

Instructions to Candidates – Aim for 8 minutes

You are a Foundation doctor working in A&E.

It is 3am, your next patient is Mr Raj Muhammed, a 24-year-old man who was brought in by ambulance due to a faint.

Please take a history and formulate your differential diagnoses.

At 6 minutes the examiner will ask you three questions.

Name: Raj Muhammed

Age: 24, **PC:** Faint

HOPC:

You work part time as a club bouncer. While on shift an hour ago, last thing you remember is seeing a few lads enter the club. Next thing you know, strangers were standing over you trying to wake you. One of them phoned 111.

One of the strangers, who witnessed the faint said your eyes rolled back but you did not appear blue or pale, had no jerks, no incontinent. The faint lasted for about 50 seconds. You did not remember fainting. You've not noted any tongue biting or any other injuries.

Prior to that you had no prodromal symptoms / aura / chest pain / shortness of breath / headache / not emotionally provoked. Insist that you were just standing and was not doing anything vigorous – hope it is nothing serious.

After regaining consciousness, you felt tired, slightly nauseous with your arms and legs feeling heavy. Managed to stand up and get in the ambulance with the paramedics when they arrived. Took about half an hour to fully feel like yourself. Able to move all your limbs. No amnesia / vision changes / slurred speech. No recent infection. Eat and drink okay. Systemically well. You sleep at odd timings due to the nature of your job and your commitment to attend the eLearning courses in the morning. You have not noted any recent stress.

PMH: Nil

DH: Nil

Allergy: Peanuts

FH:

Uncle died around 45 years old last August. Unsure of the cause, might be heart related.

SH (LOST):

Living situation:

Lives with other uni students in a house share.

Occupation:

Part-time student, part-time club bouncer (been working for 3 months now). You earn some money from other odd jobs to support your cost of living.

Social: Smoking, Alcohol, Recreational drugs, Exercise

Smoke 2 cigarettes/day, 2 years. Drinks two pints of beer on days when not working. No recreational drug use. Exercises twice a week, never had any issue.

Travels: N/A

I: This is the first time you have fainted, and you have no idea what may have caused it.

C: Whether allowed to drive. You have heard that a friend had a faint who was then forbidden from driving. You need to drive to work and to uni.

E: Hope to be cleared from anything serious.

Questions:

1. What are your differential diagnosis?

Vasovagal syncope, hypoglycaemia, cardiac related syncope (aortic stenosis, arrhythmia, hocom)

2. What examinations would you do on this patient and why?

Cardio exam – looking for murmurs, irregular pulses

Neuro exam – any focal neurology

3. What investigations would you like to do for this patient? And why?

Lying standing BP – to rule out orthostatic hypotension

ECG – to rule out cardiac causes

Bloods (U+E, glucose) – to rule out metabolic causes. Bonus points for suggesting VBG – quick and easy!

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					

Hints and tips:

Patients are often swayed with their own ideas and concerns. As important as you need to address them, it's also essential that you emphasize the importance of ruling out sinister causes!