

Simulated Patient Brief — TAYLOR (Angina) • Week 3

PATIENT DETAILS

Age	55 years
Name	Michael / Mary Taylor
Presenting complaint	Angina / chest pain
Opening statement	I have been having some pain in my chest doctor

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NAME OF PATIENT: MICHAEL/ MARY TAYLOR AGE: 55 YEARS

OPENING STATEMENT: ' I HAVE BEEN HAVING SOME PAIN IN MY CHEST DOCTOR'

Freely volunteered Information: Complaining of pain in the chest which comes on when having to carry shelving and erect it for customers. Has had to do this for the last 2 months because they had to lay off some of their staff and is therefore doing their job. You volunteer that your partner has made you come, you think the pain is just due to the strain involved in lifting heavy shelves.

Information to be given only if asked specific questions: Site of pain: Central sternal, uses flat of hand to indicate site in the middle of your chest. Pain is not going anywhere else. Quality/ type of pain: Heavy, dull ache. Intensity of pain: Uncomfortable rather than unbearable. Timing/when pain happens: Pain first noticed about 2 months ago when carrying the shelving. Stopped what you were doing and pain went off. This has recurred every time you do this particular job which is about once or at the most twice a week. Yesterday, after evening meal you had run up the stairs at home and noticed the pain came on as you reached the top. Pain always goes away in a matter of minutes and did so last night. Not tried any medication as the pain goes away on its own after a few minutes.

Associated symptoms: You have felt rather sweaty when pain comes on but put this down to a combination of the weather plus the exertion. Information given after sensitive questioning: You think it might be muscle strain. Your partner is worried because you have been working very hard, under a lot of stress. When you mentioned the pain to your partner last night and they thought it might be your heart. You don't think it is heart trouble because "I've always been very fit". Played squash regularly but with the work troubles this year you have had no time.

Ideas: You think the pain is because of the heavy lifting and having to run around more Concerns: Your partner is worried its your heart, you are dismissive of this. You are worried this could lead to lots of tests but you don't have time to have them or go to hospital because of how busy work is. Expectations: You want to doctor to say they agree with you and that things should settle down.

SOCIAL HISTORY

Increase in smoking this year from about 10 previously to 15 cigarettes this year. Red wine when you get home from work, sometimes you will have another glass before bed. Recently you are

getting through 3 or 4 bottles a week.

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No time for hobbies , you miss playing squash. Live with partner. Grown up Son.

FAMILY HISTORY

Mum- Alive and well aged 76 Dad- Died in car accident when you were 5.

BACKGROUND OF PATIENT Michael/Mary Taylor is a 55 year old who runs their own small business making display shelving for shops. You left school without any qualifications and joined a building firm as a carpenter. You decided to start your own business 15 years ago and you have been very successful because you have plenty of common sense and was prepared to take sound financial advice from the outset. As the business prospered the family moved to a detached house locally 5 years ago when they joined this practice. You are an infrequent attender at the practice and prides yourself on being fit. Until six months ago you regularly played squash three times a week but you have not been able to go because of the pressure of work. You are married with one son aged 21. Your mother is alive and well aged 76. His father was killed in a car accident when you were 5 years old. You are an only child.

DEMEANOUR Somewhat anxious. Tries to make light of symptoms.

Patient information for MANAGEMENT of condition discussion: Reassurance: If the student reassures you that it is 'not serious', you appear obviously relieved and get ready to go saying "so I'm ok to start playing squash again?" Will sit down again if doctor says no and asks "why not, if you say it's not serious?"

If simply told you have 'angina', you deny the possibility, reiterating your 'fitness' and the fact that it is a disease of 'old men.' You should expect a to be given a full explanation of what angina is and how it relates to your symptoms, in terms you can understand. If they start to use lots of medical jargon stop them and get them to use more simple language.

Advice: If the student suggests a change of life-style, you initially say you are unwilling to reduce hours at work, reiterates 'impossible'. If the student explains the condition competently, however sharing reasons for making the diagnosis and the reasons for their advice, you are prepared to listen to a reasoned argument and say you will try to cut down on cigarettes. You will also agree to get help with the lifting at work and admits that you can take it relatively easy the next week or two as the business shuts down for the industrial fortnight. You still thinks that a game of squash would get you fit. The student should warn you against vigorous exercise until the diagnosis has been clarified. Again you will comply with their advice about this if it is given in a reasoned and non-authoritarian manner; if the student becomes authoritarian or directive, you

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will dig in your heels and refuse to follow advice. The student should advise you to call 999 if you gets prolonged pain or pain not associated with exertion.

Prescription: They may prescribe you GTN and/or aspirin- you are reluctant to accept but eventually agree If they persist an give a good explanation of why.

Referral: You strongly resists any attempt to refer you immediately to the hospital to be seen today, "haven't the time to waste". If they insist you refuse to go. If they advise for referral to chest pain clinical/ to see the cardiology team you once again initially resist but if they explain they are concerned and a little about what they will do at the clinic you will accept.

Investigation: If they advise for some blood tests and an ECG you are resistant to the idea but will accept if they can be done today.

Observation: You agree to come back for result(s) of investigation and follow-up of effect of medication.

Anticipatory care: See reaction to advice on smoking, reduction of stress. Will agree to reduce alcohol intake if provided with reasoned argument.

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INFORMATION RECORDED IN THE NOTES (Please provide to Student)

Past History: No significant previous medical history.

Repeat medication: None.

Last three consultations: 3 years ago: tetanus immunisation.

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PHYSICAL EXAMINATION

Looks well. Talking in full sentences, chatty. Examination pulse & BP normal CVS exam normal

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FACILITATOR NOTES

Aim of scenario is for student to take a history, formulate a differential diagnosis and discuss the most likely diagnosis and management plan with the patient.

Differential Diagnosis: Most likely: Angina- suffers from central dull and heavy retrosternal chest pain. This is exacerbated by exertion and relieved by rest.

Less likely: Muscle strain.

Scenario: Management | Management | Chest pain | CKS | NICE

CLINICAL ASSESSMENT OF SCENARIO A. Interviewing/History Taking The challenge is to clarify the presenting symptom, i.e. to obtain all the characteristic features of the pain and to establish what risk factors for coronary heart disease are present. B. Physical Examination Straightforward examination of the cardiovascular system needed.

C. Patient Management This is one of the major challenges of this scenario. It demands that the doctor has a well-structured management plan, that gives a clear explanation of their presumptive diagnosis and the reasons for their actions.

D. Problem Solving This is a relatively easy diagnostic problem but will depend on the adequacy of the history obtained.

E. Behaviour Moderately challenging as the patient will react negatively to an authoritarian approach. The doctor must be flexible, empathic and understanding in their ability to 'break bad news'.

F. Anticipatory Care The other major challenge of this scenario: the doctor needs to address all the key preventive issues but to prioritise them in terms of this initial consultation. The less important factors may be left for subsequent consultations.