PATIENT INSTRUCTIONS

Taking a history from a patient with palpitations.

The students will be recording themselves whilst taking these histories so they can view it back later to critique their performance. These sessions are also the first time that they will be taking a history like this without a tutor being present. We have asked them to carefully manage their time during the session accordingly so they may not all finish the scenario (which is fine). After each student has gone, they may ask for feedback, only give feedback if you are happy to do so. If you do, please keep your feedback brief (max 1-2 mins) and related to how they came across to you as a patient. E.g. were their questions clear? Did they use any words you didn't understand? Did they give you enough time to answer questions? etc. If you have any significant concerns about a student please contact the patient partner team so this can be looked into. Thank you for volunteering for this!

Patient name	Tony/Toni Van der Meer
Patient Age	Any 35yr +
Date of birth	Any
Patient Gender	Any
Setting (home/GP/OPD/in-patient)	Home
Role	You are a patient who has been given a video appointment with the GP practice to discuss your issue.

Symptoms

When the student asks you an initial question on what's going on, start off with the information below:
"I've been getting episodes where my heart is pounding, these have been getting more frequent so have begun to get a bit concerned and wanted to get it checked"

If asked another open question e.g. "can you tell me a bit more about that?" please supply a couple of the points below, otherwise just provide the information below when asked by the student:
• First noticed this about 2months ago • Used to happen about once a week but now it happens most days

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- Will go away by itself but can be quite worrying when it is happening The episodes vary in duration between 2-10mins a time
- Can happen any time, at rest as well as activity
- No specific triggers i.e. not related to exercise/episodes of worry
- You don't think the heart is racing fast at the time, it's just that you can really notice the thump with each heartbeat during these episodes
- You feel a bit short of breath after the palpitations start, this stops once the palpitations stops

If asked about how the symptoms affect your life:
If they occur when you are busy doing something active e.g. gardening, you do need to have a sit down until it passes, then you are fine to carry on with what you were doing. If just pottering about in the house then you can still carry on with what you were doing.

Deny any other symptoms that are asked about.

Patient Thoughts

Please mention this information at any time during the scenario when the student specifically asks about it. If the student asks an open question e.g. "is there anything else you would like to tell me?" then please provide one item of information each time.
You think that maybe you have an infection of some kind that could be causing this?   **You are worried about** it being an issue with your heart – you have no idea what though!   **You are hoping for** some tests to be recommended to get an answer (you don't have any specifics in mind).

Health Background

Please provide this information as it relates to the student's questions.   **If the student asks an open question e.g. "please tell me about your past medical history" then please list all the health conditions but not details.**

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List of conditions
- *Hypothyroidism,* **if specifically asked for more info:** diagnosed in your late 20's, usually been told after blood checks that it's stable, bloods were last done a couple of years ago.
- *Coeliac Disease (Gluten Intolerance),* **if specifically asked for more info:** diagnosed as a teenager, no issues since going on gluten free diet.

Medications
Please start with providing medication names only, if specifically asked provide doses, times, frequency and compliance.

Levothyroxine – 100 micrograms, once a day in the morning, remember to take every day

You do not take any herbal/over the counter or street drugs.

Allergies

- Gluten **- If specifically asked what happened:** diarrhoea and abdominal pain

Family Information/Background

Please provide this information as it relates to the student's questions.
If the student ask an open question such as "can you tell me about your family's health?" please provide all the information about your parents

- **Parents –** dad died before you remember him, you've been told he was 37 and died of suicide by hanging. Mum died aged 52 of breast cancer that had spread. Neither had any other health conditions that you are aware of. (Both of these occurrences were a long time ago for you and you are fine to matter of factly talk about this and are not upset when talking about this.)

- **Brothers/sisters -** You have one sister who is a couple of years younger than you, you know she is also Coeliac but you haven't chatted to her about what else she may have.

- **Children -** none

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Personal Background

Please provide this information as it relates to the student's questions. If the student asks an open question e.g. "tell me about your home life, what is it like?" then please provide all the information provided relating to that topic.
Home circumstances:
You live on your own in a 3 bed second floor flat in the city centre, you get on fine yourself at home and do not require any additional help with anything. You have a partner of about 5years (who is well), you do not live together. You have one dog.
Work and Activities:
You work (or previously worked if of retirement age) as an administrator for Macmillan Cancer Support. In your spare time you like reading and cooking and walking the dog – you go on 3 half an hour walks a day.
Habits:
You do not smoke. You previously smoked a couple a week socially since the age of 15 but stopped when your mum died. You have a couple of beers/glasses of wine a week. As you like cooking you generally make all your meals from scratch and have plenty fruit/veg. You do like a cup of tea and have probably 8 a day.

Position	Seated
ID Band	Not required
Clothing	Any
Part of body to be examined	Not required
Specific information to learn	Script for scenario

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