

PACES Station 4: COMMUNICATION SKILLS & ETHICS

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| Your role: | You are the doctor in the general medical outpatient clinic |
| Problem: | Management of risk factors for heart disease |
| Patient: | Mr Jim Davies, a 39-year-old man |

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

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

Scenario:

This patient has recently been found to have gastrooesophageal reflux disease following investigations for central chest pain. He presented acutely last week and initial investigations included a normal exercise tolerance test and normal blood pressure of 126/74 mmHg. He has come to the clinic to have fasting lipids checked and to be assessed for cardiac risk factors.

Your task is to explain the results to the patient, address modifiable risk factors and address concerns he 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: Mr Jim Davies, a 39-year-old man
Problem: Anxiety regarding risk of developing heart disease
Patient:

Scenario:

Following some central chest pain you were admitted to hospital last week. You were reassured that the pain was not cardiac and that you have gastrooesophageal reflux disease. The treatment seems to be working because you have not had any further symptoms. The chest pain has been a 'wake-up call', as you realise that you do not look after your health; also, your father died of a heart attack in his early forties. You are keen to learn about what you can do to help improve your health and minimise your risk of cardiac disease.

The chest pain you had was in the centre of your chest and it did not spread anywhere else. It often occurred following a night out when you had eaten and drunk quite a lot. You have not had any pain on exercise. The pills you have now started taking have improved your symptoms.

When you did an exercise test after your chest pain, you were told that there were no changes on your ECG. You were asked to come to the clinic today for some additional blood tests and you were told to fast from last night.

You have gained 12 kg (about 2 stones) in the past 2 years and feel unfit. You take little exercise and drive even short distances rather than walking. You eat a lot of "junk food" and rarely eat fruit and vegetables.

You occasionally feel thirsty and get up to pass urine a few times every night. You have no other problems with passing urine. You wonder if you might have diabetes mellitus.

Attitude and emotional responses

You feel guilty and ashamed when you tell the doctors how, due to recent changes in your job, including redundancy and now a new job, you have had a busy, stressful life with little time for yourself. As a result you eat too much, smoke 20 cigarettes each day and get little exercise.

You become a little defensive when you described how you now drive 2 miles (3.2 km) from home to get to work in a sedentary, office job. Despite the recent changes in your work you are now starting to feel more settled and less stressed, although the hours are still long, from 08.00–18.00 h.

You are anxious when you describe how your father died of a heart attack when he was 41, and his brother needed a triple coronary bypass when he was 39. Your paternal aunt has type 2 diabetes

Scenario No: Sample 24

mellitus, taking tablets for this, and high cholesterol, but she has done well with weight loss and diet.

Make sure you ask the following question:

- What can I do to improve my health and prevent cardiac disease?

Other questions you might like to ask include:

- How can I be a good example to my sons?
- Could I have a hereditary heart condition that might have affected my father and uncle?
- Do I have diabetes like my aunt?
- What are you testing for in my blood test today?

NOT TO BE USED IN THE EXAM

PACES Station 4: COMMUNICATION SKILLS & ETHICS

| DATE | CYCLE |
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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 salient ethical and/or legal content in this case and the approaches they would take. Areas for discussion should include consideration of four underlying ethical principles:

- Respect for the patient's autonomy
- Fairness (justice)
- Acting in the patient's best interests (beneficence)
- Weighing benefit to the patient versus risk of harm (non-maleficence)

Candidates are not expected to have a detailed knowledge of medical law in the UK, but should be aware of general legal and ethical frameworks pertinent to 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 marksheet.

Examiners are reminded that, during the calibration process, the surrogate should be rehearsed and specific aspects of the scenario that require clarification or emphasis should be discussed. The boxes on the next page indicate areas of potential interest in this case which both examiners should consider, along with any other areas they feel appropriate. Examiners must agree the issues that a candidate should address to achieve a Satisfactory award for each skill and record these on the calibration sheet provided. Examiners should also agree the criteria for an Unsatisfactory award at each skill.

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| Problem: | Anxiety regarding risk of developing heart disease |
| Candidate's role: | The doctor in the general medical outpatient clinic |
| Surrogate's role: | The patient, Mr Jim Davies, a 39-year-old man |

Examiners are reminded the areas below indicate areas of potential interest, but are not intended as absolute determiners of Satisfactory performance. It is for the examiners to agree and record the specific criteria they will assess the candidate on during the calibration process.

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

- What ways can you optimize the likelihood of this patient maintaining any lifestyle changes he wishes to make? (Candidate should consider patient-centred goal setting and ensure they listen to the patient to offer personalised advice and not merely generic lifestyle advice)

Clinical Communication Skills (Clinical Skill C)

- Determines modifiable cardiovascular risk factors: smoking, sedentary lifestyle, diet, possible diabetes mellitus and hypercholesterolaemia
- Suggests a plan of investigations for possible diabetes and high cholesterol

Managing Patients' Concerns (Clinical Skill F)

- Reassures patient that there are many positive changes he can make to his lifestyle
- Reassures patient that he will be tested for both diabetes and high cholesterol
- Reassures patient that diabetes and high cholesterol can be treated

Clinical Judgement (Clinical Skill E) (also points of ethical interest)

- Advises patient appropriately on lifestyle changes
- Addresses lifestyle factors such as increased exercise, weight loss, decreased alcohol consumption, smoking cessation
- Offers support from other healthcare professionals, e.g. smoking cessation advisor, dietitian

Maintaining Patient Welfare (Clinical Skill G)

See marksheet