

****WITHDRAWN FROM BANK****

MRCP(UK) PACES

Station 4: COMMUNICATION SKILLS AND ETHICS

Your role: You are the doctor on the ward.

Problem: Dealing with an angry pregnant patient with a pulmonary embolism.

Patient: Mrs Nurul Abdullah, a 25-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 you are about to meet is 20 weeks pregnant and was admitted yesterday with a history suggestive of a pulmonary embolus. She is primigravid and described a 1-day history of sudden onset of shortness of breath. Examination was unremarkable except for a mildly increased respiratory rate and reduced oxygen saturation at 85%. She was started on subcutaneous low molecular weight heparin while investigation was arranged.

A doppler ultrasound scan of her leg veins did not show any deep vein thrombosis but was difficult technically. A chest X-ray (with shielding of the uterus) was normal. A V/Q scan was carried out (using a reduced dose of macroaggregated albumin for the perfusion part of the scan) and it showed a moderate to high probability of a pulmonary embolus.

Earlier, you were asked by your consultant to discuss anticoagulation therapy with the patient. Before you could do this, you received a call from the nurses to say that the patient is very angry and wants to see a doctor immediately.

Your task is to speak to the patient and find out what is troubling her. You should also explain the way in which anticoagulation therapy can help a pulmonary embolism and respond to her questions.

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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, Mrs Nurul Abdullah, a 25-year-old woman.

Problem: Dealing with an angry pregnant patient with a pulmonary embolism.

Scenario:

You are 20 weeks pregnant with your first child and very much looking forward to the birth. However, you were admitted to hospital yesterday following an episode of sudden and severe breathlessness. Several tests were carried out. Something called a 'doppler ultrasound scan' was done of your legs. You were told that this scan was done to look for clots but none were seen. A chest X-ray was normal but a V/Q scan of your lungs diagnosed a clot in one of your lungs.

During a conversation with the patient in the bed next to you, however, you were told that that having an X ray could be harmful to your baby. You also note that a radioisotope sticker has been put above your bed. You requested to see the doctor immediately to discuss this.

Attitude and emotional responses

You are very angry that the risks of the tests that were carried out have not been explained to you. You do not understand what a clot in the lung means and whether this could harm your baby. The doctor will talk to you about a form of therapy for your breathlessness, but you are not keen on taking any medication and feel quite scared about the potential side effects of being treated in any way. If the doctor is sympathetic to your anxiety and explains everything in a clear way, you will be convinced that it is in your best interests to follow the medical advice.

Questions you might ask include:

- are there any risks to me or my baby from the leg scan, the chest X-ray or the V/Q scan?
- did the V/Q scan involve radioactivity, as there was a sticker above my bed afterwards?
- why were the risks not discussed with me before the tests were done to give me a choice about whether to agree to them or not?
- should my baby or I be monitored now to look for evidence of damage?
- are the heparin injections or the proposed anticoagulant tablet treatments harmful to me or my baby?
- are any precautions required?

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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.

****WITHDRAWN FROM BANK****

Problem: Dealing with an angry pregnant patient with pulmonary embolism.

Candidate's role: The doctor on the ward.

Surrogate's role: The patient, Mrs Nurul Abdullah, a 25-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:

- calm the patient
- deal appropriately with her anxiety and anger
- explain that although there is a risk of teratogenicity, this is low past the first trimester and in this case, the importance of having the tests far outweighs the risks
- explain that the risks were minimised by shielding the womb for X-ray and minimising the radioisotope dose for V/Q scan
- explain the diagnosis in a clear manner avoiding medical terms if possible
- clarify that the diagnosis of pulmonary embolism is potentially life threatening without prompt diagnosis and treatment
- agree a management plan, either low molecular weight heparin or warfarin (until just before delivery)
- carefully explain the side effects of treatment and how the patient's therapy will be monitored

Point(s) of ethical interest:

- truth telling
- non-maleficence