GPVTS RCA Teaching

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Overview:

- Top Tips
- Practice Cases

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Top Tips:

- Case Selection
  - An initial psychometric analysis of the marking showed:
    - Low challenge cases scored 5.15 compared to a mean score of 6.19
    - Reason: Limited opportunity to display relevant capabilities.

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Top Tips:

- Low Challenge Cases

Cases that could have been seen by a non GP	Low challenge clinical area
Medication request / repeat prescription / adjust medication Pill check Follow up Recurrence Results Sick note request / fitness to work	Skin / dry skin / skin lesion Eczema (especially recurrence or flare) Acne (especially recurrence) Molluscum Ear wax Earache Conjunctivitis / sticky eye Blepharitis Stye Hay fever Sore throat Tonsillitis Sinusitis Cough

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Top Tips:

- Complex Cases:
  - No definition
  - The challenge could come from complicating factors such as patient expectations, beliefs, social situation, psychological issue, hidden agendas, the diagnosis, the management etc.

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Top Tips:

- Protecting against the risk of Low Challenge Cases

	Complicating Factors (e.g. patient expectations, beliefs, psychological issues, social situation, hidden agendas)		
	Multiple factors present	**Some factors present**	**Complicating factors absent**
High Clinical Challenge	Extremely challenging consultation – excellent opportunity to display capabilities but case likely to be hard to complete in 10 minutes	Very challenging consultation – excellent opportunity to display capabilities	Challenging consultation – good opportunity to display capabilities
Moderate Clinical Challenge	Very challenging consultation – excellent opportunity to display capabilities	Challenging consultation – good opportunity to display capabilities	Moderate level of challenge in consultation – some opportunity to display capabilities
Low Clinical Challenge	Challenging consultation – good opportunity to display capabilities	Moderate level of challenge in consultation – some opportunity to display capabilities	Low level of challenge in consultation – very limited opportunity to display capabilities (insufficient evidence)

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Top Tips:

- Protecting against the risk of Low Challenge Cases

Data Gathering, Technique and Assessment Skills	Demonstrated	Clinical Management Skills	Demonstrated	Interpersonal Skills	Demonstrated
Candidate opens consultation where appropriate with introduction, consent and confidentiality		Demonstrates an awareness of management of risk and makes the patient aware of relative risks of different options		Organised / structured consultation	
				Active listening skills	
Recognises the issues or priorities in the consultation (for example, the patient's problem, ethical dilemma etc)		Candidate appears to make a safe and appropriate working diagnosis/es		Encourages the patient's contribution, identifying and responding to cues appropriate to the consultation	
Takes an adequate and focussed history to allow for a safe assessment to take place		Offers appropriate and safe management options for the presenting problem		Explores where appropriate, patient's agenda, health beliefs & preferences	
Rules in/out serious or significant disease		Where possible, makes evidence-based decisions re prescribing, referral and co-ordinating care with other health care professionals		Offers the opportunity to be involved in significant management decisions	
Identifies abnormal findings or results and recognises their implications		Makes appropriate use of time and resources whilst attending to risks and health promotion		If possible, explains and conducts examination with sensitivity and obtains valid consent	
Explores where appropriate the impact and psychosocial context of the presenting problem		Good time management		Develops rapport or show sensitivity for the patient's feelings	
				Adequate use of verbal & non-verbal cues	
Plans and explains (if possible performs) appropriate physical/mental examinations and tests		Provides safety netting and follow up instructions appropriate to the nature of the consultation		Provides Explanations that are relevant and understandable to the patient (avoids jargon)	

Key:

Light Blue Highlight: RCA Domain Marking (https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/-/media/04D7D236E6064B1BAD50226AF8330BC3.ashx)

Yellow Highlight: Additional RCGP Feedback Statements (https://www.rcgp.org.uk/training-exams/mrcgp-exam-overview/-/media/B18B21F1C56C49F3A3C3A99C681A8062.ashx)

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Top Tips:

- Cases

Cases
CVS: Palpitations / CP
RESP: Chronic Cough / Post COVID-19 symptoms
GI: IBS / Abdominal Pain / Dyspepsia
GU: UTI in a girl with a possibility of an STI
Women's Health: Menopause
Neurological: Migraine / Tension headache
Psychiatry: New depression case
MSK: Back Pain (Video examination)
ENT: Tonsillitis (Video examination).
Health Promotion Case / Motivational Interviewing: IGT / Raised Lipids

Do not expose the skin in the T-Shirt / Short / Swimsuit area

Mandatory case selection criteria	Requirement	RCGP Curriculum capabilities and topic areas
1. One case involving a child aged 16 years or younger (including by proxy)	At least one case involving a child aged 16 years or younger (can be by proxy) The consultation should reflect the impact of the patient being a child, rather than simply incidental to the clinical scenario	Life stage topic guide Communication and consultation Applying clinical knowledge and skill
2. Minimum of one older adult (over 65 years)	Minimum of **one** older adult (over 65 years)	Life stage topic guide Practising holistically Ethical approach Applying clinical knowledge and skill Managing complexity Professional Topic Guide – Quality, Safety, Prescribing
3. Essential clinical areas	Minimum of **one** case involving **each** of: **An acute problem that needs urgent investigation or referral** **Maternal and reproductive health*** **A Mental Health Condition within the DSM or ICD classifications** **A long-term condition e.g. cancer, multimorbidity or disability** The consultation should reflect the impact of the condition on the patient, rather than simply incidental to the clinical scenario	Being a GP / professional topic guide Applying clinical knowledge and skill Clinical topic guides Life stage topic guide Managing complex and long-term care Practising holistically Applying clinical knowledge and skill / clinical topic guides
4. Minimum of 2 cases requiring either a clinical examination or an explanation of the clinical examination required to the patient (psychiatric examinations are included in this definition). ****	Clinical Examination is still considered an important component of the assessment and remains essential within the practical and ethical constraints of a recorded consultation	Being a GP: Clinical examination and procedural skills.

Mandatory case selection criteria	Requirement	RCGP Curriculum capabilities and topic areas
5. No more than 2 cases where the focus of the consultation lies in any one of the Clinical Topic Areas as listed in the GP curriculum* **	The spread of cases should be broad to demonstrate competence across the GP curriculum. The main focus of each case should be within a different clinical topic area of the curriculum.	The RCGP Curriculum: The curriculum topic guides The clinical Topic Areas are listed at: **Case guidance - overview** The detail on each area is explored at: **Curriculum Topic Guides**
6. Varying spread of clinical cases and levels of challenge in the consultation	Consideration should be given to the complexity of the consultations submitted, for example in terms of patient expectations, beliefs, social situation, psychological issues, hidden agendas **Top tips to help your trainee prepare for the RCA: an educator's guide** **Case guidance - overview** **Detailed candidate case guidance (332 KB PDF)** **Insufficient evidence (low challenge) cases in the RCA**	Fitness to practice Ethical approach Communication and consultation Managing medical complexity Working well in organisations and systems of care

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Top Tips:

- Consent

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Top Tips:

- Consent
  - Ideally by fourteen fish, obtained by a receptionist (protocol to include sending a SMS to the patient, which is to be saved in the patient records), written signed consent.

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Top Tips:

- Consent
  - Ideally by fourteen fish, obtained by a receptionist (protocol to include sending a SMS to the patient, which is to be saved in the patient records), written signed consent.
  - However, if you do have to taken consent during the consultation consider saying "In order to assist with my training and assessment I am required to record some of the consultations I have with patients, you do not have to agree to this, and even if you do agree, you can change your mind at the end of the consultation and ask me to delete it; how do you feel about this?... Would you be happy for me to record this consultation?" … "Just so you are aware the recording will be stored on a data protected platform and only be assessed by GP Trainers and Assessors and deleted as soon as the process is completed" Then you would re-establish consent at the end.

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Top Tips:

- Starting the Consultation

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Top Tips:

- Starting the Consultation
  - Introduce yourself
  - Confirm who you are speaking to “Do you mind confirming your full name and date of birth to ensure I have got the right notes up”.
  - Third Party:
    - Confirm who you are speaking to, and confirm who you are speaking about, with at least one piece of additional patient identifiable data, e.g. date of birth. “Do you mind just confirming your full name for me, and the full name and date of birth of the patient so I can ensure I have got the right notes up?”
    - “As I have not met you before do you mind confirming what relation you have with [Patient Name]”

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Top Tips:

- Timing
  - Examiners use a timer that start from 00:00 after gaining consent and checking identity. It stops clear-cut at 10:00.
  - Save time by ensuring paperwork is generated after you finish the consultation (e.g. generating prescriptions / request forms)

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Top Tips:

- Examination
  - Have a minimum of 2 cases with an examination – if a physical examination is not possible then explain the examination in detail.
  - You must NOT submit cases for assessment if skin in the swimsuit area is exposed by you during the examination (they must keep their T-Shirt and Shorts on at all times).

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Top Tips:

- Examination
  - Photo Examination
    - If you examine a skin lesion by looking at a photo please remember the examiner cannot see what you can see, so describe the lesion and how you came to your rationale e.g. “I can see this lump has raised edges, is waxy in appearance, and has some blood vessels on the surface. These features together with your history that this lump has been there for months and has not really changed in size, shape or colour suggests you may have something we refer to as a BCC, or basal cell carcinoma… have you ever heard of this?”

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Top Tips:

- Examination
  - Remote Telephone Examination
    - Home Monitoring Devices: Does the patient have access to, and know how to use, a home self-monitoring device? (e.g. thermometer, O2 sats monitor, BP machine, peak flow meter, urine dipsticks, weighing scales). If diabetic do they have access to, and know how to use, a glucose meter / ketostix etc.
    - Ask the patient (or the patient's carer) to feel the patient's hands and describe how they feel – do they feel cold (but are warm centrally)?
    - Respiratory: Are they able to complete sentences?
    - Abdomen: As a screening tool, tell the patient to 'blow their tummy out' and 'cough': a patient with peritonitis will usually grimace. A family member or carer can also be instructed on carrying out abdominal palpation solely to elicit any signs of tenderness.

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Top Tips:

- Examination
  - Remote Video Examination
    - Pulse (rate and rhythm): Ask the patient to tap out their pulse and count the pulse rate (or show the patient how to take their pulse rate).
    - Respiratory: Ask the patient to place their hand on their chest making it easier to see the chest rise and fall and count the respiratory rate.1,2,3 Look at use of accessory muscles. Listen for stridor, wheeze, grunting, hoarseness of voice.
    - Tonsils: If a diagnosis of tonsillitis is suspected based on the clinical history, ask the patient to send a photo of their tonsils or try to visualise using a video call. Watch them drink a glass of water – can they swallow?

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Top Tips:

- Examination
  - Remote Examination
    - Further Information: https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf

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Top Tips:

- Management in line with COVID-19 Guidance

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Top Tips:

- Management in line with COVID-19 Guidance
  - Screen for COVID-19 when appropriate
  - Manage suspected COVID-19 where appropriate (e.g. knowledge on local pathway, advice on isolation and getting a swab etc)
  - Appropriate infection control advice (e.g. if a patient is asked to come in they should be advised to wear a face mask and given details about the Cold / Hot Site).

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Top Tips:

- Management in line with COVID-19 Guidance
  - Paediatric Multisystem Inflammatory Disorder
    - In line with the Royal College of Paediatrics and Child Health consider a diagnosis of Paediatric Multisystem Inflammatory Disorder in all children with a persistent temperature > 38.5C.

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Top Tips:

- Management in line with COVID-19 Guidance
  - Tonsillitis Guidance: RCPCH guidance recommends a pragmatic approach, automatically starting with a score of 2 in lieu of an examination. Consider prescribing antibiotics for patients with a total feverpain score of 4 or 5 (those with a score of 3 or less should receive safety netting advice and a back-up prescription).

Symptom	Yes	No
Fever	+1	0
Absence cough	+1	0
Symptom onset < 3 days ago	+1	0
Inflamed tonsils	+1	0
Tonsillar exudate	+1	0

Score	Outcome
1	Antibiotics not indicated
2-3	Consider delayed script
4-5	Antibiotics indicated

Top Tips:

- Management in line with COVID-19 Guidance
  - Rectal Examinations
    - Although NHS England has not produced guidance about prostate examinations, the Primary Care Urology Society have advised against prostate examinations during the pandemic. Instead they advise once a UTI has been ruled out patients should be referred on via a 2ww if they have a PSA > 3.
    - This guidance is supported by Prostate Cancer UK; but please note the guidance suggests patients with a PSA > 3 should be referred on (as most labs give age specific PSA results a lot of PSA > 3 may be reported as within the normal range – so if you decide to follow this guidance you will need to bear this in mind). The referral threshold of 3ng/ml is based on the NHS England Clinical Expert Group for prostate cancer recommendations that the threshold of 3ng/ml replaces the age-related referral thresholds that have been in use across the NHS.

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Top Tips:

- Management in line with COVID-19 Guidance
  - Spirometry Guidance
    - Consider treatment if high probability of asthma.
    - In order cases consider PEFR Diary as the initial assessment

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Top Tips:

- Management in line with COVID-19 Guidance
  - Steroid Joint Injections
    - "During the coronavirus pandemic clinicians need to give extra consideration as to whether the benefits outweigh the risks. The incubation period for coronavirus can be long (up to 14 days) with an estimated median time of 5.1 days. This means that givinga steroid injection to an asymptomatic patient who is carrying the virus could potentially put them at increased risk of an adverse outcome from the virus. This potential risk therefore needs particular consideration in more clinically vulnerable patient groups,for example patients over the age of 70, those with diabetes mellitus, ischaemic heart disease, chronic respiratory disease and hypertension".
    - "An individual risk analysis should take place on a case-by-case basis“
    - [The British Society for Rheumatology, British Association of Orthopaedics, British Association of Spinal Surgeons, Royal College of General Practitioners, British Society of Interventional Radiology, Faculty of Pain Medicine, British Pain Society and Chartered Society of Physiotherapy]

thebmj Visual summary

"Long covid" in primary care

Assessment and initial management of patients with continuing symptoms

Post-acute covid-19 appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Clinical management requires a whole-patient perspective. This graphic summarises the assessment and initial management of patients with delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward.

An uncertain picture

The long term course of covid-19 is unknown. This graphic presesents an approach based on evidence available at the time of publication. However, caution is advised, as patients may present atypically, and new treatments are likely to emerge

Investigations

Clinical testing is not always needed, but can help to pinpoint causes of contiuing symptoms, and to exclude conditions like pulmonary embolism or myocarditis. Examples are provided below:

Blood tests

- Full blood count
- Electrolytes
- Liver and renal function
- Troponin
- C reactive protein
- Creatine kinase
- D-dimer
- Brain natriuretic peptides
- Ferritin – to assess inflammatory and prothrombotic states

Other investigations

- Chest x ray
- Urine tests
- 12 lead electrocardiogram

Clinical assessment

Full history
From date of first symptom

Current symptoms
Nature and severity

Examination, for example:

- Temperature
- Heart rate and rhythm
- Blood pressure
- Respiratory examination
- Functional status
- Pulse oximetry
- Clinical testing

If indicated

Managing comorbidities

Many patients have comorbidities including diabetes, hypertension, kidney disease or ischaemic heart disease. These need to be managed in conjuntion with covid-19 treatment. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues

Assess comorbidities

Social and financial circumstances

Social, financial, and cultural support

Prolonged covid-19 may limit the ability to engage in work and family activities. Patients may have experienced family bereavements as well as job losses and consequent financial stress and food poverty. See the associated article by Greenhalgh and colleagues for a list of external resources to help with these problems

Safety netting and referral

The patient should seek medical advice if concerned, for example:

- Worsening breathlessness
- PaO_2 < 96%
- Unexplained chest pain
- New confusion
- Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

- **Respiratory** if suspected pulmonary embolism, severe pneumonia
- **Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure
- **Neurology** if suspected neurovascular or acute neurological event

Pulmonary rehabilitation may be indicated if patient has persistent breathlessness following review

Medical management

- Symptomatic, such as treating fever with paracetamol
- Optimise control of long term conditions
- Listening and empathy
- Consider antibiotics for secondary infection
- Treat specific complications as indicated

Self management

- Daily pulse oximetry
- Attention to general health
- Rest and relaxation
- Self pacing and gradual increase in exercise **if tolerated**
- Set achievable targets

- Diet
- Sleep
- Quitting smoking
- Limiting alcohol
- Limiting caffeine

Mental health

In the consultation:

- Continuity of care
- Avoid inappropriate medicalisation
- Longer appointments for patients with complex needs (face to face if needed)

In the community:

- Community linkworker
- Patient peer support groups
- Attached mental health support service
- Cross-sector partnerships with social care, community services, faith groups

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Practice RCA Cases

Doctor's Instructions

You have a telephone consultation booked with this patient

Patient: Harry Lawrence
Age: 44 years old
DOB: 16/06/1976

Last consultation

Dr Stone Telephone Consultation 3 weeks ago	Bereavement. Wife died from ovarian cancer 4 months ago. Patient generally feels anxious, with some panic symptoms. Keen to go back to work, but needs something to help him relax short term. Plan: Diazepam 2mg TDS PRN (Supply 28 tablets)

PMH
Bereavement

Drug History
NKDA
Nil regular

Social History
Never smoked
Alcohol intake: 0 units per week

Diazepam Request	Grade
Data Gathering and Clinical Practical Skills • Confirm you are speaking to the correct patient (clarify name, and at least one other patient identifiable data, e.g. date of birth). “Do you mind just confirming your full name and date of birth so I can ensure I have got the right notes up?” • Make use of last doctor’s consultation notes, and acknowledge wife died and it must have been difficult for him. • Bereavement (shock, denial, anger, guilt). • Anxiety (generalised anxiety, panic, PTSD) • Depression screen and risk • Hyperthyroid as cause for anxiety? • Establish facts re: diazepam (used in the past? How often and when do you use it?). • Screen for COVID0-19 • Utilise the notes: PMH, DH, Alcohol etc. • Social History (recreational drug use, social support, work, driving and diazepam) • ICE	

Diazepam Request	**Grade**
Clinical Management • Non-judgemental *"I can see the diazepam has helped you a lot, but did Dr X tell you how we use diazepam"… "I have to be honest with you, diazepam is really good in the short term, but it is not a long term solution, because it is addictive, and in the long term you can get tolerant to it, so it does not work as well. Do you know what else we can do to help you?"* • Work with the patient • Appropriate Plan • Lifestyle: Exercise • Conservative: Relaxation techniques / bereavement counselling / psychological therapy • Medical: SSRI / propranolol / promethazine / hydroxyzine (do not prescribe in patients with prolonged QT interval, avoid in elderly – MHRA Alert 2015) / wean off diazepam. Explained Electronic Prescribing • Law: Driving discussion. Although diazepam is mentioned on the drug driving law, at this dose it is unlikely to be above the specific limit if tested; however, even if higher doses were prescribed there is a statutory "medical defence" to protect patients if they are using the medication at the dose recommended by the doctor. The doctor should however continue to advise patients they should not drive if they have side effects that impair their ability to drive. • Safe Prescribing • Appropriate Safety Netting (including COVID-19) / Follow up	

Diazepam Request	**Grade**
Interpersonal Skills • Develops rapport • Active listening – do not repeat questions (e.g. if ICE is already known, do not re-ask). • Does not use inappropriate terms • Non patronising • Empathy • Appropriate ICE and link to management • Patient centred consultation • Utilise the notes • Acknowledge wife's death at the onset *"I can see from the notes, Dr X started you on diazepam after your wife died, it must have been really difficult for you… How have you been"* • Context guilt – *"sometimes when people go through a bereavement process they can feel guilty for no reason what so ever, have you experienced this at all?"* • Context addiction questions: *"sometimes people get used to this medication, have you felt this way at all?"* (Avoid term "addiction"). *"Sometimes when people miss a dose of diazepam they get symptoms like the shakes, have you felt that at all?"*	

Doctor's Instructions
You have a telephone consultation booked with this patient's mother Mrs Alexandra Hymphreys now.

Patient: Kevin Humphreys
Age: 8 years old
DOB: 19/06/2012

PMH
Nil

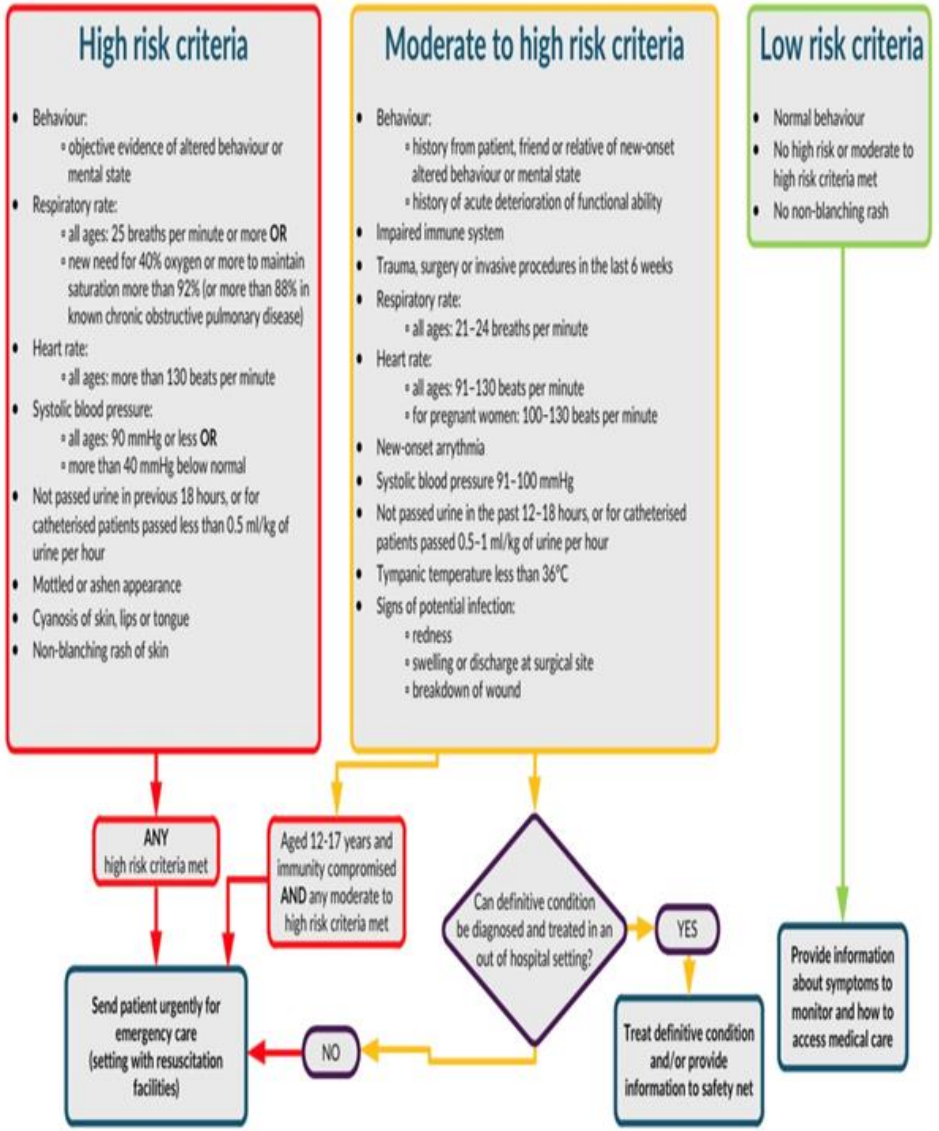
Drug History
NKDA

Immunisation History
Up to date

Paediatric Multisystem Inflammatory Disorder Associated With COVID_19	**Grade**
Gathering and Clinical Practical Skills Introduce yourself clearly Confirm Correct Patient: Confirm who you are speaking to, and confirm the name and at least one piece of patient identifiable data, for example date of birth, of the patient the consultation is about. *"Do you mind just confirming your full name for me and the full name of your son and his date of birth so I can ensure I have got the right notes up?"* Onset of illness, Progression. Kawasaki Like Symptoms: Fever (readings and duration), Bilateral Conjunctivitis (no exudates), Dry Cracked Lips, Lymphadenopathy, Rash, Oedema of Hands and/or Feet. Other Symptoms: Abdominal pain, Diarrhoea, Vomiting, Syncope, Headache, Confusion, Neck Swelling, Sore throat, Cough, Respiratory Symptoms COVID-19 Specific Symptoms: Anosmia Sepsis Red Flags: Behaviour Change, Observations if available (HR, RR, BP), Last Time Passed Urine, Mottled Appearance, Non Blanching Rash, Cyanosis. Differentials: Meningitis non-specific symptoms [CKS]: Fever, Vomiting/nausea, Lethargy, Irritability/unsettled behaviour, Ill appearance, Refusing food/drink, Headache, Muscle ache/joint pain, Respiratory symptoms/signs or breathing difficulty. Less commonly: Chills/shivering, Diarrhoea, abdominal pain/distension, Sore throat/coryza or other ear, nose, and throat symptoms/signs. Meningitis specific symptoms [CKS]: Photophobia, Stiff neck, Back rigidity, Non-blanching rash, Unusual skin colour, Capillary refill time of more than 2 seconds, cold hands and feet, Shock and hypotension, Unconsciousness or toxic/moribund state, Paresis, Seizures, Focal neurological deficit including cranial nerve involvement and abnormal pupils, Bulging fontanelle, Leg pain, Kernig's sign (person unable to fully extend at the knee when hip is flexed), Brudzinski's sign (person's knees and hips flex when neck is flexed). Other sources: Urinary Symptoms, Joint swelling or redness PMH / Immunisation History (utilise the notes) Psychological: Not relevant at present (acute medical problem) DH: Allergies. Medication Use (utilise the notes) FH and SH: Not relevant at present (acute medical problem) ICE Examination: Rash (blanching / non blanching), Photophobia / Neck Stiffness	

Paediatric Multisystem Inflammatory Disorder Associated With COVID_19	**Grade**
Patient Centred Management Explain working diagnosis: Paediatric Multisystem Inflammatory Disorder Associated with COVID-19 Medical: Explain needs urgent medical attention and agree an appropriate plan. E.g. blue light ambulance as the child seems very drowsy / an urgent video consultation now so the doctor can assess the child's appearance, RR etc. and confirm if a blue light ambulance is needed (based on the NICE Sepsis Guidelines / appearance of the child etc). Explain the rationale for your decision Follow Up: Advise the mother to book a follow up appointment on discharge	
Interpersonal Skills Utilise the notes *"I can see from the notes…"* Avoid medical jargon Empathy, Appropriately ask about ICE If applicable, confirm who you are speaking to, and how they are related to or know the patient. *"As I have not met you before, do you mind me asking how you are related to or know XYZ?"* Break news appropriately *"From what we have discussed today I can hear you are worried about Kevin, and I have to be honest with you I think we need to rule out something serious is going on… Some of Kevin's symptoms are consistent with a diagnosis called Paediatric Multisystem Inflammatory Disorder Associated with COVID-19, have you ever heard of this…. For all suspected cases of this condition early assessment and treatment is essential, in order to determine whether I call Kevin a blue light ambulance, or whether I have time to speak to the Paediatrician on call for advice, I want to assess Kevin on a video consultation…*Explain the process of doing a video consultation.	

Sepsis risk stratification tool: children and young people aged 12-17 years out of hospital



NICE National Institute for Health and Care Excellence

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You have a telephone consultation booked with this patient

Doctor's Instructions

Patient: Charlie James
Age: 62 years old
DOB: 23/06/1958

Last Consultations

Dr Harris Hot Clinic 4 weeks ago	Had a cough for around 1month. No other symptoms. Chest – clear. T 36.2, SaO2 99% OA ? Post viral inflammation. Advised Clarithromycin 500mg BD for 7/7 and Prednisolone 30mg OD for 5/7.
Dr Ram Telephone Consultation 6 weeks ago	Cough 2 weeks. No SOB, no fever. Missed chance for a COVID-19 antigen test. ?Viral ?bacterial. Advised try amoxicillin 500mg TDS 7/7.

PMH

10 years ago: Hypertension

Drug History

Amlodipine 5mg OD

Chronic Cough	Grade
Data Gathering and Clinical Practical Skills • Confirm you are speaking to the correct patient (clarify name, and at least one other patient identifiable data, e.g. date of birth). “Do you mind just confirming your full name and date of birth so I can ensure I have got the right notes up?” • Fever, runny nose, ear ache, sore throat, hoarse voice, cough – dry / productive, haemoptysis, sob, wheeze • Other causes: COVID-19 Specific Symptoms (anosmia, if worried about COVID-19 ask about the red flag symptoms), TB (night sweats, exposure to TB), Post nasal drip (sensation of mucus dripping into your throat / always needing to clear your throat), Reflux (dyspepsia / acidic taste in mouth / regurgitation of food), Allergic (new irritants), Asthma / COPD (wheeze, hayfever / eczema / smoking), Cancer (appetite and weight), Heart failure (SOB, orthopnoea) • PMH: Hx of lung problems • DH: Recent ACEi use (check compliance with current medication if appropriate) • FH: Lung problems • Psychological: Impact on mood / sleep / impact of COVID-19 • Occupational Hx: Check if working, if so, impact on job • SH: Impact on social life / relationship if occurring at night, impact of COVID-19 pandemic on social life • Lifestyle: Smoking • ICE • Examination: Ask if the patient has home monitoring devices (e.g. thermometer, Sao2 probe, but be aware of calibration issues). If not, in line with NHS England Guidance, the following may be useful: “ask the patient to place their hand on their chest making it easier to see the chest rise and fall and count the respiratory rate.1,2,3” “Listen for stridor, wheeze, grunting, hoarseness of voice” and if carrying out a video consultation also look at use of accessory muscles.	

Chronic Cough	Grade
Patient Centred Management • Non-judgemental - Work with the patient. Explain the differential / working diagnosis: Post viral / Post COVID-19 cough, Silent Reflux, PND, Hypersensitivity of the airways, background asthma, scarring following an infection, unlikely cancer etc. • Investigations: CXR, Consider BNP. Consider PEFR / Spirometry in line with COVID-19 Guidance at the time. • Lifestyle: Dyspepsia advise – smoking, spicy foods, weight • Conservative: Diary to look for triggers. In line with NHS England Guidance (https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0388-after-care-needs-of-inpatients-recovering-from-covid-19-5-june-2020-1.pdf) there is emerging evidence in patients with a chronic cough following COVID-19 that nonpharmacological treatment approaches and specifically physiotherapy and speech and language therapy interventions can improve/eliminate chronic cough. • Medical: Consider trials of treatment: codeine linctus, silent reflux – trial of PPI; allergy – trial of antihistamine; upper airway causes – trial of nasal corticosteriod. If applicable / considered, trial of salbutamol. • Appropriate Safety Netting / Follow Up… If no better after trial of appropriate treatment, and CXR / BNP and PEFR / Spirometry (if done) NAD, refer to chest physician for consideration of CT / work up (the British Thoracic Society post-COVID-19 respiratory follow-up guidance recommends lung function testing and CT scanning for patients with persistent respiratory symptoms, physiological impairment or a chest x-ray which remains abnormal 12 weeks after COVID-19 – or after 6 weeks if any suggestion or underlying malignancy)	

Interpersonal Skills
• Utilise the notes *"I can see from the notes you have high blood pressure and you are on… is that correct? Do you have any other medical problems?..."*
• Active listening – do not repeat questions
• Avoid medical jargon
• Empathy
• Appropriately ask about ICE
  ○ Communication skills
  ○ Reassurance re: cancer *"From what we have discussed today and from my examination I know you were worried about lung cancer, and this is something we will look into excluding, but most non-smokers with these symptoms do not turn out to have lung cancer, and it is reassuring your appetite and weight are ok, and your examination was normal…"*
  ○ Context confrontational lifestyle questions e.g. *"sometimes cough can be due to lifestyle factors, such as smoking, do you smoke?"*	

You have a telephone consultation booked with this patient

Doctor's Instructions

Patient: Jessica Mooreman
Age: 36 years old
DOB: 24/06/1984

Past Medical History
Nil

DH
NKDA

Breast Lump	**Grade**
Data Gathering and Clinical Practical Skills • Lump history (onset, progression, trigger, change in size, shape, colour, pain, bleeding, discharge, change in colour of the overlying skin (redness), fever). • Breast pain, nipple symptoms (changes in appearance, bleeding or discharge) • Axillary LN, back pain, weight loss. • Mammogram history (if relevant – aged 50-71, currently being trialled in some areas from age of 47 years) • Risk factors: HRT • PMH: Use of COCP / chance of pregnancy • FH: Of Breast Ca • Psychological (COVID-19 and Lump) • Occupation: Impact on work • SH: Impact on social life / hobbies. Alcohol / Smoking / Insufficient Exercise (opportunistic health promotion as these factors are associated with breast cancer). • ICE • Examination: Video examination not appropriate	

Breast Lump	**Grade**
Clinical Management • Explain differential diagnoses: Lipoma, Cyst, Benign Fibroadenoma, and Ca etc. If you decide to bring the patient in for an examination fully explain what the examination will involve. • If you have enough information to decide a referral is needed you can explain: *"before the COVID-19 pandemic we would have usually brought you in for a face to face appointment and an examination; but I have to be honest with you, although breast lumps usually turn out to be something non-sinister, we always urge on the side of caution with breast lumps and refer women in your age group and with your kind of history onto the breast team for a review and for investigations. We are now treating patients remotely where possible to minimise their risk of exposure to COVID-19; so we have two options; firstly I can refer you directly onto the specialist based on this consultation* (explain 2ww, but if she develops symptoms of COVID-19 she should isolate and let the hospital know etc), *or if you would feel more reassured seeing me for a face to face examination I can organise that, and then we can put a referral in place after that"* (if this option is preferred screen for COVID-19, and then explain process of how the patient will be seen in the cold clinic) • Lifestyle: Opportunistic health promotion to reduce the risk of breast cancer – as this was a concern (alcohol, smoking, exercise, weight as appropriate, some evidence to suggest lowering the intake of saturated fat may also help) • Medical: 2 week wait referral / patient to come in for a face to face examination (as agreed with the patient). Given the impact on mood – can offer wellbeing numbers just in case these symptoms persist • Safety net (COVID-19, and referral) and leaflets	

Breast Lump	**Grade**
Interpersonal Skills • Develops rapport • Active listening - do not repeat questions • Does not use inappropriate terms • Acknowledge concern immediately *"I can see you are worried about breast cancer, tell me why?"* Appropriate reassurance *"Although a breast lump can be due to breast cancer, there are a number of other things that can cause breast lumps, which are more likely, so I am just going to ask you some questions to help determine what is going on, is that okay?"* • Context lifestyle factors *"A number of lifestyle factors can increase the risk of breast problems as you get older, such as smoking, the use of alcohol, a lack of exercise etc… do you smoke?... do you drink alcohol…" etc* • Link ICE to management *"From what we have discussed today and from my examination I know you are worried about breast cancer, and although a breast lump can be due to breast cancer, there are a number of other things that can cause breast lumps, which are more likely* (explain differential diagnosis)… • Opportunistic health promotion *"I know you were worried about the prospect of having breast cancer, and there are a number of things we can do to help reduce your risk of breast cancer going forward. Breast cancer is associated with smoking, and a lack of exercise. Do you have any thoughts about smoking?... do you have any thoughts about exercise…"* etc. Use motivational interviewing	

GPVTS RCA Teaching

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