

Instruction to candidates:

You are a foundation doctor on your A&E placement.

Ahmed Abdul has come in due to repeat episodes of dizziness. He has come in sitting on a wheelchair.

You will be given 6 minutes to take a history; the examiner will then ask you questions.

Patient Name: Ahmed Abdul

Age: 72 years

PC & HPC

“I feel dizzy all the time doctor. I’m not sure what to do and I feel scared as a result.”

You feel that the room is spinning and therefore have some difficulty with your balance. This suddenly started happening yesterday.

Nothing specifically exacerbates this, you feel dizzy all the time. This typically worsens when standing up or when trying to walk.

Due to the dizziness you started using your father’s old wheelchair to reduce the risk of falls. You have not experienced any fall as of yet.

The vertigo started shortly after waking up in the morning.

You have vomited a few times, bringing up anything that you ate or drank prior to vomiting. You last vomited last night, but since using the wheelchair you no longer feel nauseous.

You don’t experience any headache or pain anywhere.

The dizziness is there all the time; it has been progressively getting worse.

You have not felt this way before.

ICE: “I do not know why this is happening, but I want to know why this is happening?”

PMH

- Heart failure
- Atrial fibrillation – rate controlled
- Hypercholesterolaemia
- Type 2 diabetes mellitus – Insulin controlled
- Gastro-oesophageal reflux disease

DH

- Furosemide 40mg PO – once daily
- Bisoprolol 5mg PO – once daily
- Atorvastatin 80mg PO – once daily
- Humalog Mix 25 40 units in the morning (with breakfast) and 12 units in the evening (with meal)
- Lansoprazole 20mg PO – once daily

No regular over-the-counter medication taken. No herbal remedies. No recent changes to medication.

No drug allergies.

FH: None

SH: You are currently retired, previously a self-employed builder. You live with your partner and your children have all moved out. You are an ex-smoker (quit 10 years ago, previously smoking 1-2 packs of cigarettes per day for the last 25 years), drink no alcohol, and do not use recreational drugs.

What are your differentials?

Cerebellar stroke, Meniere’s disease, Labyrinthitis

What clinical investigations would you do?

- Bloods (FBC, U&Es, LFT, Liver profile, HbA1c)
- ECG
- Head CT

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC: Good range of open and closed questions asked.					
PMH & DH					
SH					
FH					
ICE					
Differential dx					
Investigations					
Rapport/communication skill					
Overall					

Feedback

Given the patient’s past medical history, he is at high risk of having a stroke. For patient’s presenting with vertigo it is important to rule out cerebellar stroke, therefore a CT head is warranted to rule out this diagnosis. You should immediately escalate/discuss the matter with a senior colleague.

Where the patient mentions feeling “scared”, it is important to show them empathy. This is not only important in building a suitable rapport with the patient, but also helps to quell their worries. Make sure to reassure the patient so they know they will get adequate help and support in relation to their concerns. Example statement:

“I’m sorry to hear you’re feeling scared. I can imagine it’s been a difficult few days for you, but now that you’re in hospital we’re here to help find out what is going on. Are you happy to continue or would you like a cup of water first?”