CSA EXAMINATION CARD

Patient Name: Carla Thompson 43

Examination findings: Weight 115kg Height 185 cm BMI 33.6

No boney tenderness of ankle or foot. Stable joints with no swelling of joints. Normal range of movement. Right foot soft tissue swelling on dorm of forefoot only. Able to weight bear, normal gait.

GP Trainer's comments - Reviewed by Dr Paul Swinburne May 2019

Consultation review.

Excellent communication skills.
Good opening question: "What would you like to talk about today?"
Agenda set early on and then again shortly afterwards, to check nothing else to be discussed.
Established that there are two problems to discuss. Carla considers them equally important and hopes to address them both today. I get the impression that Dr Birrell feels the lump in the throat is the more important problem.
Clearly exploring Carla's health understanding – "What do you think is going on with your foot?"
Dr Birrell appears a little surprised by her linkage of her throat symptoms to possible menopause but indicates to the patient that he has heard and understood this and plans to incorporate this idea into the discussion.
Opportunistic health promotion with checking of satisfaction with current contraception and future plans for this.
Cue offered by Carla regarding prolapse symptoms. Appropriately acknowledged – Carla does not want to discuss this today.
Concerns specifically checked. (4 mins)
Expectations checked (4.5 mins)
Carla offers symptom description consistent with reflux or water-brash.
Thorough psychosocial exploration by Dr Birrell. Smoking and alcohol enquiry in this case is appropriate, not superfluous and appropriately signposted and justified to Carla.
Checking on chronic disease management (6m40s) – Managing medical complexity (managing acute and chronic conditions in the same consultation)
Dr Birrell examines Carla at around 7 minutes. He is able to carry on gathering information as he examines.
Management plan agreed with Carla regarding foot problem – wait and see but consider x ray if no better in two weeks.
Appropriate sounding examination of the throat.
Did the abdomen need to be examined in this case?

Diagnosis clearly stated – Reflux/regurgitation.
Sensible management plan including good use of non-pharmacological measures – propping bed up and avoiding big meals before bed, avoidance of trigger foods such as coffee and chocolate.
Good explanation of risks associated with proton pump inhibitor use.
Further opportunistic health promotion with offer to support with weight loss should this be desired.
Repetition of management plan to assist understanding.
Genuinely shared decision making – "What do you think? – What shall we do?" Note the use of 'we' there.
Prescription of proton pump inhibitor given. (12m30)
Even time for a medication review at the end.
Follow up specified – two weeks if not improving.
The original consultation would have been a bit long for CSA purposes (nearly 15 minutes) but it did encompass two problems which would be very unlikely to happen in a CSA case. The scenario is simplified for role players.

Clinical issues

I agree that reflux was the most likely cause of her symptoms.
Her symptom description might also be in keeping with globus. Did this aspect need a bit more exploration? The presence of stress, anxiety or depression could potentially link both dyspepsia and globus. This was not explicitly checked for in this consultation.
Perhaps the red flag symptom of dysphagia might be checked for and excluded.
I might have asked specifically about the presence of gastrointestinal bleeding, although I fully accept that it is likely that she would have volunteered that important symptom had it been there.
NICE Clinical Knowledge Summaries in management of gastro-oesophageal reflux recommend that there is no role in helicobacter pylori testing. However for unexplained dyspepsia they recommend either 1 month full dose proton pump inhibitor or helicobacter pylori testing.
At no point was endoscopy discussed or offered. This is correct and not appropriate if 'alarm' symptoms have been fully excluded.

Overall thoughts.

A very comprehensive consultation efficiently dealing with both of her stated complaints effectively whilst also reviewing her chronic disease management, contraceptive needs and health promotion.
Excellent use of non-pharmacological management. Very effective use of resources.
Incorporation of Carla's views into the assessment and shared decision making is excellent and naturally done.