PRIMARY CARE BLOCK

# Simulated Patient Brief — SHORT (Heart Failure / CCF) · Week 3

PCB

## PATIENT DETAILS

| | |
|---|---|
| **Age** | 78 |
| **Name** | Sam Short |
| **Presenting complaint** | Congestive cardiac failure / shortness of breath and cough |
| **Opening statement** | Doctor, I have been feeling a bit short of breath and have been coughing |

## ORIGINAL SCRIPT PAGE 1

Name: Sam Short Age: 78

## OPENING STATEMENT: 'DOCTOR, I HAVE BEEN FEELING A BIT SHORT OF BREATH AND HAVE BEEN COUGHING A

bit so I thought I ought to come in and see you'

Information to be given away after further open question: For the last 6 months you have noticed a progressive shortness of breath which is most noticeable when you are walking upstairs or up-hill. You now have to stop when you are walking more than 500m or after one flight of stairs, this is very unli ke you. You previously enjoyed golf but now it is a bit of a struggle as the course is quite hilly. You have also had a bit of a cough which is sometimes associated wit h some clear but frothy sputum.

Information to only divulge on direct questioning There is no history of fever, no chest pain, palpitations or haemoptysis (coughing up blood). You have had ankle swelling for the last couple of months. You are now sleeping with 3 -4 pillows because if you sleep flatter your breathing is less comfortable. You have sometimes also woken in the night feeling a bit breathless.

Ideas: becoming unfit or 'it's my age' Concerns: that if it gets much worse you won't be able to carry on playing golf at all. You also are a carer for your wife/husband who has Alzheimer's so you worry about this too Expectations: to find out what is wrong and what can be done about it

Past medical history • High blood pressure 2004 • High cholesterol 2004 • Heart attack 2005 • Heart bypass 2005

Medication • Amlodipine 10mg • Ramipril 2.5mg • Atorvastatin 20mg • Bisoprolol 2.5mg

## FAMILY HISTORY

- Dad died of heart attack in his 60's • Mum died of breast cancer in her 80's

## SOCIAL HISTORY

- Ex-smoker – 20 pack year smoking history, gave up 20 years ago • Alcohol – none • Lives with husband/wife who has Alzheimer's. 1 grown up child – lives in Australia • Used to work as a

carpenter

Demeanour: You are chatty and open about what you have been experiencing unless the student is asking very closed questions, uses lots of jargon or makes you feel rushed , in which case you close d own and give only short answers.

### ORIGINAL SCRIPT PAGE 2

End of Consult 1: You should expect the student to discuss some idea of what they think could be going on a nd what the next steps are. You are happy to accept any management op tions as you just want to understand what is going on and feel better s o you can keep looking a fter your partner.

Patient information 2nd Consultation:

You attend to hear about your test results. They should be telling you that you most likely have heart failure. You are shocked to hear this and worry that the word 'failure' means you are going to die soon. You are worried how this will impact on your partner. You are keen to hear about any treatment they would suggest , you are esp ecially kee n on anything that can help w ith the shortness of breath and leg swelling as both are making your mobility difficult. You wonder if you need to be referred to a specialist and if they do suggest referral you are grateful and ask how quickly you are likely to be seen. With your results you should be seen in around 6 weeks, if they suggest quicker than this you are very surprised but very happy. If they suggest around 6 weeks then you are pleased with this . If suggestions are for longer than 6 weeks you express concern that this is a long time to wait and you worry about getting worse in the meantime.

### PHYSICAL EXAMINATION- TO BE READ OUT TO STUDENT IF REQUESTED

Alert and chatty No obvious shortness of breath at rest

Pulse 78 regular Resp rate 18 Apyrexial BP 140/78 SPO2 95% RA

Chest: HS normal Coarse crepitations in both lung bases, normal percussion.

### ORIGINAL SCRIPT PAGE 3

Patient record- (to be given to student)

Name: Sam Short Age : 78

Last 3 consultations

3 months ag o: Had x -ray- confirms OA of knee. Agree physiotherapy initially. Pt reluctant for surgery

10 months ago: annual CHD review. No chest pain. Tolerating medications well. BP 135/80.

15 months ago: requesting referral for hearing aid. No tinnitus. Bilateral hearing loss slowly noted over many years. Struggles to hear in a crowd or if background noise. Refer to audiology for assessment

Past medical history • Hypertension 2000 • Hypercholesterolaemia 2000 • MI 2008 • CABG 2005 • Bowel cancer – resected 2010

Medication • Amlodipine 10mg • Ramipril 2.5mg • Atorvastatin 20mg • Bisoprolol 2.5mg

**ORIGINAL SCRIPT PAGE 4**

2ND CONSULTATION: Sam Short –explaining results and suggesting a management plan

**ORIGINAL SCRIPT PAGE 5**

DOB: 10 September 1945 NHS: 9876543210

**ORIGINAL SCRIPT PAGE 6**

**PATIENT NAME: X SAM SHORT**

Hospital number: H1826380 NHS Number: 987 654 3210 Printed by Sandra Smith at 01/22/24

**PATIENT NAME: X SAM SHORT HOSPITAL NUMBER: H1826380 SEX: FEMALE / MALE**

Date of birth: NHS Number: 987 654 3210 Address: Reported Location Clinician Leighton Dr Smith Sample N,21.97256402.Y (Blood) Collected 22/01/24 GFR EGFR 86 ml/min/1.73m*2 Enzymatic Creatinine 80 umol/L 49 - 90 For Afro-Carribean subjects multiply the reported eGFR by 1.159 eGFR calculation by MDRD equation. U&E Sodium 140 mmol/L 133 - 146 Potassium 3.9 mmol/L 3.5 - 5.3 Chloride 100 mmol/L 95 - 108 Bicarbonate 23 mmol/L 22 - 29 Urea 6.5 mmol/L 2.5 - 7.8 Enzymatic Creatinine 80 umol/L 49 - 90 eGFR is not an accurate measure of true GFR in: Acute kidney injury, acute illness, pregnancy,

**CONFIDENTIAL PATHOLOGY REPORT**

10 September 1945 32 BERRY LANE, MACCLESFEILD, SK4 9FG 22 January 2024

**ORIGINAL SCRIPT PAGE 7**

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**PATIENT NAME: X SAM SHORT HOSPITAL NUMBER: H1826380 SEX: FEMALE / MALE**

Date of birth: NHS Number: 987 654 3210 Address: Reported Location Clinician Leighton Dr Smith Reference Ranges NT-pro-BNP 1340 <75 years : <125pg/mL >75years: <450pg/mL -

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**ORIGINAL SCRIPT PAGE 8**

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**PATIENT NAME: X SAM SHORT HOSPITAL NUMBER: H1826380 SEX: FEMALE / MALE**

Date of birth: NHS Number: 987 654 3210 Address: Reported Location Clinician Leighton Dr Smith Sample N,21.97256402.Y (Blood) Collected 22/01/24 Lipids Reference range HDL 1.1 mmol/L >1 LDL 6 mmol/L <3.4 Triglycerides 2.5 mmol/L <1.7 Cholesterol 7.4 mmol/L <5.2

Fasting Glucose 5.5 mmol/L 4.0 - 6.0

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**ORIGINAL SCRIPT PAGE 9**

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**PATIENT NAME: X SAM SHORT HOSPITAL NUMBER: H1826380 SEX: FEMALE / MALE**

Date of birth: NHS Number: 987 654 3210 Address: Reported Location Clinician Leighton Dr Smith Sample N,21.97256402.Y (Blood) Collected 22/01/24 LFTs Albumin 35 g/L 35 - 50 Bilirubin 18 umol/L <21 Alk phosphatase 100 U/L 30 - 130 ALT 38 U/L <40 Total protein 65 g/L 60 - 80 Globulins 22 g/L 20 - 35 -

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**ORIGINAL SCRIPT PAGE 10**

**FACILITATOR NOTES**

The aim of this simulation is for the students to explore the key elements in th e history, picking apart the key semantic qualifiers and recognising any red flags. They should go on to discuss the next steps with the patient, they need to come up with a management plan and explain this to the patient. The student will hope fully suggest some investigations of which you can provide the

**RESULTS. IF THE STUDENTS ASKED FOR THE INVESTIGATIONS YOU CAN GIVE THESE TO THE STUDENTS, DO**

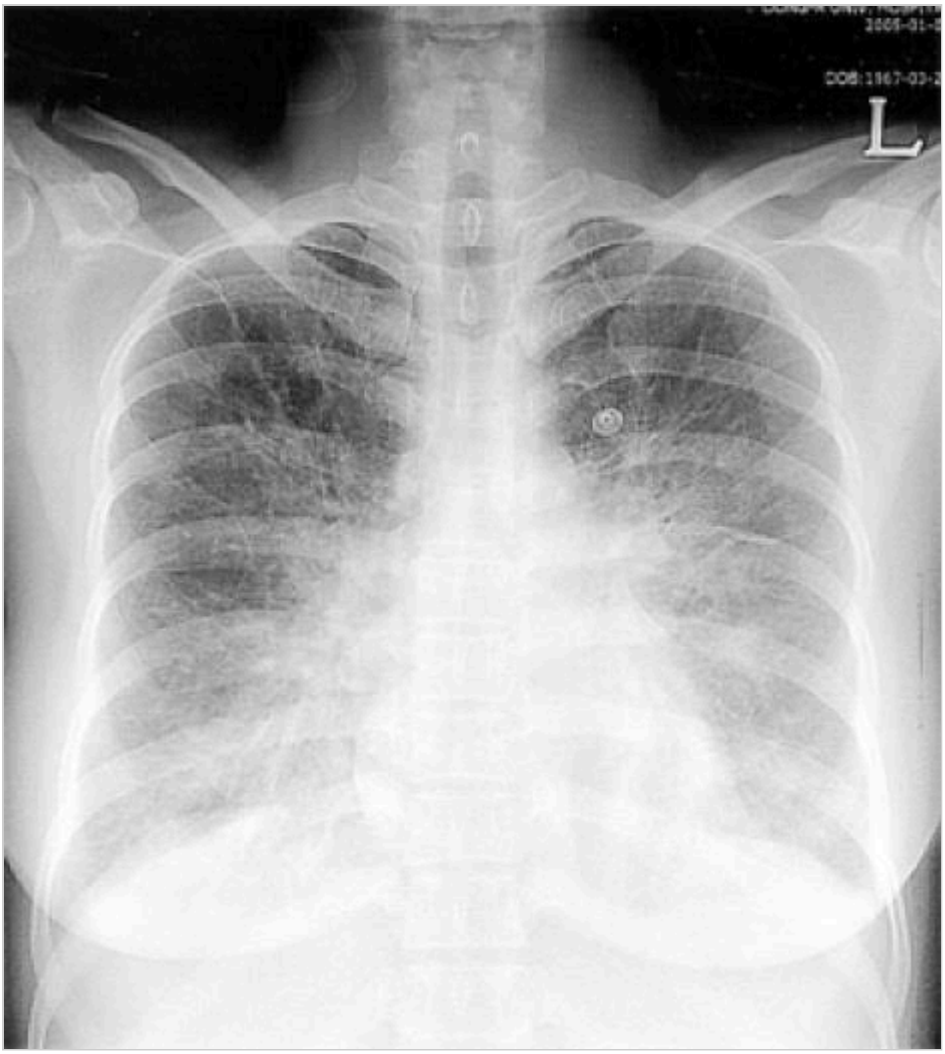
not give those that they do not request - if they miss any you can discuss this in the debrief.

Allow the students to look at the results- this can be done with the other group members as there are a number of tests to interpret. The students should then discuss the

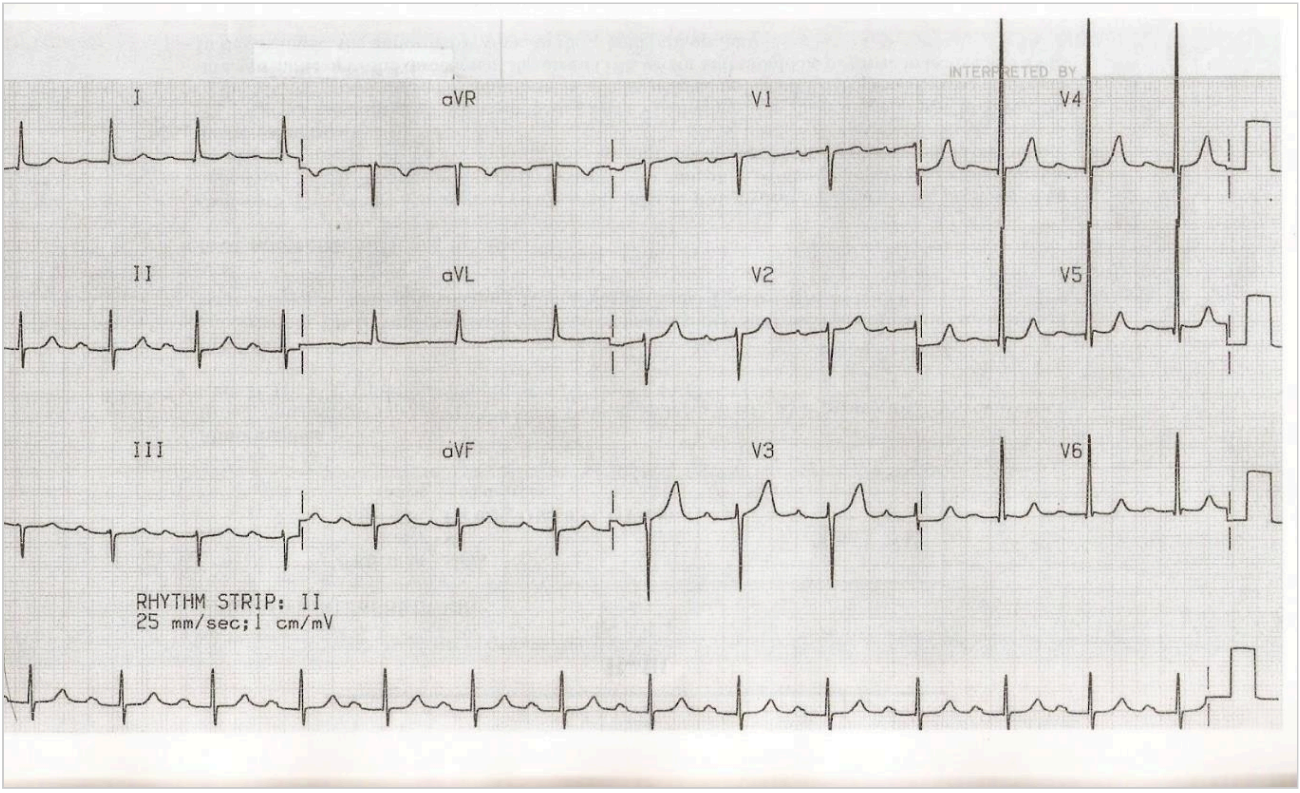
**DIAGNOSIS WITH THE PATIENT AND THE NEXT STEPS IN MANAGEMENT.**

How to assess | Diagnosis | Heart failure - chronic | CKS | NICE

## FIGURES AND INVESTIGATIONS FROM ORIGINAL SCRIPT




Clinical image / investigation from original script (page 4)




ECG / investigation from original script (page 5)

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