

MRCP(UK) PACES**Station 4: COMMUNICATION SKILLS AND ETHICS**

Your role:	You are the doctor in the clinic.
Problem	Discussing the prognosis and management of multiple sclerosis.
Patient:	Miss Mary White, a 27-year-old woman.

Please read the scenario printed below. When the bell sounds, enter the room. You have 14 minutes for your consultation with the patient, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Where relevant, assume that you have the patient's consent to discuss their condition with the relative/surrogate.

Scenario

The patient has just been diagnosed with multiple sclerosis and has been asked to return for review this morning.

She has had symptoms for the past year and after several months her Family Doctor finally referred her for a specialist neurology opinion. Following an MRI scan and lumbar puncture she has been told of the diagnosis of multiple sclerosis, and asked to come back to receive further information and to have any questions answered.

She is engaged and planning to get married in a few months. She works as a physiotherapist and has seen patients with the same illness. She is quite anxious and upset at the prospect of her quality of life rapidly deteriorating.

Your task is to discuss the prognosis and management options with the patient, and to answer any questions she may have.

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

Any notes you make must be handed to the examiners at the end of the station

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Your role: You are the patient, Miss Mary White, a 27-year-old woman.
Problem: Discussing the prognosis and management of multiple sclerosis.

Scenario:

You work as a physiotherapist; you are engaged and are planning to get married in a few months. A year ago, your left eye became painful and you were told by the ophthalmologist that the eye nerve was inflamed. This resolved after a few weeks. You have noticed that you become easily fatigued at work and your body has felt stiff on many occasions. Your legs also feel rigid at times. You have had frequent episodes of numbness in your hands and feet. You have also noticed that you have to hurry to the toilet whenever you feel the desire to urinate.

After 6 months your Family Doctor referred you to a neurologist who arranged an MRI scan and took a sample of spinal fluid. The results confirmed the diagnosis of multiple sclerosis. From your work experience you have seen patients with this illness, some of them in the rehabilitation ward. You have seen how some of them have become extremely incapacitated by the disease.

Attitude and emotional responses

When you found out that you had MS you were shocked. You are extremely upset and anxious. You are worried that you will end up like the patients you see in your job. You feel you may not be able to proceed with your planned marriage and if you do get married and have children, they will inherit the disease.

Make sure you ask the following questions:

- What treatment is available?
- Will I become wheelchair bound one day and need help with bladder and bowel control?

Other questions you might ask include:

- Could I have been diagnosed and treated at an earlier stage with a better long-term outcome?
- What other symptoms can I expect to experience in the future?
- Should my Family Doctor have referred me sooner?
- If I have children, how likely are they to inherit the condition?
- Can anything be done to stop me getting worse?

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DATE	CYCLE

Station 4: COMMUNICATION SKILLS AND ETHICS

Examiners should advise candidates when there are 2 minutes remaining (i.e. after 12 minutes). If the candidate appears to have finished early remind them how long is left at the station and enquire if there is anything else they would like to ask, or whether they have finished. If they have finished, please remain silent and allow the candidate that time for reflection. The surrogate should remain until the end of the 14-minute period.

A good candidate would be expected to have agreed a summary plan of action with the subject before closure. Nonetheless, in discussion, the examiners will usually ask the candidate (after one minute's reflection) to summarise the problems raised in the foregoing exchange.

The candidate should be asked to identify the ethical and/or legal issues raised in this case and how they would address them. The framework for discussion should include consideration of these four underlying principles:

- Respect for the patient's autonomy
- Duty to do good
- Duty to do no harm
- Legal aspects (a detailed knowledge of medical law is **not** required)

Candidates are **not** expected to have a detailed knowledge of medical jurisprudence. For overseas candidates in the UK, detailed knowledge of UK law is not required, although candidates should be aware of general legal and ethical principles that may affect the case in question.

The candidate should recognise his/her limit in dealing with a problem and know when, and from where, to seek further advice and support.

Examiners should refer to the marking guidelines in the four skill domains on the mark sheet.

The box on the following page indicates areas of potential interest in this case. Both examiners should consider these, and any other areas they feel appropriate, and agree the issues that a candidate should address to achieve a Satisfactory award for each skill. These should be recorded on the calibration sheet provided.

Examiners should also agree the criteria for an Unsatisfactory award for each skill.

Continued on next page...

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE EXAMINERS

Scenario N° 154

Problem: Discussing the prognosis and management of multiple sclerosis.
Candidate's role: The doctor in the clinic.
Surrogate's role: The patient, Miss Mary White, a 27-year-old woman.

During the interview please use the following question to explore aspects of communication and ethical interest:

→ What factors did you take into consideration when answering the question about prognosis?

The candidate should:

- Show understanding of the patient's fears given her experience with other patients with the disease
- Accept the fact that there was a delay in diagnosis, as the disease is usually slow in progressing and that an earlier intervention may have been useful
- Explain the plan of management of her acute relapses and emphasise the importance of reporting whenever she has a relapse
- Explain the value of specialist input
- Suggest other avenues of support such as the specialist nurse and MS society

Points of ethical interest:

- Truth telling and sensitivity
- Maintaining professionalism towards colleagues