

DAY 7:

MEDICINE COUNCELLING

First go through approach to communication – **CLASS** protocol

1. Post mortem (60)
2. URTI - wants antibiotics (82)
3. Coeliac disease and endoscopy (169)
4. Food poisoning (202)
5. Heart failure (first presentation – shortness of breath) (306)
6. Worried about meningitis (330)

LIVING HEALTHY

First go through cardiovascular risk assessment (**Q risk score**)

AND then approach to “**Lifestyle advice**”

1. High BMI and Statins (146)
2. High BMI with low QRISK score (282)
3. HTN worried about stroke (31)
4. High BMI - patient worried about vascular dementia (158)
5. HTN with high Q score (214)

TRANSIENT ISCHAEMIC ATTACK

First go through “TIA talk”

1. TIA scenario A (14)
2. TIA scenario B (14)
3. TIA scenario C (291)
4. TIA in a taxi driver (285)

DISCHARGE DISCUSSION WITH PATIENTS

First go through approach to “Discharge”

1. Asthma (26)
2. Epilepsy in a 13 year old child (101)
3. Post MI advice (86)
4. Discharge Medication (198)

WARFARIN TREATMENT:

First go through “Warfarin Talk”

AND the “Oral anticoagulants talk”

1. Warfarin (6)
2. Warfarin follow up - patient with learning disability (153)
3. High INR on warfarin (203)

FOLLOW UP SCENARIOS

First go through approach to “**Follow up**”

1. Epilepsy in an adult (57)
2. Osteoporosis (97)
3. Post MI heart failure (123)
4. Microscopic Haematuria (208)
5. Colonoscopy scenario B (239)
6. Polymyalgia Rheumatica follow up (323)
7. Hypothyroidism follow up (333)

HYPERTENSION FOLLOW UP

First go through “Hypertension Talk”

1. Hypertension follow up scenario A (67)
2. Hypertension follow up scenario B (163)
3. Hypertension follow up scenario C (213)

DAY 7

MEDICINE COUNCELLING

1. POST MORTEM

Scenario

You are the FY2 doctors in acute medical ward. Mr. Adam Jones a 65 year old man who was admitted 4 days ago with shortness of breath.

Unfortunately patient died yesterday.

The cause of death has been found to be acute respiratory failure secondary to chest infection.

Death certificate can be issued with a diagnosis of acute respiratory failure but has not yet been issued.

Talk to his wife Mrs. Elena Jones and address her concerns

Patient information:

You are Mrs. Elena Jones. Your husband Mr. Adam Jones presented 4 days ago with shortness of breath and was treated in the acute medical ward. He died last night. The cause of death was found to be respiratory failure secondary to a chest infection.

You would like to request for a postmortem because you want to be sure of cause of death.

You have no issues regarding the treatment offered to your husband.

You live with your nephew whom you are happy to discuss the situation with if the doctor asks you to discuss it with someone.

You want a postmortem because everything happened so quickly.

You watch the criminal investigation films or movies where they chop people's bodies apart during a post mortem.

You do not want anyone to chop your husband's body like that.

You are happy to receive bereavement offered by the hospital but you don't need any help with funeral arrangements.

You do not know when you'll be conducting the funeral at the moment. You are planning for a burial and NOT a cremation.

You have got a nephew who works as a nurse in a different hospital and she has advised you to ask for a postmortem.

Questions:

1. Will a postmortem delay the funeral? (NO)
2. Will you disfigure his body? (NO)
3. Will it delay issuing a death certificate? (NO)

Approach

- Initial Approach or GRIPS
- GRIPS It is not a smiling station, shake hand and maintain eye contact, have normal facial expressions
- Confirm relationship to the patient (know the name of the patient XYZ)

I understand that your husband was admitted 4 ago with shortness of breath. What is your understanding about your husband condition at the moment?

History

- Is there anything from your side that you wanted us to talk about?
- Did you manage to talk to any of the doctors while your husband was in hospital?
- Do you have any concerns regarding the treatment your husband received while in hospital?
- Has anyone explained to you what lead to the death of your husband? If not explain now.
- As you know he came in with chest infection and unfortunately from the chest infection he developed respiratory problem and this is what unfortunately he died from.
- Is there any particular reason you why you feel that a postmortem is needed?
- Can I just ask, what is your understanding of a postmortem? In terms of how it's being done and reasons of doing it?
- Are you planning for a burial or cremation?
- What they know already
- Brief medical history

Explanations:

- A postmortem is a detailed examination which is carried out by the pathologist.
- It starts off as an external inspection and then it proceeds to internal examination.
- During an internal examination the incisions are made but are kept to the minimum and making sure that we do not disfigure the body.
- Full detailed postmortem examination all the organs are of the body are removed and inspected before they are returned back.

- If we conduct a limited postmortem examination then certain organs may not be inspected. For example in his case he had breathing problems, we a limited examination may concentrate on lungs and any other organs but not all the organs of the body.
- Will the postmortem disfigure his body?
- A post mortem will not disfigure his body. The pathologist will open his body but after he finishes the post mortem he will nicely close up his body. Is there any particular reason why you are worried about the body being disfigured?
- **Offer Bereavement Help**
 - Ask if she has been offered any bereavement services?
- **Offer Funeral services**

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2. UPPER RESPIRATORY TRACT INFECTION

Scenario

You are the FY2 doctor in General Practice.

Elizabeth Black is a 20 year-old lady who has come to your GP practice with some concerns.

Patient had come to your GP practice 2 days ago with a sneezing, cough, sore throat and blocked nose.

The nurse performed a nose and throat swab, which came back negative.

She was advised to take paracetamol and use steam inhalation.

Please talk to the patient and address her concerns.

Patient information :

Opening sentence: "Yes doctor, I came in 2 days ago, I saw a male nurse who said I have viral infection and gave me paracetamol. He advised me to take steam inhalations but I think I need antibiotics."

- You are Elizabeth Black a 20 year old lady
- You made an appointment to see the your GP because you have had cough, blocked nose, sore throat and sneezing for the past 3 days
- You came 2 days earlier to your see GP practice with the same problem.
- You were seen by a different doctor who told you it was a common cold and it would resolve in the next couple of days.
- The nurse took some swab from your throat and nose.
- You have been following all the instructions given to you i.e. taking paracetamol, resting and drinking plenty of fluids. You have tried everything but you haven't really been using inhalation steam.
- The results of the swab are back but no one has explained them to you.
- Your grandmother's birthday is in 5 days' time and you really want to be well so that you can attend her birthday. She is 95 years old and this could be her last birthday.
- You are normally fit and well and not on regular medications.
- Your symptoms: you have had them for the past 3 days
 1. Sneezing
 2. Blocked nose
 3. Cough
 4. Sore throat
- You have tried paracetamol and over the counter but it's not helping.

Questions:

1. Doctor can you give me antibiotics?
2. Paracetamol is not working, just give me antibiotics.
3. My friend was given antibiotics when she had similar symptoms and she improved.
4. Do you think it can become a bacterial infection?
5. How will I know that it is a bacterial infection?

Approach

- **Initial Approach or GRIPS**
- **History of presenting complaint**
- **History of URTI symptoms**
 - Cough
 - Fever
 - Running nose

Differential Diagnoses

- **URTI**
 - Cough
 - Sneezing
 - Running nose
 - Sore throat
 - Fever
- **Pneumonia**
 - Shortness of breath
 - Chest pain
 - Fever
 - Sputum
- **Sinusitis**
 - Facial pain when bending down
- **Red flags:**
 - Meningitis
 - Rash
 - Neck stiffness
 - Headache
 - Photophobia
- **Acute otitis media**
 - Ear pain
 - Ear discharge

- **History of previous GP surgery visit.**

- Any change to your symptoms in the last 2 days? Explain that swabs were taken and have come back normal.
- Do you know why we performed the swab?
- It is to check for bacteria which are not there and from what you have told me, and the swab we did, you have a condition called Upper Respiratory Tract Infection (URTI). In other words, it is a flu which has been caused by a virus.

- **Explain that bacterial infection would usually cause**

- Pus in throat
- Cough and sputum
- Difficulty in swallowing

- **Red Flags : Complications of bacterial infections**

- Tonsillitis: difficulty in swallowing, pus on throat.
- Otitis Media: earache and discharge
- Meningitis: rash, neck pain, headache, high temperature.

- **MAFTOSA**

- **ICE**

- **Effects of Symptoms**

- **Daily activities and job.**

- **Summarise**

- **Examination**

- Observations: T, P, BP, RR, O2
- Throat: rule out signs of bacterial infection
- Ears.
- Chest examination

- **Explain the findings and give diagnosis**

From what you have told me and the swab we did, you have a condition called Upper Respiratory Tract Infection (URTI). In other words, it is a flu which has been caused by a virus.

- **Explain the course of viral infection:**

- Reassure that it will resolve
- Explain to the patient that viral infections initially gets worse for 3-4 days, remains stable in the next 3-4 days and after 2-3 days it starts settling down and you would be fine in a week or so.
- Continue PCM, cough syrup, drink a lot of fluids.

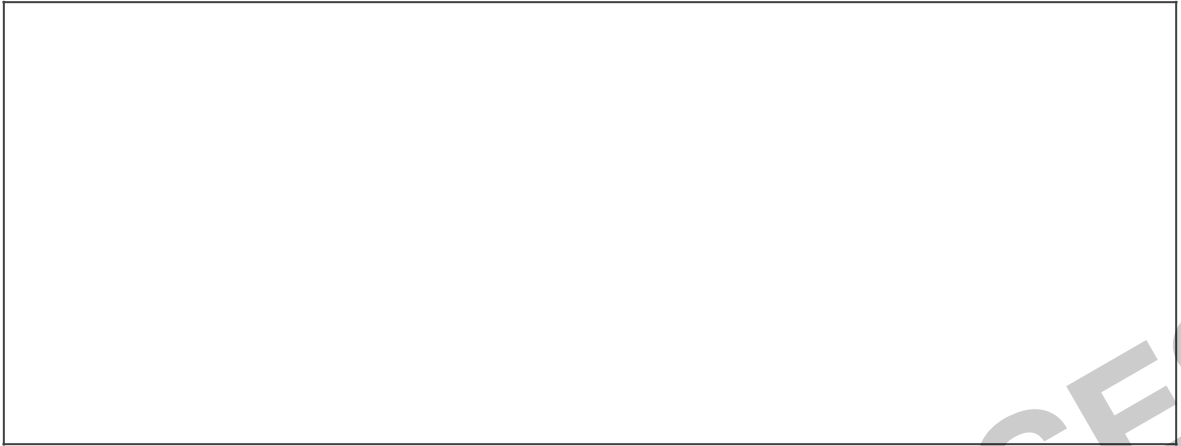
- **Follow-up:**

- 1 week from now to see how she is doing

- **Management**

- Paracetamol
- Cough Syrup
- Ibuprofen
- Lemsip
- Drink plenty of fluids and rest well
- Antibiotics would not help because it has been caused by the virus. Antibiotics usually do not work against viruses.
- If the swab showed bacteria, we would definitely give you antibiotics
- The antibiotics have got side effects, like diarrhoea, rash.
- If you take the antibiotics frequently when you do not need them, in the future when you need the antibiotics, they may not work for you.
- So it is important that you do not take antibiotics when you do not need them. If given when they are not indicated, they can cause harm.

Other scenarios



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LIVING HEALTHY

3. HIGH BMI AND STATINS

Scenario:

You are an FY2 in GP Surgery.

Mrs. Lena Brown has come to the practice for her well-woman follow up. Blood tests were taken and examination was done.

FBC, LFT, TFT and U&E are normal

BMI is 28

Cholesterol on two occasions: 6.2

Q score: 14%

She has been planned to be started on statins.

Explain exam findings and discuss management plan with the patient

Patient Information:

- You are Mrs Lena Brown, a 30-year-old lady.
- Today you have come for a well-woman clinic follow up.
- The doctors last time had done some blood tests, checked your weight and height.
- You don't what Body Mass index (BMI) is.
- You do not smoke.
- You drink wine; a glass a day.
- You like eating outside, mainly fish and chips.
- Hang out with friends.
- You do not like exercising but play golf with your husband.
- You walk around the golf course with your husband.
- The doctors are planning to start you on statin.
- You are retired.

Questions:

1. If the doctors says he will start you on statin, ask him/her "Does statin have any side effects?"
2. So how can I reduce the BMI?
3. Will I be on statin for the rest of my life?
4. Doctor, am I obese?

- **Approach to scenario**

- Initial Approach or GRIPS

- Explain the results

- Explains BMI

- Explain the high cholesterol

- a. Explain that she needs to be put on statins

- b. Side effects of statins: muscle aches, drowsiness, stomach upsets, headaches

- **Explain the Q score** which is a score that tells us the risk of developing a heart attack or stroke in the next 10 years, ideally this score should be less than 10%. We calculate it by taking many factors into consideration for example cholesterol levels, medical conditions (such as high blood pressure and high blood sugar), ethnicity, weight.
- Explain that she has a slight increase in the risk of developing heart problems or stroke.

- **Take history of risk factors of CVS disease:**

- Diabetes

- Hypertension

- Cholesterol

- AF

- Exercise

- Diet

- Heart problems

- Previous stroke

- Alcohol

- **MAFTOSA**

- **ICE**

- **Summarise**

- **Explanation**

- **Lifestyle advice**

A Healthy Diet

- 5 fruits everyday
- 2 portions of fish every week – ask if the patient eats fish first of all
- Add vegetables to your diet
- Refer to dietician
- Offer diet sheet

Exercises

- 2 ½ - 5 hours per week of exercises
- Take up activities such as jogging, walking and swimming
- Join local exercises groups

Other scenarios

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4. HTN WORRIED ABOUT STROKE

Scenario:

You are the FY 2 doctor in General Practice.

Your next patient is a 67-year old Mr. Zimmerman who has come to your practice to see a doctor.

The nurse has checked the patient blood pressure and its 160/90.

Please assess and manage the patient.

You do not have to perform examinations.

Patient information

SCENARIO A: (Worried about stroke)

You are Mr. Edward Hopkins, a 67 year old patient.

You have come to see the doctor because you are concerned about the risk of stroke.

The nurse has taken your BP which is 160/100.

- Why? (because your father had stroke at age of 59 and he died)
- Your brother has stroke and he is 47 years old
- You are working as the board of NHS Trust
- Job is stressful
- Difficult time to assess financial situation for the hospital
- You tend to eat whenever you can. No time to eat properly
- Not exercising. Don't have time
- Smokes 20 cigarettes/day since you were a student.
- Tried quitting once but did not receive help that time
- Drinking moderate amount of alcohol
- You want to be referred for quitting but you want to know about stroke first
- You eat mostly Indian food
- You saw an advert on the TV which said if you have got a family member with stroke you can as well develop a stroke. This is why you have come to see the doctor.
- If the doctor says use stairs or go out to exercise, tell him that you are very busy. You cannot afford to be walking up and down. But if the doctor mentions that you will have to reduce your risk, you are willing to try and exercise or walk up the stairs.
- If they ask you to cook, you tell him/her that you are too busy, you cannot find time to cook plus you do not know how to cook.

Questions

1. I heard the word 'borderline'; what does that mean?
2. How can you help me with diet doctor?
3. What is the risk that I'll have stroke?
4. What can I do to prevent stroke?

SCENARIO B: (You went to a health insurance company who asked him to see his GP)

You are Mr. Robert Green, a 67 year old patient.

You have come to see the doctor because you are concerned about the risk of stroke.

- Why? (because your father had stroke at age of 59 and he died)
- Your brother has stroke
- You are working as the board of NHS Trust
- Job is stressful
- Difficult time to assess financial situation
- You tend to eat whenever you can. No time to eat properly
- Not exercising, don't have time
- Smokes 20 cigarettes/day since you were a student.
- Tried quitting once but did not receive help that time
- Drinking a lot
- You want to be referred for quitting but you want to know about stroke first
- You do not have any past medical history; no HTN, no diabetes

Questions

I heard the word 'borderline'; what does that mean?

- How can you help me with diet doctor?
- What is the risk that I'll have stroke?
- What can i do to prevent stroke?

SCENARIO C:

This is the first attendance to your practice

Approach

• **Initial Approach or GRIPS**

- Loud, confident, smiling, supportive, nice and friendly
- How can I help? Is there any reason why you are worried about stroke?
- Ask what made you come and see the doctor today (demonstrate empathy about the dad and the brother having stroke)

- Reassurance that you can help him to reduce the risk of stroke. Is it ok if I ask you a few questions to see if there is anything putting you at risk?

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- **History**

- Risk factors (IHD, high cholesterol, hypertension, stress, diet, DM, exercise)
- Stroke increases in intermittent claudication. Explain the risks of stroke.

- MAFTOSA

- ICE

- **Management**

- **Offer lifestyle changes**

- Offer smoking cessation
- Advice and help in alcohol reduction
- Increase fruits and take 5 vegetables in a day
- Reduce salt intake, it's important for blood pressure control.
- Reduce caffeine (ask if patient takes coffee or tea too much)
- Encourage relaxation and stress management (advice to get counselling for his work): Have you ever thought of getting some counselling regarding your stress at work? It's something that I would try and do.
- Check cholesterol and treat accordingly
- Arrange follow up in one month time
- Exercise
- Offer diet change and diet sheet
- Check your weight and height
- Do you know your weight?

- **Explain normal is BP (140/90)**

His BP is 160/100. It is just on the border between when medications are indicated and when lifestyle changes can be used to lower the blood pressure.

- Confirm the blood pressure using ambulatory blood pressure measurement.
- The ambulatory blood pressure cuff measures your blood pressure every 20 minutes during the day and every 1 hour during the night.
- Ambulatory blood pressure measurement is required to confirm that your blood pressure is constantly high.

- **Further examinations;**

Hypertensive retinopathy - ask about visual problems and suggest to perform a fundoscopy.

- Intermittent Claudication: ask about pain in the legs
- Cardiomegaly: Perform chest x-ray
- IHD: perform an ECG
- Hypertensive Nephropathy: Check urine test and ask about swelling of the legs.
Blood tests to check kidney function.
- Check cholesterol levels
- Arrange a follow up in 1-week time (This is when you are going to have all the investigations with you and you can discuss with the patient the results)

Red Flags:

To go to the ER immediately or call 999 if develop any of the following:

FAST

Face - asymmetry or numbness

Arm - weakness of arm

Speech difficulty/difference

Time

Other scenarios

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5. HTN WITH HIGH Q SCORE

Scenario

You are FY2 in GP surgery

Richard Branson a 50-year-old man came for follow up.

He came last week and had some tests done.

He was placed on 24 hours BP monitoring and the average BP is 165/95.

Q Score 16

BMI 28

Talk to the patient, address his concerns and discuss further management with him.

Patient information

- You came one week ago for a general checkup because your wife advised you to do so.
- You and your wife watched a TV program on annual checkups which states that everyone above the age of 40 should go to their GP regularly.
- You are normally fit and well and not on any medications.
- You are a businessman; you sit in an office for very long hours so you don't have time to exercise.
- You eat outside most of the time.
- Your job is very stressful.
- You have been smoking 26 cigarettes a day for the past 18 years.
- You drink 2 glasses of wine a day.
- You have two grown-up children and you live with your wife.
- When the doctor advises you on quitting smoking and cutting down on drinking, you agree.
- When the doctor advises you on diet and exercise, you say "I'll try to diet and I'll take the stairs instead of the lift, I don't want a gym instructor."

Questions:

1. What is BMI, doctor?
2. What are you going to do for me?

Approach:

- **GRIPS**

- **Explain the examination findings (BMI, BP and Q score)**

- BMI is a ratio of your weight to your height.
- The normal BMI is between 18.5- 25
- If the BMI is between 25-30 we say that someone is overweight and if it is above 30 we say that someone is obese.
- Unfortunately, your BMI falls in the category of overweight.
- You also had your blood pressure checked. After measuring your blood pressure, we found that it is on the higher side; 165/96

- **Management**

- So we need to start you on some medications to control your blood pressure.
- We might need to start you on some medication called Ramipril.
- It has some side effects like cough; if that becomes a problem we can change it to a different one.
- It can also affect your kidneys sometimes so we need to check your kidney function before we can start the medication.
- We also calculated what we call Q score.
 - -A Q score is the parameter that indicates the risk of developing heart problems or stroke.
 - -The normal Q score is less than 10
 - -Unfortunately, in your case the Q score is 16 which is high.
 - -This means that you have got an increased risk of suffering from heart problems.

Other scenarios

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TRANSIENT ISCHAEMIC ATTACK

6. TIA

You are FY2 doctor in A and E.

Linda Jones, aged 69 has been brought to the hospital by her husband due to weakness on one side of body, slurred speech, dropping of angle of the mouth and difficulty in swallowing. Symptoms lasted for 15 minutes and it happened 3 hours ago.

General and neurological examinations have been done and there were no findings.

BP was measured and recorded as 150/95.

Routine blood test has been done and still awaiting results.

CT scan of the head has been done and is normal.

She has been referred to the TIA clinic tomorrow.

Take history from the husband, assume consent has been given and discuss further management.

Patient is completely fine now but she is too upset to talk and she has asked to talk to her husband.

Patient information

You are Mr. Robert Green, a 70-year-old man.

Your wife Alice Green developed loss of vision, difficulties in speaking and difficulty in moving her right arm for 2 hours. It happened 3 hours ago.

It happened while you were having breakfast.

You called an ambulance which brought her to hospital.

You have now seen your wife, she has recovered from all the symptoms and you are delighted.

- She drinks 2-3 glasses of red wine per week
- This is the first time this has happened to her
- No family history of stroke
- No medications history
- She does not do exercise
- She smokes 20 cigarettes/day
- She does not like eating vegetables and fruits
- Your wife is upset at the moment and she does not want to talk, this is why she has asked the doctor to talk to you.
- Both you and your wife are retired teachers in a secondary school.

Scenario A:

- You were watching TV at the time when your wife developed the symptoms of weakness in her arm, difficulties in speaking and dropping of the corner of her mouth.
- The symptoms lasted for about an hour.
- You have seen your wife now, she is completely fine and you are very delighted with this.

QUESTIONS:

1. Will it happen again?
2. Is there anything she can do to prevent this from happening again?
3. What caused it doctor?
4. What are you going to do for her?
5. What is TIA?

Scenario B**Patients Information:**

- 57 year old lady
- You were in the kitchen with your wife when she developed difficulties in speaking and in moving her right arm for 15 minutes. It happened 3 hours ago.
- She drinks 2-3 glasses of wine per week
- Non-smoker
- Walks 30 minutes a day
- Healthy diet
- No family history
- Blood tests results are not yet back
- Presenting complaint: visual problems and facial weakness
- Patient is very careful about her diet; does not like eating vegetables and meat. Does not know the normal limit of salt
- Has been smoking 20 cigarettes/day for 20 years
- Drives and is active (walks around for more than 30 mins)
- Drinks alcohol 2-3 units/week

QUESTIONS:

You are a happy person and want to take your wife home.

1. Can I take her home?
2. What caused the problems?
3. Will it happen again?
4. What do we need to do to prevent it from happening again?

Approach

- GRIPS
- Check relationship to the patient (May I know how you are related to Mrs. XYZ?)
- Check prior understanding.
 - What have you been told about your wife's condition so far?

History

- Symptoms of TIA:
 - Unilateral weakness
 - Loss of sensation
 - Loss of coordination
 - Syncope
 - Loss of vision
 - Speech – difficulties in talking
- Risk Factors:
 - AF
 - High blood pressure
 - High blood sugar
 - Previous stroke or TIA
 - Family member with stroke or TIA
 - Heart problem
 - Smoking
 - Exercise
 - Diet
 - Alcohol
 - Passive smoking (someone smoking in the home)
- **Explain the examination findings**
 - All her examinations are normal.
 - The weakness and speech problem she had have all resolved.
- Explain that the blood pressure was high 150/100.

- **Explain the diagnosis**

- What she had is what we call Transient Ischaemic Stroke (TIA) or a mini-stroke.
- TIA (mini-stroke) or stroke usually develop if there is a blockage of blood supply to the brain.
- This is usually due to blocked blood vessels that may happen due to age.
- It is a temporary stroke.
- Symptoms are usually resolved within 24 hours.
- It does not usually leave any permanent damage.
- Explain that as someone grows older he or she becomes more likely to suffer from ministroke or stroke.
- If someone has suffered a mini-stroke, they are at high risk of developing stroke. So we need to refer her for assessment by the stroke specialist.

- **Notes:**

- If low risk, refer to the outpatient TIA clinic
- Avoid driving for one month after TIA.
- When can I go home?
- We are looking at 3-4 days staying in hospital.

- **Investigation**

- **Blood test:** They have been sent but we are still waiting for results.
 - Blood glucose
 - Cholesterol level
- **CT scan**
 - Explain that it is normal if it has already been done.
 - If it has not been done, explain that we will perform a CT scan of the brain to check that she does not have any sort of bleeding.
- **ECG**
 - We will perform an ECG

- **Management**

- Aspirin 300mg
- Assessment within 24 hours.
- Give family members and patients information on recognition of stroke or TIA
- FAST Scan
- Advise not to drive
- Other information on stroke, TIA and risk factors.
- Advice on lifestyle:
 - Alcohol: Drink not >14 units per week, but this must be spread over 3 days.
 - Encourage physical activities.
 - Advise smokers to stop and non-smokers to avoid passive smoking.
 - (This particular patient is not a smoker but her husband is a smoker, so she could be having passive smoke)
 - He needs to smoke away from the house.
 - Does he smoke inside the house?
- Advice about diet.
 - 5 portions of fruits
 - Reduce salt intake
 - 2 portions of oily fish per week

- **NOTE:**

- Generally if a patient had a stroke within one week, he or she needs to be seen in TIA clinic within 24 hours.
- If patient had a TIA more than one week ago, can be seen in TIA within a week.

- **Explain what the specialist will do**

- Perform further investigations such as Doppler scan of the neck to check for any blocked blood vessels in the neck that could have led to a mini-stroke.
- They will also start her on simvastatin to reduce cholesterol further down even if it is normal.

OTHER SCENARIOS

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DISCHARGE DISCUSSION WITH PATIENTS

7. EPILEPSY IN A 13 YEARS OLD CHILD

Scenario:

You are FY2 in the neurology department.

Patricia Jones a 13-year old girl who is being discharged home after being admitted with a seizure.

Patricia Jones was admitted 3 days ago with a seizure with a generalized tonic clonic seizure and electroencephalogram showed epileptic foci in the brain. She has been prescribed the medication and the medication has already been explained to the mother.

She is now ready for discharge home.

Please talk to her mum, Victoria Jones and address her concerns.

Patient information:

Your name is Victoria Jones and you are a 45 year old lady.

You brought your daughter Patricia with a seizure to the hospital 3 days ago. Patricia has been diagnosed with epilepsy and has been prescribed with anti-epileptics but this has not been communicated to you.

Patricia likes swimming, dancing and riding her bicycle. This is the first time she has had a seizure. She is otherwise fit and well. No allergies. No regular medications.

You have been prescribed sodium valproate but the medication has been explained to you.

Questions:

1. What is wrong with my daughter?
2. Can she continue dancing or swimming?
3. Are there certain things that she must not do?
4. Do I have to accompany her everywhere she goes?
5. Will the other siblings have the same condition?

Approach:

• GRIPS:

- Loud confident
- Smile
- Shake hands

• Paraphrase

- I understand that you are going home today.
- I have been asked to talk to you and see if you have any questions about Patricia's condition at all.

• Check prior understanding

- So I understand Patricia had a fit. What have you been told about her condition so far?
- And do you have any questions about her condition?

• History

• Social history

- Does she go to school?
- How is she doing at school?
- What does she like to do in her free time?
- Does she plan to drive?
- Does she ride a bicycle?
- Does she go out for discos?
- Riding horse?

• Precipitating factors:

- Throbbing lights
- Alcohol
- Stress
- Not sleeping enough
- Watch TV with flashing lights
- Going to disco
- Not sleeping enough

- **Management**

- **Advice on activities to avoid:** There are some activities which need to be avoided
 - Avoid dangerous activities e.g. riding bicycle, mountain climbing, bungee jumping, horse riding.
 - When bathing it's better to take a shower rather than a bath.
 - If she wants to take a bath, it's better to take a shallow bath.
 - Also should avoid locking the door when bathing, so people can reach out incase she has a seizure.
 - Take medication regularly; they are there to prevent the seizures.
 - She needs to avoid cooking when alone - due to the risk of falling on fire or stove if she develops a seizure.

Doctor can she swim?

Can swim but needs supervision. She needs to inform someone so that in case she has a seizure, people should help

Doctor can she dance?

What type dancing does she do? Are there any flashing lights?

Do I need to follow her everywhere she goes?

You do not need to follow her everywhere she goes.

She can wear a bracelet which shows that she has got epilepsy and if she develops a seizure people would help. Informing her friends when she goes out can help too. As long as she is comfortable to tell them.

Note:

- This station is about addressing the concerns.
- Not to talk about epilepsy alone.
- So listen to her questions and answer her questions and then find some space in the conversation to take history about the social life of the child.
- But make sure all the concerns have been addressed.

8. POST MI ADVICE

Scenario

You are an FY2 in the medicine department.

Mr. Ellis Jones, a 60 year old man, was admitted 3 days ago with acute myocardial infarction.

He is being discharged home today and he has been prescribed the following medications: Aspirin 75mg daily, Enalapril 20mg once a day, Simvastatin 20mg once a day and Atenolol 50mg once a day. All the medications have been explained to him.

He has got some doubts about his lifestyle changes.

Talk to patient and address the concerns.

Patient information

You are Mr. Ellis Jones a 60-year-old man who was admitted 3 days ago with chest pain. You have been diagnosed with a heart attack and you have been given the appropriate medication:

- Aspirin 75mg daily
- Simvastatin 20mg once a day
- Enalapril 10 mg once a day
- Atenolol 50mg once a day

Scenario A:

You are a business man and go for different business conferences, so you do not have time to exercises or cook.

You travel most of the time.

Your next business meeting is in 3 days from today and you are planning to fly to Australia for another business meeting.

Questions:

1. Is it safe?
2. When can I go back to work?

Scenario B:

You work as a bus driver, you are wondering when you can return to work.

You are worried that you can lose your job?

Will I be able to work as a bus driver?

You eat take away most of the time.

You smoke 20 cigarette/day since you were a teenager

You heard from someone that smoking affects that heart.

Questions:

1. What lifestyle changes do I need to make?
2. I am planning to go to Australia by flight in 3 days' time, is it ok for me to travel?
3. What type of diet do I need?

Approach:

- **GRIPS:** Smile, shake hands, be loud and confident.
- **Paraphrase the scenarios:** I understand that you wanted to talk to a doctor. Is there anything you wanted us to talk about?
- **Ask if he understand what is wrong with him:** What have you been told so far regarding the reason of admission? And about how we are planning to manage you?

I have been asked to come and talk to you about your condition. But before we start, what have told so far regarding the reason of your admission? Is there anything you wanted us to discuss?

Explain that he has got a heart attack which usually occurs when the blood vessels of the heart get occluded. Reassure him that he has been treated effectively in good time and he is expected to have a good recovery.

• History

- **Diet:** How is your diet?
 - Do you normally eat a balanced diet?
- Alcohol
- Smoking

• Management

- **Diet:** Offer a diet sheet, 5 fruits every day, 2 portions of fish every week, reduce salt intake, add plenty vegetables to the diet, try to cook at home as much as you can. Offer diet sheet. Avoid fast/quick foods
- **Alcohol:** Drink less than 14 units per week for both men and women
- **Smoking:** Advice to stop, if he is not willing, tell him that in future should he needs help there is help available.
- **Refer to cardiac rehabilitation.**

- **Exercise:** Brisk walking 20-30 minutes daily would usually help but needs to avoid strenuous exercise as it can exacerbate a heart attack.
 - **Flying:** Can fly after 2 weeks if there are no other risk factors and it is first time he had a heart attack. But always safer to travel after two weeks.
 - **Sexual intercourse:** Can resume as soon as he feels comfortable. It is better to rest 4-6 weeks after a heart attack.
 - **Manual work:** Rest 4-6 weeks and then can return as soon as he feels comfortable.
 - **Driving:** Advise him to avoid driving for 4-6 weeks. As a bus driver, he need to inform DVLA and he will need to take an exercise tolerance test before he goes back to work.
- **Follow up:**
 - You will arrange a follow up in about 6 week time in our patient
 - **Red flags:**
 - If he develops chest pains, dizziness, shortness of breath, nausea, vomiting which do not respond to his medications he needs to come to hospital or call 999.
 - Has he been given GTN medications?
 - If the chest pain is not responding to GTN, call an ambulance.
 - **Offer leaflets.**

Other scenarios

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WARFARIN TREATMENT

9. WARFARIN

Scenario A

You are an FY2 doctor in the general medicine ward.

Your next patient is Mr. Thomas Green is a 56 year old man who was admitted 4 days ago with swelling of his right calf. Please talk to the patient and address his concerns.

Patient information:

- You are a 56 year old man, Thomas Green, who was diagnosed with DVT. You presented with the complaint of calf pain and you were diagnosed with DVT. You were treated successfully and are ready to go home. You are wearing a hospital gown.
- You do not have any learning difficulties.
- You have got no other past medical history.
- You should be holding warfarin in your hand.
- You have been given medication and you have been told that the doctor will come and explain it to you.
- You drink 2-3 units of alcohol per week.
- You love cranberry juice.
- You pronounce warfarin excellently.
- You want to know everything about warfarin.

Scenario B:

- You are wearing normal clothes.
- You are able to say warfarin.
- You watch a TV show every day.

Questions

1. Which test do I have to do?
2. Will I be coming to do the blood test?
3. What is the dose?
4. How often will I need to get my INR checked?
5. What time should I get the blood test done?
6. Do I have to take the medication every day?
7. How long do I have to take the medication?
8. Can I take the medication with the TV show?
9. Why I should take this medicine on a particular time?

Approach:

- Check what patient knows
- Paraphrase the scenario
- Explain the diagnosis, which is: DVT (clots in the legs)
- Explain the treatment (Warfarin)
- Explain how to record in the warfarin diary chart
- Explain that he will need a blood test called INR which can be done either by the GP or an anticoagulant clinic.
 - The INR blood test will tell us how thin the blood is.
 - You'll have blood tests in the morning, then in the afternoon, the blood test will be telephoned to you and the dose will be advised and you will be told what dose to take.
 - Take the medication every day at 6pm
 - If you miss the dose do not try and take a double dose.
- Explain the dose, and how to use drug
- Use the BNF to check the BNF (dose, duration)
- Then review of the medication and progress routinely
- **Important information!**

Alcohol: not to be exceeded. Recommended levels:

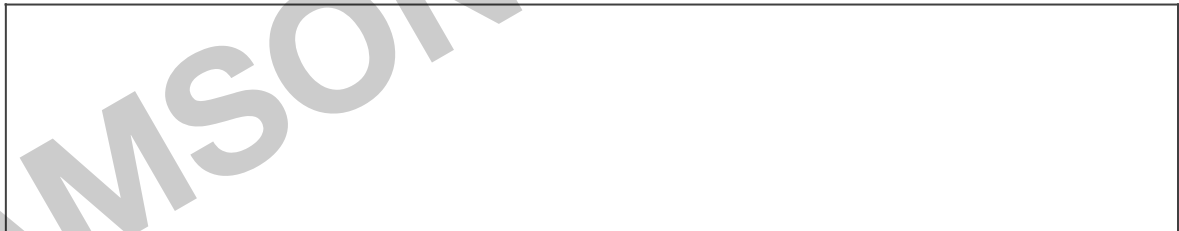
- 1 pint of beer is 2 units
- 1 pub measure of spirit is 1 unit
- 1 glass of wine (125ml) is 1 unit

Side effects of Warfarin:

- Nose Bleed
- Bruising
- Vomiting
- Dark stools
- Blood in urine
- Heavy menstrual bleeding
- Inform your dentist

- Pregnancy
 - Warfarin can affect the development of the baby.
 - Try to avoid any unplanned pregnancy.
 - Inform your GP, because during pregnancy the medication will need to be changed to a different form.
- In females: periods become heavier.
- Head injury: in case of head injury, there is a risk of bleed in the head, so you must come to the hospital for assessment.
- Avoid alcohol, double dose, cranberry juice, OTC, NSAIDS, Ibuprofen
- Any other medical problems (bleeding disorder)
- **Red flags:**
 - Any blood in urine/stool.
 - Any bruises
 - Any head injury, come back to hospital so that we can assess you.

Other scenarios



FOLLOW UP SCENARIOS

10. EPILEPSY IN AN ADULT

Scenario:

You are working as a FY2 doctor in General Practice.

Mr. Sandeep Singh is a 20 year old man who has come to the practice for review.

He has been referred to your GP practice for follow up.

Explain idiopathic epilepsy to the patient and address his concerns.

Patient information:

Scenario A:

- You are Sandeep Singh, 20 year old man
- Presented with fits 21 days ago
- Today you have come for follow up
- You have had 2 seizures in the last week
- You have taken the medication twice because you thought you only had to take the medication when you had a fit
- You have come to see your GP for review after having a fit 21 days ago
- You were started on Sodium Valproate 300mg twice a day
- Not taking your medications properly
- You have a driving test in 3 weeks' time and you are keen to start driving
- You are upset that you will not be able to drive
- You like cycling
- You are planning to go for a holiday to Kenya for mountain climbing with your boyfriend
- Your weight is 70kg
- You were told you have epilepsy but you did not understand exactly what is epilepsy.

Scenario B:

- You are Samantha Jones, a 30 year old lady who has come for follow up.
- You are sexually active with your boyfriend and you are taking COCPs.
- You are thinking about having a baby in a years' time

Questions:

1. What are the side effects of sodium valproate?
2. When will I be able to drive again?
3. I am thinking of having a baby in 1 years time, will this affect this?

Approach

- **GRIPS**

- **Paraphrase**

- I understand that you are admitted to the hospital with a seizure and you had some investigations done. What were you told while you were in hospital in terms of the cause of your seizure and reason of admission?
- Check how the patient has been since he was last discharged from the hospital.
- Check that he understands his condition well and ask if he has any questions regarding his condition.
- What did you understand by epilepsy?
- Ask if he had any more seizures since he was discharged from the hospital.

- **History Taking**

- If patient had a seizure ask them how many seizures they have had and what they were doing at the time when they had the seizure?
- Try to see if there were triggers to the seizures such as alcohol, flashing lights, lack of sleep.
- Take details if there has been new symptoms or worsening of symptoms.
- Check compliance
- Ask if patient has been taking the medications regularly and if they have been taking the right dose.
- If not compliant explain how they should have taken their medication and ask the reasons why they have not been taking the medication regularly. The common reason for not taking the medication is not knowing how to take it or medication is interfering with their life.
- This particular patient was supposed to take Sodium Valproate 300mg daily but took it only when he had a seizure which is wrong.

- **Check side effects to the medication. Ask specifically about each side effect.**

- Hair loss – a change of medication might be considered
- Nausea and Vomiting
- Liver damage

- Kidney damage
- Assess response to treatment e.g. seizure control, worsening of the seizures.
- **Ask about the effects of the symptoms e.g. seizure on daily functioning and quality of life.**
 - In particular ask how the condition or the symptoms are affecting work or school or leisure activities.
- **Diagnosis of epilepsy:**
 - Epilepsy is a disease of the brain defined as the following:
At least 2 unprovoked seizures occurring more than 24 hours apart.
- **Explanations:**
 - If there is a carer, make sure that the carer knows what to do in case of an emergency e.g. the carer must know what to do in case the patient has a seizure.
 - Protect person from injury by cushioning their head with hands or soft material.
 - Remove harmful objects around the person.
 - Do not put anything in the mouth.
 - Do not restrain the person.
 - When the seizure stops check their airway and place them in the recovery position.
 - Observe the person until he has recovered.
 - Call an ambulance immediately.

Explain the possible complications of the condition if the patient is not aware or the side effects of the medication.

- **Seek specialist advice if:**
 1. Poor seizure control or patient does not tolerate the drug.
 2. If prolonged or recurrent seizures.
 3. If cognition impairment

4. If patient has been seizure free for the last 2 years and would like to withdraw or taper from the drug treatment. Make sure the patient understands that there is a risk of reoccurrence.

That they are not entitled to drive from the stop of medication and 6 months after stopping the medication.

Note:

- Women of child-bearing age with epilepsy.
 - Long term enzyme inducing anti-epileptic drugs may reduce the effectiveness of COCP and POPs. Advise women to consider non-enzyme inducing contraception such as progesterone only injectable or IUCD or IUS.
 - Women who are planning to get pregnant and they are taking anti-epileptic drugs
 - Refer to epileptic specialist for pre-conception counselling. She should continue using contraception.
 - Advise that there is increased risk of malformation and neuro-developmental delay of the child. There is possible increased risk of seizure frequency in pregnancy.
 - If the woman is already pregnant and is taking anti-epileptic medication, advise to continue anti-epileptic medication and refer to epileptic specialist.
 - Enzyme inducing epileptic drugs include carbamazepine, oxcarbazepine, phenobarbital, phenytoin, primidone, and topiramate.
 - Sodium valproate and lamotrigine are non-enzyme inducing drugs. COCP may affect the effectiveness of lamotrigine and a high dose of lamotrigine may be required and therefore refer to specialist.
-
- **Follow up appointment** in 1 month time
 - Advise the avoid drinking, inform DVLA.

11. OSTEOPOROSIS

Scenario

You are FY2 in Orthopaedic and Trauma Department.

Deborah Jones is a 65-year old lady who has come for follow up.

She had a fracture of her right wrist 3 months ago which was treated successfully and she is now fine. She had undergone a DEXA scan while she was in hospital which showed osteoporosis.

Talk to the patient about further management and address her concerns

Patient information:

- You are Liz Jones, 65 years of age. You fell down in your back garden and sustained fracture of the right wrist.
- It was a simple fall. You had a DEXA scan done but you don't know the results yet.
- LMP was 10 years ago.
- Your mum has osteoporosis and she is on medications.
- You are not sure of the name of the medications.
- You had a hysterectomy 15 years ago but the ovaries were not removed.
- You smoke 20 cigarettes a day since your university days.
- You drink a bottle of wine every day.
- You work as a school teacher.
- You don't have much time to eat so most of the time you eat takeaway food.
- You have not been told that you have osteoporosis and you do not know what osteoporosis is.

Questions:

1. Does osteoporosis run in the family?
 2. How would you treat me doctor?
 3. How do I take the Alendronic acid?
 4. Are there any side effects of osteoporosis?
 5. What is DEXA Scan?
- DEXA scan is to check the health of your bones

Approach

- **GRIPS** (Smile, Loud, Confident, Shake hands)
- **Paraphrase the scenario:** I understand that you sustained a fracture of your wrist couple of months ago?
- **Explain the results:**
 - How are you doing now? I also understand that you had a DEXA scan done. Has anyone been here to explain the results of your scan?
 - Did anyone explain to you why this scan was performed?
 - Explain what osteoporosis is. This is a condition when the bones are weak.
- **Take history:**
 - Previous operations (Gynaecological operations?)
 - Family history of osteoporosis or fractures?
 - PMHx
 - Drug Hx
 - Any other fractures in the past?
 - Questions about lifestyle habit?
 - Were the ovaries removed?
 - LMP?
 - Any menopausal symptoms? (hot flushes, irritability)
 - Smoking?
 - Alcohol?
 - Diet?
 - Exercise?
 - Living conditions / Any help required at home?
- **Management of osteoporosis**
 - **Diet:** offer a diet sheet and refer to dietician

- **Medications:**

- Vitamin D and Calcium tablets
- Bisphosphonates (Alendronic Acid):
 - it prevents further fractures
 - it takes a few months to work
 - it makes the bones much stronger
 - you will be taking it once a week on the same day
 - you need to take it 30ml's of water and swallow the whole tablet
 - take it on empty stomach
 - take it first thing in the morning
 - After taking the medication, wait for at least for 30minutes before eating or drinking anything. If you eat anything within the 30minutes, the medication will not get absorbed.
 - Stay upright for 30minutes.
 - **Dose:** 10mg OD or 70mg Weekly
 - **Side effects:** Indigestion or heartburn: Talk to your GP

- **Exercise**

- **Reduce alcohol**

- **Stop smoking**

- **Explain** that having a family member with osteoporosis does put you at risk of osteoporosis.

12. POST MR HEART FAILURE

Scenario:

You are an FY2 doctor in the out-patient department.

Mrs. Elizabeth Wilkinson is a 68 year old lady who came for follow up.

She had a myocardial infarction 15 years ago.

Talk to the patient, assess her and address her concerns.

Special Note: There is a MEWS Chart and other information in the cubicle.

Patient Information:

Scenario A:

- You are Elizabeth Wilkinson, a 68 year old lady.
- You had a heart attack 6 weeks ago.
- You were admitted for 6 days and then discharged on Enalapril, Atenolol, Simvastatin and Aspirin.
- You have been taking all the medications as prescribed.
- 3 weeks ago you started experiencing shortness of breath while walking.
- You live on the second floor and you have to rest for about 15 minutes when you are halfway through the stairs.
- Your shortness of breath is worse when you lie flat; you prefer to sit on the couch.
- Nowadays you sleep on the couch due to cough and shortness of breath when you lie down.
- You have also noticed that your legs have started swelling up.
- Initially, you had only swelling of the ankle but now it's gone up to the knees.
- The swelling of the legs is worse by the end of the day and it also improves by elevating legs.
- You have no chest pain.
- You do not drink alcohol.
- You smoke 15 cigarettes/day since you were in high school.

Scenario B:

You were diagnosed with myocardial infarction 15 years ago.

- You have had heart failure 7 years ago.
- You are placed on some medications.
- Today you have presented for follow up.
- You have had shortness of breath and swelling of the legs for the past few weeks.
- You sleep with 6 pillows.

Questions

1. What is wrong?
2. How will you help me?

Approach:

- **GRIPS** (nice, smile, shake hands)
 - I also understand you had a heart attack 6 weeks ago.
- **Paraphrase scenario:** I understand that you have come for follow-up.
- **History:**
 - **Complications**
 - Heart failure: SOB, swelling of the legs, chest pain
 - Arrhythmias: palpitations
 - **Side effects to medications:** ask for side effects if taking any medications
 - **Compliance:** if patient is taking any medication ask whether they are regular with the medication
- **P3MAFTOSA**
- **Effects of symptoms on life:** How is this affecting your life?
- **ICE**
- **Observations**
- **Examinations** - Chest (listen to lungs), listen to heart
- **Management:**
 - From what you have told me, you most likely have a condition called heart failure
 - **ECG:** Explain the diagnosis
 - **Bloods:** FBC, LFTs, U&E
 - **BP:** confirm with ambulatory BP
 - Give BP medications
 - CXR
 - Echocardiogram
- **Admit**

- Offer diuretics (Furosemide, intravenous antibiotics)
- I will take a second opinion from my senior and if they suggest a different opinion, I will come back and let you know.
- **Other scenarios**



SAMSON COURSES

HYPERTENSION FOLLOW UP

13. HYPERTENSION FOLLOW UP

Scenario A

You are working as an FY2 doctor in general practice surgery.

Your next patient is Pat Jones a 53 year old man who has come for follow up.

Patient has diabetes mellitus.

Patient was admitted with cellulitis of his right leg 6 weeks ago for which he was treated with antibiotics successfully. During his hospital admission patient was diagnosed with hypertension and placed on some medications.

Please talk to the patient, take focused history, check the blood pressure and discuss initial management with the patient.

This is his first review. Do not examine the patient

Patient Information:

- You are Pat Jones, a 53 year old lady
- You have got Diabetes Mellitus Type 2 which is controlled by diet.
- 6 weeks ago you had cellulitis of the right leg for which you were admitted and treated with IV antibiotics
- During your hospital stay, the doctors found your blood pressure to be high and they arranged your follow up for today
- Your weight is on the higher side, 105kg, with a height of 165cm.
- **You were started on the following medications:**
 - Enalapril
 - Simvastatin
 - Aspirin
- You take simvastatin in the morning and aspirin in the evening.
- You do have stomach upset after taking aspirin.
- You have the boxes of these medications during the consultation with you
- The Enalapril medication has caused a severe dry cough with you and as a result you stopped taking it 2 weeks ago. As soon as you stopped taking it, the cough stopped.
- But you are still taking the other medications as follows:
 - Simvastatin you are taking it in the morning.
 - Aspirin in the evening.
- You are not able to sleep properly if you take the Enalapril medication.
- The doctor will be here to check your blood pressure and will discuss further management with you

Questions:

1. Doctor will you give me different medication? Because this one is giving me a very bad cough
2. If the doctor says he will change the medication ask him which one will you give me?
3. Ask the doctor if the new medication will have side effects.

Approach:

- **GRIPS:** shake hands, smile, confident, eye contact.
- **Go through the admission**
- **Paraphrase** - I understand you came in for follow up?
 - I also understand that you were admitted in hospital 6 weeks ago. Can you tell me what happened at the time?
 - How have you been doing in general since you were discharged?
 - Can you tell me what happened during your last hospital stay?
 - Other than the infection of your skin, were you told that you have any other medical problems at all?
 - I also understand that you were started on some medications;
 - Explain the BP
 - Explain that he was found to have high blood pressure, this is why he was started on one medication.
- **History of cough:** When did he develop the cough?
 - Does he smoke?
 - SOB?
 - Chest pain?
 - Fever?
 - Any other symptoms?
 - Do you smoke?

- Ask (Enalapril)

1. Use BNF

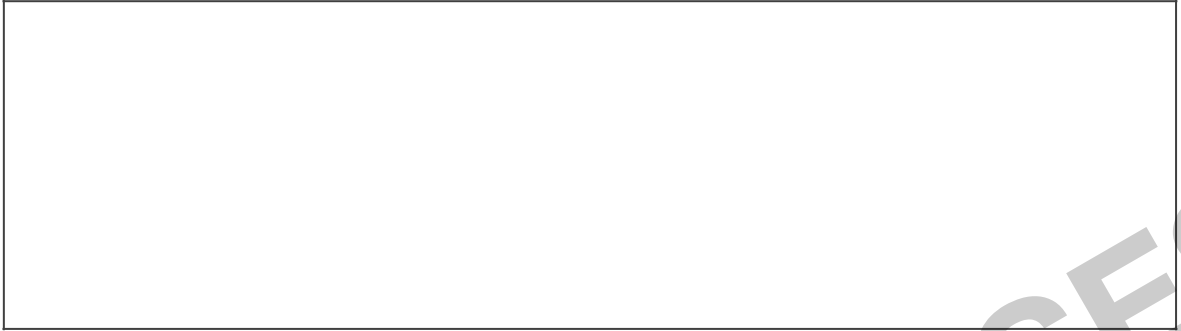
Give medication i.e. Losartan 50 mg OD

2. Side Effect

- Liver damage
- Headache
- Sleep problem
- Swelling of legs (rare -do not happen to everyone)
- Erectile dysfunction (rare -do not happen to everyone)
- Are you having any problem with the medication? Simvastatin.
- What about aspirin? i.e. Tummy pain
- Check blood pressure of the patient
- **Examination and Investigation:**
 - **Hypertensive retinopathy:** ask about headaches, visual problems and suggest to perform a fundoscopy.
 - **Intermittent Claudication:** ask about pain in the legs
 - **Cardiomegaly:** perform chest x-ray
 - **IHD:** perform an ECG
 - **Hypertensive Nephropathy:** check urine test and ask about swelling of the legs
 - Lifestyle change: diet (decrease salt/fat, refer to dietician but ask if the patient is happy to do so) stop smoking, refrain from stress, coffee, tea,
 - Check the BMI (ask about his weight and his height)
 - Ask about stroke in the past
 - Blood tests to rule out renal failure (U&Es to make sure the kidneys are functioning properly)
 - Urine test to check if he is losing any proteins in his urine.
 - Talk about life style: diet - offer a diet sheet, make referral to dietician, smoke - exercise - weight

- Change the medication and review again in 2 weeks.

Other scenarios

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