

**Instructions to candidate** – Aim for 8 minutes

**You are a foundation doctor currently in A&E.**

**Harry Davies has been referred by his GP presenting with a sore throat.**

**Take a concise history from Harry and perform the appropriate examination.**

**At 6 minutes, the examiner will ask you questions.**

**Name:** Harry Davies

**Age:** 32

The past 7 days you've had this sore throat. It's been getting worse and you're starting to feel unwell with it. It's stopping you from being able to eat properly, it really hurts to swallow food as a result you're eating less. You're still able to drink fluids though

The pain is worse on the right side of your throat and your neck is aching with it. The pain started 7 days ago. It's a sharp pain that's worse on swallowing and an aching feeling in your neck. You've been feeling hot and cold and generally lethargic. You also realise that you're struggling to open your jaw fully as it's too painful to do so.

No other changes to your voice

You've had tonsillitis many times in the past but this seems a lot worse than previous episodes.

No other ENT sx if asked

No-one else in your household has been ill

PMH; tonsillitis since childhood

DH; NKDA, paracetamol and ibuprofen

FH; Nil

SH; smokes 20 a day, drinks 14 units per week. Works as a builder and lives with wife and 2 kids

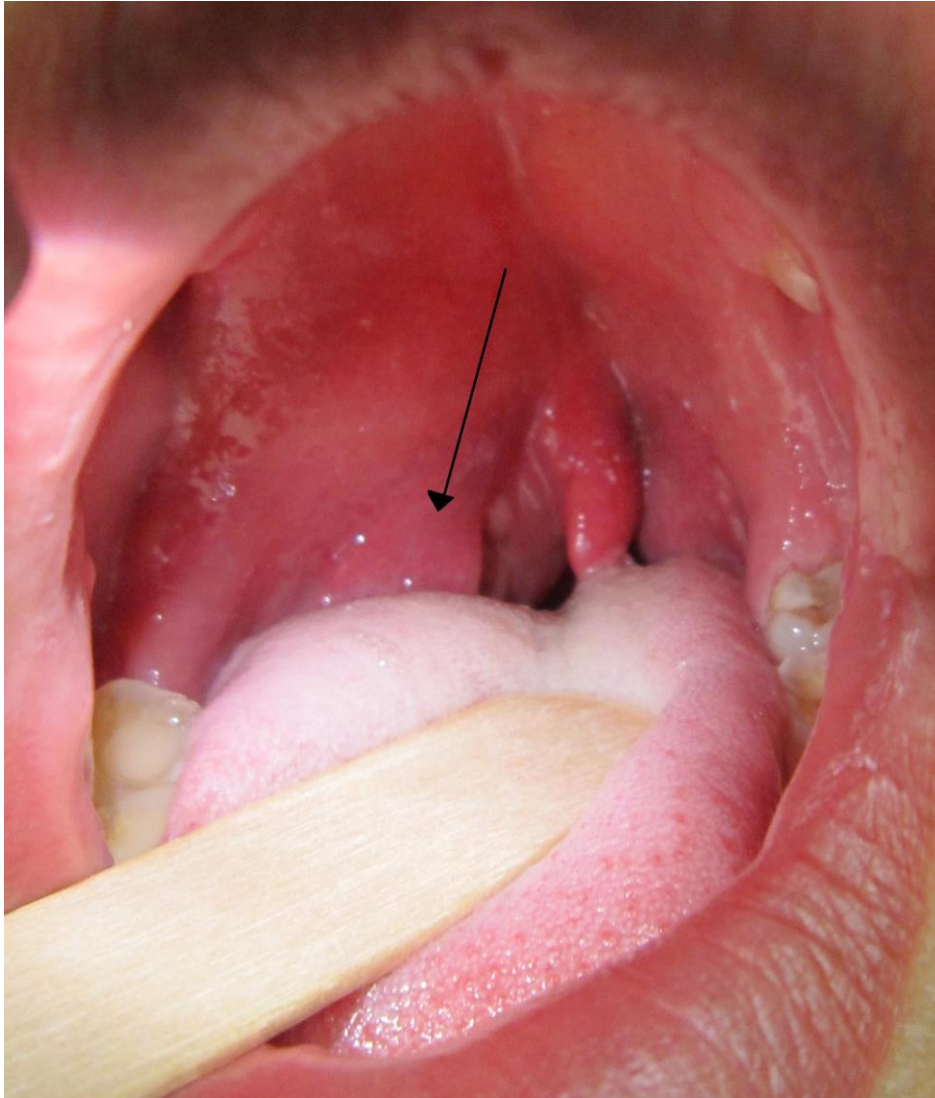
ICE;

I – Think this is tonsillitis

C- worried that it might cause sepsis as you've heard a lot about it on the news.

E – want some antibiotics

After examination, the candidate is shown the following picture of what they would see in this patient's throat;



James Heilman MD/ CC BY-SA 3.0/ <https://commons.wikimedia.org/wiki/File:PeritonsilarAbscess.jpg>

Diagnosis; Quinsy

Differentials;

- Tonsillitis
- Retropharyngeal abscess
- EBV
- Pharyngitis

Questions;

1. What is your top diagnosis and other differentials and why?
2. How would you manage this? Take full set of obs, adequate analgesia, needle aspiration/ incision and drainage, antibiotics

**Feedback**

Built rapport	Y/N
Took a competent history clarifying sx and checking for red flags/ other ENT sx	
History was organised	
Performed the correct examination (throat and neck)	
Communication with the patient during examination was clear	
Correct diagnosis and/or differential	
Correct management	