

UNIVERSITY OF DUNDEE
College of Medicine, Dentistry and Nursing



Consultation and Communication Skills (CCS)

Year 2
2011-12 - Semester 1
Endocrinology

Tutor Guide

Endocrinology - Learning Outcomes

Learning Outcomes for Clinical and Consultation skills
By the end of this block students should be able to:
Elicit key symptoms from systematic history taking for endocrine problems including diabetes and thyroid disorders
Integrate history taking and relevant examination to determine a differential diagnosis
Examine the lower limbs of a patient with diabetes
Carry out an examination of the thyroid gland
Carry out an examination of thyroid status
Apply an ABCDE approach to managing an endocrine emergency
Give information regarding diabetes in an accurate, skillful, efficient, supportive and safe manner

Endocrinology – WEEKS 1- 4 OVERVIEW

	Week 1	Week 2	Week 3	Week 4
Group 1	Consultation skills	Clinical Skills ExPAC	Consultation skills	Clinical Skills ExPAC
Group 2	Clinical Skills ExPAC	Consultation skills	Clinical Skills ExPAC	Consultation skills
Group 3	Consultation skills	Clinical Skills ExPAC	Consultation	Clinical Skills ExPAC
Group 4	Clinical Skills ExPAC	Consultation skills	Clinical Skills ExPAC	Consultation skills

Morning session 09.00 – 10:45

Clinical Skills group - 15 minute introductory presentation seminar room A
 Consultation Skills group- introductory presentation in Seminar room C (level 7)

Weeks 1 & 2 Diagnostic history; thyroid disease
 Diagnostic history; type II diabetes
 Review of long term condition: Type I diabetes

Weeks 3 & 4 Giving Information: New diagnosis of type II diabetes (diet, medication, foot care, eye care)

The Tayside Diabetes Network handbook is available online and is an excellent source of information on all aspects of diabetes and all tutors are strongly encouraged to use this resource in preparation for their teaching session.

<http://www.diabetes-healthnet.ac.uk>

Endocrinology Consultation Skills Weeks 1 & 2

9 am Introductory PPT – To 20 students

Thyroid and diabetes symptoms
Review and diagnostic consultations

Room 1

25 mins

Diagnostic history – GP: tremor

Seven students with one SP

1. Set the scene – GP, student asked to see new patient.
2. Briefly discuss initial thoughts
3. One student to run consultation
4. Other students to think about Content, Process and Perception
5. Diagnostics
6. Symptoms of thyroid disease.

Room 2

20 mins

Diagnostic history – GP: tired and thirsty

Seven students with one SP

1. Set the scene – GP, student asked to see new patient.
2. Briefly discuss initial thoughts
3. One student to run consultation
4. Other students to think about Content, Process and Perception
5. Diagnostics
6. Acute presentation symptoms of diabetes and complications

Room 3

20 mins

Review history – Diabetes clinic – DM type 2

Seven students with one SP

1. Set the scene – Endocrine clinic, student asked to see review patient.
2. Briefly discuss initial thoughts
3. One student to run consultation
4. Other students to think about Content, Process and Perception
5. What information do we need for a review consultation for diabetes?

10.35am Plenary

Answer questions re symptoms of thyroid disease or diabetes.
Clarify any questions or problems

Set up students for next session –

One interview in diabetes clinic – a patient with known DM

PLEASE ASK THEM TO PREPARE –

How would they advise a patient about lifestyle factors relating particularly to diabetes? What techniques can they use for giving information?

Endocrinology

Consultation Skills

Session 2 (weeks 3 and 4 of block) – Outline

9am Group introduction in Seminar room C (level 7)

What information should we give to a patient newly diagnosed with diabetes?

How should we do this?

Do it.

Rooms 1, 2 and 3

75 mins

Consultation to discuss lifestyle factors

Seven students

One real patient or SP in each room

1. Set the scene – your consultant has asked you to discuss *lifestyle advice* with the next patient
2. Briefly discuss initial thoughts about:
 - patient,
 - diabetes,
 - what is 'lifestyle advice' – diet, exercise, smoking, foot care, eye care,
 - how to give information
3. Run a consultation with one student leading
4. Set up the rest of the group for analysis and feedback –
 - Content – What information do you need to get and give?
 - Process – How do you get this or give this?
 - Perception – What is the doctor thinking?
5. Timeout – analyse where you are and what you need to do:
6. Change students through the consultation so that two or three have a go.
7. Conclude with a review of the steps which are useful to *give* information:

10.35am Plenary

Questions regarding diabetes, lifestyle and giving information

Ensure students are aware of skills relating to giving information

Clarify that 'giving information' will be in the OSCE

Endocrinology - Consultation Skills

Tutor aides

Diagnostic History

- **Sequence of Events** and **Symptom Analysis** of acute presentation
- **Relevant system** review
- **Risk factors** for the condition suspected and **Red Flags**
- **Concerns** the patient might have from his/her perspective
- Other information to aid **differential diagnosis**
- Discuss a potential **management plan** including how to go about referring to **secondary care** and **allied health professionals** such as podiatry, specialist diabetes nurses, etc. for further management if needed.

Review consultation

- Clarify main original **Condition** and **Duration** of symptoms
- **Problems and concerns** the patient might have from his/her perspective
- Establish any **acute problems** that may have developed
- **Monitoring** of condition & associated complications – awareness of concerning symptoms e.g. hypoglycaemic attacks
- **Management** – both drugs and other; ensure compliance with treatment +/- dietary restrictions
- **Complications** of condition (e.g. neuropathy, visual problems) and medication
- **Risk factors** for associated conditions e.g. smoking, ischaemic heart disease, peripheral vascular disease in DM
- Review **follow-up plan** of management with a view of drafting a short **discharge summary** for next review clinic appointment.

Some key teaching points for thyroid disease

- Information gathering to determine if patient is hyperthyroid (overactive), hypothyroid (underactive) or euthyroid (normal)
- Hyperthyroid symptoms include- Agitation, Sweating, Intolerance to heat, Angina, Breathlessness, Weight loss, Diarrhoea, Scanty periods, eye changes
- Hypothyroid symptoms include- Fatigue, Dry skin, Intolerance to cold, Angina, Breathlessness, Palpitations, Weight gain, Constipation, Heavy periods

Some key teaching points for diabetes:

Patient might present with either symptoms of diabetes or its complications.

Acute presentation may include thirst, polyuria, tiredness, blurred vision.

Complications include eye, heart, kidney, nerve, vascular and foot issues arising from microvascular (small arteries) and macrovascular (large arteries) issues.

Skills for Giving Information/Explanation and Planning:

1. Give the correct type and amount of information (CONTENT)

Preparation:

Do you know enough about - Disease/problem/results/management

For the patient – consider both the biomedical and the patient's perspectives

What/how much info to give:

Necessary vs. optional?

Starting point?

Ascertain level of involvement patient wants

2. Aid accurate recall and understanding (PROCESS)

Organise, Chunk, Signpost, Summarising & repetition, Language, Cues, Non-verbals
(of the doctor), Visual aides, Check understanding

3. Shared decision making (mix of CONTENT, PROCESS AND PERCEPTION)

Share your thinking,

Encourage patient contribution and reactions/beliefs/feelings,

Relate discussion to patient's ideas, concerns and expectations,

Negotiate an acceptable plan.

Endocrinology – session1

Simulated Patient Script

Diagnostic history – tremor (hyperthyroid)

Station 1

Patient Script- Diagnostic History – GP practice

Name Wendy Savage

DOB 12/07/1953

Diagnostic History –GP - Tremor in hands (HYPERTHYROID)

Current problem

You have noticed that your hands are shaky enough so that you have difficulty holding a cup of tea. This has become increasingly obvious over the last 3 months or so. It seems to be becoming worse as you now have great difficulty playing the piano for the ballet class which is what you usually greatly enjoy.. You have been very frustrated and increasingly anxious because of this.

If asked you are:-

increasingly anxious and having a fluttering in your chest for the last few weeks. Used to be a very calm person.

Have had loose bowel motions for about 3 months too, going up to 5 times per day

Others have commented you have lost weight but you're not sure but clothes increasingly loose

Also feeling getting hot and sweaty which is just like going through 'the change' again

Only other thing is fatigue and general tiredness may be a bit breathless when exercising

Feel it is affecting you normal activities more and more and feeling old for age

Medications

'Water Tablet' for high BP

Nurofen for occasional joint pains

Family history

Brother had brain tumour was very unsteady before he died

Mother died age 90 'old age'

Father had Parkinson's disease died from pneumonia aged 78

Social history

Drink usually about 5 glasses of wine per week but have recently stopped all together to see if it would help tremor.

Non smoker

Work as lecturer in college

Patients thoughts:

Worried about effect on work, unable to give presentations as tremulous and sweating.

Worried may have something to do with 'brain' tumour and/or Parkinsons disease.

You also think your HRT may be needed again, which was stopped 5 years ago.

Endocrinology – session1

Simulated Patient Script

Diagnostic history – tired and thirsty (diabetes)

Station 2

SIMULATED PATIENT SCRIPT – NEW ADULT ONSET DIABETES

Name John/Joan Brown
DoB & CHI 20/02/42

Background

You are a 65 year-old retired airline booking agent, having worked for the same company for the past 25 years. You live with your husband/wife and have two grown up children (boys) – both married with no kids. You've come to see the GP today and are happy to see the medical student first.

Current problem

You are **TIRED** all the time.

You feel washed out. It is getting worse recently – last 4 weeks. You don't seem to have the energy to do anything other than sit on the sofa and watch television. You have had several days off work in the last couple of weeks because of this.

You are also feeling very **THIRSTY**, which has worsened in the last week or so. You keep on drinking Irn Bru (your favourite) or water but just feel thirsty again after half an hour. It is getting quite expensive to buy all that fizzy pop!

If the student asks;

You go to the toilet a lot, probably much more so recently, although the change has been quite gradual over the last few months. You now have to get up several times at night for a pee and a glass of water. Your urine is clear and pale.

It doesn't hurt or burn when you pass urine.

You have lost about ½ stone over the last six weeks despite your appetite being quite good. This pleases you as you had put on a lot of weight over the last ten years. Your bowels are fine.

You have had a rash (red and itchy) under both armpits for three weeks. You think it is because the deodorant company has changed the ingredients. You often have a red and itchy groin – but don't like talking about it.

You have no other medical problems or symptoms

Patient's concerns/fears

You are worried about the rash mainly since it is very uncomfortable. You do not like coming to the doctor. It hasn't occurred to you that you may have **DIABETES**. No one in the family has ever had this. It surprises you if the student mentions it as a possibility.

Family medical history

Mother had heart problems from age of 60 (not sure what). She died of a stroke age 87. Father died of heart attack age 56 (he was a heavy smoker). You have no brothers/sisters.

Medications

You have had gout four times in the past (a swollen and painful big toe) and take a medicine called allopurinol. Otherwise you take nothing except the odd Neurofen™ or paracetamol.

Alcohol and smoking You drink a glass of wine occasionally. You have never smoked.

Endocrinology – session1

Simulated Patient Script

Review history - diabetes

Station 3 – James/Joan Green 30/03/43

You work as a newspaper shop assistant. You are near retirement. You live with husband/wife and have two grown up children (girls) – both married, three grandchildren.

Today you have come to the hospital for a routine review of your diabetes. However, you knew you were coming today so you've saved up one or two issues:

Current problems

You have a thick area of discoloured skin under the ball of your left big toe. It developed after you found a drawing pin stuck into your foot (six months ago). It never seemed to hurt.

You are also getting hot, burning sensations in your feet. Worse over the last two months and worse in bed at night. Nothing seems to help it. There is no rash or redness apart from the problem with the drawing pin.

If the student asks;

You have had diabetes for fifteen years (found on a blood test as part of a well-person check). At first you were on a special diet – but the doctor has been giving you pills for the last seven years. You haven't had a check up for nearly a year. At the last check the doctor didn't look very happy with your blood tests.

You have had problems with blood pressure too, and two years ago you had a scare with some chest pains. You were in Ninewells for three days before they let you out. They said you didn't have a heart attack – but they gave you heart pills anyway

You have a yearly check on your eyes with the optician. You once had a fancy picture taken of the back of your eyes – it looked a bit like the planet Mars!

You are not thirsty. You go to the toilet like normal (both urine and stool). You have not lost or gained weight recently. You have not had any other problems or symptoms.

Family medical history

Mother had diabetes from age of 73. She died of a stroke age 78. Father died of heart attack age 67 (he was a heavy smoker).

Medications

Lots! Listed below – feel free to carry the list with you and show the student doctor.

You have no allergies

Alcohol and smoking

You drink a little alcohol. You smoke ten cigarettes every day. You don't want to quit.

Medication

Aspirin	75mg	once daily (thin blood)
Simvastatin	40mg	at night (cholesterol)
Metformin	500mg	three times a day (Diabetic)
Valsartan	80mg	once daily (high blood pressure)
Co-codamol 8/500	two tabs	up to four times a day (Pain killers)

Patient's thoughts

You think there is an infection where the drawing pin was sticking into your foot. You can't understand why this seems to have caused the hot and burning sensations – particularly the burning in the other foot.

You hate the fact that you have diabetes and that doctors insist on giving you so many tablets. To be honest, you are not very good at taking your medications. You hardly ever check your blood sugar levels like you should.

You resent the way staff at the clinic always seem to be "telling you off". And as you never see the same person twice you think that they don't know you at all and so have no right to be so judgmental.

Endocrinology – session 2 (weeks 3 and 4)

Simulated Patient Script

'Diabetes – lifestyle advice'

James/Joan Green 30/03/43

You work as a newspaper shop assistant. You are near retirement. You live with husband/wife and have two grown up children (girls) – both married, three grandchildren.

Today you have come to the hospital for a routine review of your diabetes.

Current problems

You have no recent problems other than the burning sensation in your feet that you've had for over a year now.

If the student asks;

You have had diabetes for fifteen years (found on a blood test as part of a well-person check). At first you were on a special diet – but the doctor has been giving you pills for the last seven years. Your last check was two weeks ago – and you were asked to come back to 'have a chat'.

You have had problems with blood pressure in the past, and two years ago you had a scare with some chest pains. You were in Ninewells for three days before they let you out. They said you didn't have a heart attack – but they gave you heart pills anyway

You have a yearly check on your eyes with the optician. You once had a fancy picture taken of the back of your eyes – it looked a bit like the planet Mars! You are due to see him again soon.

You are not thirsty. You go to the toilet like normal (both urine and stool). You have not lost or gained weight recently.

You have not had any other problems or symptoms.

Family medical history

Mother had diabetes from age of 73. She died of a stroke age 78. Father died of heart attack age 67 (he was a heavy smoker).

Medications

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Patient's thoughts

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You resent the way staff at the clinic always seem to be "telling you off". And as you never see the same person twice you think that they don't know you at all and so have no right to be so judgmental.