# Case 6

Marking scheme	Indicative content	Learning outcome
Question 1c		[2]
Method (1)	Spirometry / peak flow meter (1)	Describe and research
Description (1)	Sitting <u>upright</u> , blow (into machine and) measure volume of air (breathed out/in) in <u>one (</u> forced) <u>breath</u> (1)	the static lung volumes and capacities using a spirometer
Question 1d		[2]
Valid factor (1) Another valid factor (1)	Age (1) Gender/Sex (1) Weight (1) Height (1) Ethnicity (1) Posture (1) Physical activity (1) Altitude (1) Disease(s) which weakens diaphragm muscle (1)	Describe and measure the static lung volumes and capacities using a spirometer
Question 1e [2]		
Valid comparison of FEV <sub>1</sub> (1)	In obstructive, $FEV_1$ decreases more than FVC whereas in restrictive, both $FEV_1$ and FVC are reduced (in proportion) (1)	Describe how the forced expiratory volume (FEV1.0), forced vital capacity (FVC) and forced expiratory ratio (FER) measurements can be used to distinguish obstructive
Valid comparison of	(Therefore) in obstructive, ratio decreases whereas in restrictive.	

ratio does not reduce (1)

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FEV<sub>1</sub> : FVC ratio (1)

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and restrictive lung

disease.

Question 1f		[3]
Correct identification of X (1)	X = vital capacity (1)	Describe and measure
Correct identification of Y (1)	Y = expiratory reserve volume (1)	Forced expiratory volume (FEV1.0), forced vital capacity (FVC), forced expiratory ratio (FER) and peak flow
Correct identification of Z (1)	Z = residual lung volume (1)	

### **Question 1g**

[1]

[2]

	E.g.		Describe how the forced expiratory volume
Correct graph (1)	FVC FEV, (i) FEV, FEV, FEV, Time (s)	(1)	(FEV1.0), forced vital capacity (FVC) and forced expiratory ratio (FER) measurements can be used to distinguish obstructive and restrictive lung disease

#### Question 1h

One valid symptom (1)	Haemoptysis (1) Loss of appetite (1)	Apply the principles of clinical reasoning in formulating a differential
Another valid symptom (1)	Fatigue (1) <i>Ignore: cough, SOB, pain</i>	diagnosis between the different presentations of respiratory disease

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Question	2a
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[4]

One valid explanatory point (1)	Primary prevention of disease (1) Mass / large scale campaigns (1) Multi-sectoral e.g. includes public information, primary care, secondary care, education etc (1) Responsive to public needs (1)	
Another valid explanatory point (1)	Accessible and inclusive to reach most affected communities (1) Underpinned by evidence-based research (1) Accept: any valid explanatory points	Describe evidence- based approaches to health promotion and disease prevention
One valid example (1)	Smoking bans (1) Alcohol restrictions / bans (1) Contraception services (1)	
Another valid example (1)	Mask wearing for Covid-19 (1) Immunisations (1) <i>Accept: any valid examples</i>	

#### **Question 2b**

[2]

Valid reason (1)	Sociological factors (1) Communication (1) Paternalism / doctor-patient relationships (1) Ethics / morality (1) Evaluation issues (1)	Describe the effectiveness of health promotion in changing lifestyle behaviours, e.g. smoking cessation, sexual health, alcohol consumption and physical activity
Valid explanation linked to reason (1)	E.g. an intervention perceived as paternalistic may alienate the public and not impact public health-seeking behaviour as intended (1)	

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-		[ ]
	Signs of hypoxia e.g. central cyanosis (1)	
One valid sign (1)	Positive CO2 retention flap (1)	
	Tripod position (1)	
	Increased / decreased vocal resonance (1)	
	Altered resonance on percussion (or an example e.g. stony dullness) (1)	List the cardinal
Another valid sign (1)	Breath sounds: wheeze / crackles (1)	symptoms relating to respiratory disease
	Finger clubbing (1)	
	Fever (1)	
One valid symptom (1)	Dyspnoea (1)	
	Chest pain (1)	
Another valid symptom	Fatigue (1)	
(1)	Loss of appetite (1)	

#### Question 3b

Question 3a

E.g. when is the SOB at its worst? (1) E.g. what has your highest recorded temperature been (1) E.g. what colour is the mucus? (1) List the cardinal One valid additional E.g. have you experienced any symptoms relating to question (1) wheezing? (1) respiratory disease Accept any valid question as long as relates to HPC, e.g. another cardinal respiratory / infectious disease / cardiac symptom; red flags; questions to characterise symptoms.

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[4]

[1]

#### **Question 3c**

[3]

One valid differential diagnosis (1)	LRTI / Pneumonia / (chest) sepsis (1) Infective exacerbation of COPD	Apply the principles of
Another valid differential diagnosis (1)	(accept COPD) (1) Infective exacerbation of asthma (accept asthma) (1) Lung cancer (1)	clinical reasoning in formulating a differential diagnosis between the different presentations of
Another valid differential diagnosis (1)	Pulmonary oedema (secondary to cardiac disease) (1) Accept in any order	respiratory disease

#### **Question 3c**

[1]

[1]

[3]

#### **Question 4a**

Correctly identified (1)	Health education (1) Primary prevention (1)	Describe health promotion interventions including policy measures, education, technologies and resources
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#### **Question 4b**

A valid point (1)	Cheaper per QALY than many other interventions e.g. surgery (1), therefore improves patients' health in a cost effective way (1) and reduces the need for future interventions (1).	Describe the
A valid point / development (1)	Health promotion allows patients to take charge of their own health (1), promoting self-care and improving concordance with treatment regimes (1)	effectiveness of health promotion in changing lifestyle behaviours, e.g. smoking cessation, sexual health, alcohol consumption and
A valid point / development (1)	Targets the root cause of many conditions (1), so forms part of primordial/primary disease prevention (1).	physical activity

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Identification of error (1)	FEV1 cannot be higher than FVC (1)	Describe and measure
Justification (1)	Because FVC should be the total volume of the lung whereas FEV1 is part of the overall volume (1)	and capacities using a spirometer

#### **Question 4d**

**Question 4c** 

[3]

[2]

Calculates FE	R (1)	0.89 / 0.99 = 89.9% (1)	Describe and measure
Compares to value of 0.7 (	reference I)	89.9% > 70% (1)	(FEV1.0), forced vital capacity (FVC), forced expiratory ratio (FER) and peak flow
Correct concl	usion (1)	Restrictive lung disease (1)	

#### **Question 5a**

[2]

[2]

One cause / risk factor (1)	Asbestos (1)	
	Radon (1)	
	Air pollution (1)	Describe the causes and clinical pathological
	Urban living (1)	
Another cause / risk factor (1)	Genetic pre-disposition (1)	features of lung
	Male gender (1)	carcinoma
	Older age (1)	
	Accept: any valid examples	

#### **Question 5b**

Cause (1)	Oesophageal compression / tumour presses on mediastinum (1)	Describe the causes and clinical pathological features of lung carcinoma
Effect (1)	Swallowed food is regurgitated / etc (1)	

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#### Question 5c

[3]

Effect identified (1)	Pleural cavity filled with blood (1)	Explain how pneumothorax and haemothorax affect ventilation
Explanation (1)	Intrapleural negative pressure lost / intrapleural pressure is positive (1)	
Development of explanation (1)	So lungs cannot be expanded / lung collapse / chest wall recoil has no effect on lungs / surface tension lost (1)	

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