

Station title: Primary care consultation

Station duration: 6 mins

Station speciality: General Practice



Student Instructions

Station 7

Year 4 BHSCT MOSCE

Background information to station:

You are a Foundation Doctor in General Practice.

A 46 year old female patient presents to your clinic complaining of her heart racing.

Specific student instructions:

1. Please take relevant history and discuss how you would investigate this patient.
2. Interpret the investigation results & manage the patient as appropriate.

There will be a warning bell when 1 minute is left in the station

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Examiner Instructions

Station 7

Year 4 BHSCT MOSCE

Station authors: Hone Toe Mar and Clarissa Lister

Assessment outcome:

This station tests a student's ability to

1. To come up with differential diagnosis for palpitations.
2. Be able to request relevant investigations to rule out the causes of palpitation.
3. Interpret investigation results showing hyperthyroidism and formulate a management plan.

Background information to station:

Students are asked to perform the role of a Foundation Doctor in General Practice. They have been asked to take a history from a woman who presents with palpitations.

At the '1 minutes left bell', or sooner, examiner to..... OR

There will be a bell when 1 minute is left in the station

Potential area (s) of serious concern: Not ruling out heart conditions causing palpitations i.e. AF, thyroid storm, anaemia.

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Palpitations Marking sheet

DETAIL / question	MARK	WEIGHTING
1. Overall introduction including identification of self and patient (name & role, purpose of encounter, confirms patient's agreement)	G A P	2 1 0
2. Rapport & professional manner (shows interest, respect, concern, appropriate body language, closure)	G A P	2 1 0
3. Attention to infection control throughout	G A P	1 0
4. Open question asking about presenting complaint	G A P	2 1 0
5. Explores history of presenting complaint: onset, duration, frequency, rate, rhythm, precipitating and relieving factors	G A P	2 1 0
6. Rule out causes of palpitation: i.e. anaemia, AF, anxiety, hyperthyroidism, caffeinated drinks, medication	G A P	2 1 0
7. Systemic inquiry	G A P	2 1 0
8. Past medical history: specifically pre-existing cardiovascular disease, recent surgery, or procedure	G A P	2 1 0
9. Drug history, including prescribed / over-the counter medications	G A P	2 1 0
10. Family history: cardiovascular, endocrine specifically thyroid and clarify age developed	GAP	2 1 0
11. Relevant social history	GAP	2 1 0
12. Ideas, concerns, expectations	GAP	2 1 0
13. Closes consultation	GAP	2 1 0
14. Key communication skills: active listening, summarizing, sign posting	GAP	2 1 0
15. Requests relevant investigations TRO causes of palpitation: ECG, bloods (FBC, hematinics, U&E, CRP, TFT)	GAP	2 1 0
16. Identify hyperthyroidism through the blood results	GAP	2 1 0
17. Management plan to refer to endocrine for further investigation of hyperthyroidism and the starting of carbimazole or propylthiouracil and propranolol.	GAP	2 1 0
SP Rating: SA: Strongly agree; A: Agree; JA: Just Agree; N: Neutral; D: Disagree	SA A JA N D	4 3 2 1 0
Global mark: E: Excellent; V: Very good; P: Pass; B: Borderline; F: Fail	E V P B F	5 4 3 2 1

Total score **/40 (excluding Global Mark)**

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Simulated Patient Instructions

Station 7

Year 4 BHSCT MOSCE

This station assesses the student's ability to

1. To come up with differential diagnosis for palpitations.
2. Be able to request relevant investigations to rule out the causes of palpitation.
3. Interpret investigation results showing hyperthyroidism and formulate a management plan.

Background information to station:

You are Jane and you are 46 years old (1/1/1976). You come in with palpitations 1 week ago.

Doesn't drink caffeinated drinks. This is associated with feeling generally unwell, unintended weight loss (noticed loosened clothes UK size 12 -> 10 in the past 3 months, did not measure on scale), loose stools (5-6x/d), normal appetite, feels hot all the time, oligomenorrhea.

Negative symptoms: no chest pain, no SOB, no dizziness, no bleeding anywhere, no low mood, no thoughts of self-harm

PMHx: T1DM, HTN, no history of mental illness

FHx: father heart attack, mother colon cancer, no family history of mental illness

DHx: insulin

SHx: IT consultant, smokes 5-10 cigarettes per day, 2 gins and tonic a day, lives with my partner and trying to build a family, eats meat and vegetables.

How the role should be portrayed: anxious looking

Clothes/props: Casual clothes

First sentence (after introductions) if student starts with an open question:

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Potential question	Response
What advice would you give a patient taking carbimazole?	To look out for signs of infection i.e. fever, chills, sore throat, sore mouth as carbimazole causes agranulocytosis. (safety net them)
What is thyroid storm?	A complication of hyperthyroidism characterized by nausea, vomiting, and unconsciousness.

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Site-Coordinator Instructions

Station 7

Year 4 BHSCT MOSCE

Equipment check list:

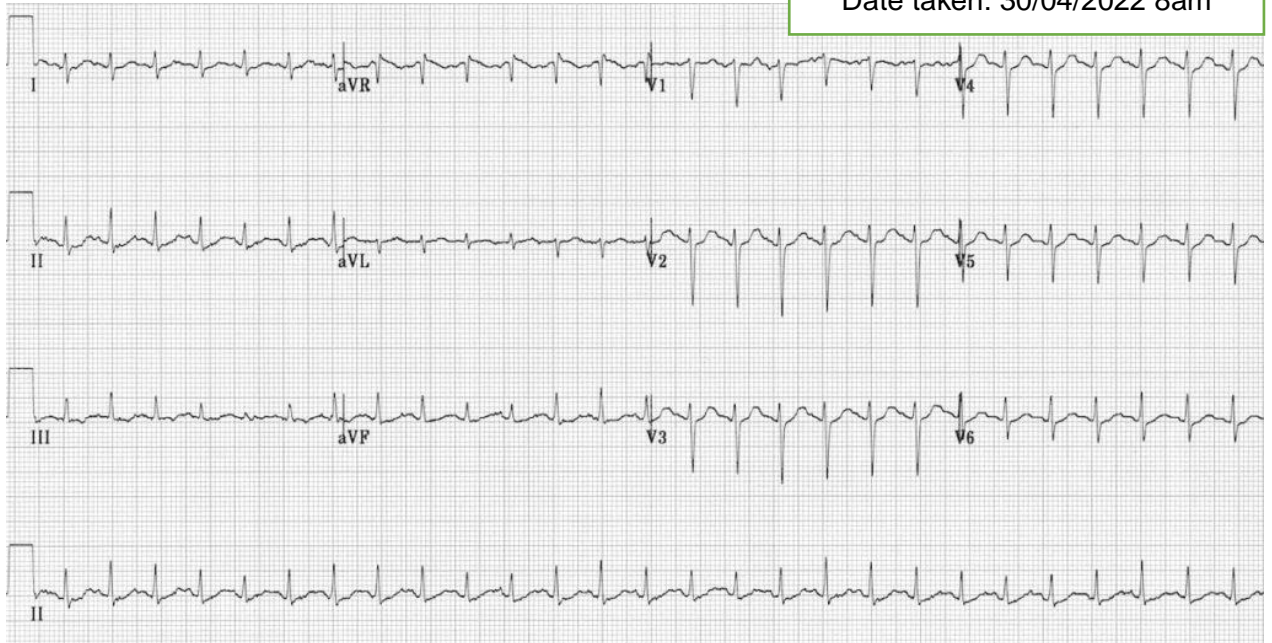
- Handwash
- Investigation results:

Name: Jane Smith

DOB: 1/1/1976

Date taken: 30/04/2022 8am

ECG



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Blood results

Haemoglobin	138 g/L	(115-160)
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Platelet	283 x 10 ⁹ L	(150-400)
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White Cells	3.0 x 10 ⁹ L	(4.0-11.0)
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Sodium	140 mmol/L	(135–146)
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Potassium	4.0 mmol/L	(3.5–5.3)
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Urea	7.3 mmol/L	(2.5–7.8)
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Creatinine	52 µmol/L	(60–120)
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eGFR	>60	(>60)
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CRP	9 mg/L	(>10)
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TSH	0.2 mu/L	(0.5 -5.7)
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T4	170 mmol/L	(70-140)
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