

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on call
- Problem:** Investigation of deep venous thrombosis and possible pulmonary embolism in a female patient who is 18 weeks pregnant
- Patient:** Mrs June White, a 32-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/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:**

You have been called to the emergency department to see the patient who is 18 weeks pregnant with her second child. Two weeks ago, she had a long uninterrupted car journey as a passenger. Two days ago, and again today, she had episodes of sudden transient breathlessness. Her oxygen saturation is 91% (normal range: 94–98) breathing air, but all other clinical parameters, examination and chest X-ray are normal.

The patient is concerned about the possibility of clots in her lungs, having read something about this in a pregnancy magazine. This may well be the correct diagnosis. Current guidelines suggest that if the clinical probability is high (as in this case), bilateral Doppler ultrasound scan of the lower limbs would be the initial investigation. If negative, gated ventilation/perfusion isotope lung scan (which carries a small risk for the fetus) or a CT pulmonary angiogram (which carries a small risk of breast cancer for the mother) can be used.

Her only current medication is a folic acid supplement.

**Your task** is to explain what can be done to establish the diagnosis at this stage of her pregnancy and what treatment would be appropriate.

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, Mrs June White, a 32-year-old woman  
**Problem:** Investigation of deep venous thrombosis and possible pulmonary embolism in a female patient who is 18 weeks pregnant

## Scenario:

You are 18 weeks pregnant with your second child and so far the pregnancy has gone without problems.

You attended the emergency department of your local hospital today. You were out shopping and suddenly became breathless for no apparent reason. The breathlessness lasted for about 40 minutes and has now settled. The same thing happened 2 days ago when you were sitting reading with your son. On that occasion, it passed after about 20 minutes and you had jobs to do so you did not take it any further. You have had no chest pain and have not coughed up any blood or other spit. Your legs feel a bit heavy at the end of the day but have not been swollen. You are otherwise healthy.

Two weeks ago, you travelled back home by car after visiting relatives. You were in the passenger seat and the journey lasted over 6 hours because of heavy traffic causing delays. You fell asleep in the car and, as a result, remained sitting for the entire journey.

You live with your husband, who works as a mechanic. Your son was born 2 years ago after a normal pregnancy and you look after him at home. You work part-time as a secretary. Previously you have been very well and have never had an operation or any problems with your legs before. This second episode of breathlessness has frightened you as you recently read in a magazine how clots in the lungs can occur during pregnancy and they can be dangerous.

Your only current medication is a folic acid tablet each morning.

## Attitude and emotional responses

You are a level-headed person but are concerned by the prospect of something serious and by the possibility that you might need treatment which could affect your unborn child. You take your health seriously and do not smoke or drink. You have also been taking vitamin supplements, even since before the conception of this baby. You are reluctant to undergo any investigations or treatment that might harm your baby. Be calm, inquisitive and think about the answers given before deciding what you will do. If the doctor is empathetic and reassuring, agree to the proposed course of action. If not, continue to probe with increasing determination until you are satisfied or decide to demand another opinion. Do not tolerate jargon.

## Make sure you ask the following question:

- Could the tests or the treatment be dangerous for my baby?

Other questions you might like to ask include:

- What is the best way to tell whether I have these 'blood clots'?
- If there are clots in my lungs, what is the safest form of treatment for me and my baby?
- My son needs me, so can I go home now and have the tests later?

**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:** Investigation of deep venous thrombosis and possible pulmonary embolism in a female patient who is 18 weeks pregnant
- Candidate's role:** The doctor on call
- Surrogate's role:** The patient, Mrs June White, a 32-year-old woman

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:**

- What factors did you take into account when answering her question on potential harm to her unborn child?

**Clinical Communication Skills (Clinical Skill C)**

- Explains how the possibility of pulmonary embolism in a woman who is 18 weeks pregnant might be investigated
- Describes available treatment options and their adverse effects (notably, warfarin and teratogenicity, low-molecular-weight heparin and peripartum bleeding etc.)

**Managing Patients' Concerns (Clinical Skill F)**

- Listens empathetically to the concerns of the patient and negotiates a management plan based on perceived risks to herself and her unborn child

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

- Weighs up the balance of risk versus benefit
- Tells the truth
- Acknowledges his/her own uncertainty regarding relative risks of the imaging techniques

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet.