

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role: You are the doctor on the ward
Problem: Discussing the possibility of iatrogenic illness with a patient
Patient: Mr George Baker, a 28-year-old banker

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:

The patient was admitted to your ward yesterday, having collapsed at home, 12 hours after discharge from hospital. He was found to have a temperature of 39.0°C and was hypotensive when he presented to the emergency department. A recent intercostal drain site appeared very inflamed. He was treated with intravenous fluids and antibiotics. Subsequently, he has remained febrile and an urgent CT scan of chest has shown a right pleural collection. Blood cultures taken before the antibiotics were given have grown no organism.

A week ago, the patient was admitted under a different team with a right-sided spontaneous tension pneumothorax. He was compromised and required immediate chest drainage. This was inserted in a hurry in the emergency department. The drain continued to bubble so after 2 days he was put on suction. The pneumothorax then resolved and he was well when he went home.

Your task is to explain to the patient that the reason for his re-admission is an infected drain site and that he probably also has a right-sided empyema. You should discuss the possibility that this might be related to the treatment for his pneumothorax. You should outline your proposal to investigate and manage his right pleural collection.

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, Mr George Baker, a 28-year-old banker

Problem: Discussing the possibility of iatrogenic illness with a patient

Scenario:

You were well until a week ago when you felt a sudden pain in the right side of your chest and became breathless. The pain got so bad you became immobile. Your partner called an ambulance which brought you to the emergency department of this hospital.

After initial investigations, you were told that you had a completely collapsed right lung ('tension pneumothorax'). A chest drain tube was rapidly inserted in between your ribs into the right side of your chest using local anaesthetic. The procedure seemed to be quite difficult with lots of vigorous pushing and pulling. This caused severe discomfort but once it was in, it made you feel better. The tube was attached to a big bottle containing some liquid which bubbled when you breathed or coughed. After 2 days, bubbles were still appearing in the bottle so the doctors repeated your chest X-ray. Following this, the drain was attached to suction on the wall. This was not nearly so painful and fortunately after a further 1 day the bubbling ceased. A chest X-ray showed that your lung had remained expanded so the tube was removed. The next day, following a further X-ray, you were sent home.

You were told that if you had a further pneumothorax (which might happen), a procedure called a pleurodesis (stopping the lung collapse by sticking it to the inner side of the ribs using a substance which acts as a glue) should be discussed. You were relieved to be home and even thought of going back to work the next day.

However, over the course of the next 12 hours, you felt extremely unwell and started to experience uncontrollable shivering. Your partner called an ambulance and you returned to hospital. You remember the doctors in the emergency department mentioning 'infection' and they gave you intravenous fluids and antibiotics, which made you feel better. You have had a more detailed type of X-ray (CT scan). You are now able to walk around and would like to go home to recover, although you still have a fever. You have requested an interview with the doctor on the ward to find out what happened and whether you can go home.

Attitude and emotional responses

You were surprised that you had a pneumothorax and hated having a chest drain, which, although you were reassured is a routine, relatively painless procedure, proved to be very painful. If a chest drain is mentioned, you are determined never to have another one. However, if the doctor clearly explains the reasons why a further chest drain might be necessary, then you will relent and ask for more adequate analgesia. You will ask why you became so unwell after you were first discharged from hospital. When it is explained that this might be due to the previous chest drain, you become angry and ask who was to blame. An adequate, sympathetic response will calm you and an apology will be accepted.

When you are informed that further investigation of the fever and fluid collection in your chest will involve needles and a drain, insist on a clear, jargon-free explanation of why it might be necessary. What you will allow to happen will depend on the quality of the explanation and assurance of adequate pain relief.

Make sure you ask the following question:

- Was I sent home too early?

Other questions you might like to ask include:

- Why did I get an infection?
- Could this infection have been prevented?
- Do I need to stay in hospital and risk getting another infection?

NOT TO BE USED IN THE EXAM

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DATE	CYCLE

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 1 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 sections 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.

- Problem:** Discussing the possibility of iatrogenic illness with a patient
Candidate's role: The doctor on the ward
Surrogate's role: The patient, Mr George Baker, a 28-year-old man

Examiners are reminded that the sections 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:

- Were the doctors in the emergency department at fault?

Clinical Communication Skills (Clinical Skill C)

- Discusses the management of tension pneumothorax without concealing that the chest drain might be the cause of the current infection
- Discusses why complications might occur as a result of the use of chest drains
- Explains that further investigation of the pleural collection involves aspiration and potentially formal drainage with a tube
- Avoids the use of jargon or technical language

Managing Patients' Concerns (Clinical Skill F)

- Deals sensitively with the patient's concerns
- Maintains a calm focused approach in the face of anger or accusation of bad practice

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

- Negotiates future management including discussion around the option of doing nothing more, emphasising the dangers of not treating an empyema promptly
- Notes that the patient's empyema is a recognised complication of the original drain, and it is usually discussed as part of the consent process, and this need not necessarily indicate negligence

Maintaining Patient Welfare (Clinical Skill G)

See marksheet.