source PDF)