

****WITHDRAWN FROM BANK****

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 Heba Kamel, a 27-year-old woman.

Please read the scenario below. When the bell sounds, enter the examination room to begin the consultation. *Please remember to take this instruction sheet into the examination room with you.*

Scenario:

The patient was recently found to have multiple sclerosis and is scheduled for her routine review appointment this morning. She has had symptoms for the past year and after several months her GP finally referred her for a specialist opinion.

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. The consultant neurologist is away on leave at present.

Your task is to discuss the prognosis and management options with the patient.

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You have 14 minutes to communicate with the surrogate followed by 1 minute for reflection before 5 minutes of discussion with the examiners.

Your examiners will warn you when 12 minutes have elapsed.

Do not take the history again except for details that will help in your discussion. You may make notes if you wish on the paper provided, but do not make any marks on these instructions.

Any notes you make must be handed to the examiners at the end of the station. You are not required to examine the patient/relative.

NOT TO BE USED IN THE EXAM

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Station 4: COMMUNICATION SKILLS AND ETHICS

Your role: You are the patient, Miss Heba Kamel, 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 very 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 GP referred you to a neurologist who arranged an MR 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.

Questions you might ask include:

- what other symptoms can I expect to experience in the future?
- how bad will things get?
- will I become wheelchair bound one day and need help with bladder and bowel control?
- what treatment should I now receive?
- should my GP have referred me sooner?
- could I have been diagnosed and treated at an earlier stage with a better long-term outcome?
- will my eyes, sensation and bladder control continue to deteriorate?
- what can be done to prevent this?
- if I have children, how likely are they to inherit the condition?

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DATE	CYCLE

Station 4: COMMUNICATION SKILLS AND ETHICS

Examiners should advise candidates when there are 2 minutes remaining (ie 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 and 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 and not to do harm
- Duty to act justly
- 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.

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

The examiner should refer to the marking guidelines in three domains on the marksheet and to the anchor statements. The examiners are invited to explore the communication skills of the candidate with reference to the specific issues raised by the scenario below. Both examiners should consider these, and any others they feel appropriate, and agree the issues that a candidate should address to achieve a Pass and a Clear Pass. The examiners should also agree the criteria for Fail and Clear Fail.

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

Point(s) of ethical interest:

- truth telling