

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role: You are the doctor in the outpatient clinic
Problem: Dealing with a recent transient ischaemic attack (TIA)
Patient: Mr Dave Kelvin, a 52-year-old accountant, who is married with two children

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 has type 2 diabetes mellitus and hypertension and was seen yesterday as an emergency with a transient ischaemic attack (TIA). He developed right-sided weakness and speech disturbance after work. The symptoms were improving on the way to hospital and had fully resolved by the time he was seen. His blood glucose was normal.

The patient's diabetes (which is diet controlled) and hypertension are managed by his family doctor. He smokes 5–10 cigarettes per day. His usual medication comprises an ACE inhibitor and a statin. Aspirin was started following the TIA. The patient has been referred to the medical clinic for further assessment.

On examination in clinic, his pulse was 76 beats per minute and regular, and his blood pressure was 138/76 mmHg. There were no cardiac murmurs or carotid bruits. Fundoscopy was normal. Urinalysis showed glucose 1+. His most recent haemoglobin A1c (HbA1c) was 48 mmol/mol (normal range: 20–42) [6.5%].

You have discussed the situation with your consultant who has advised further investigation by carotid Doppler scan and CT scan of head. Treatment with aspirin should continue. The patient should be advised to stop smoking.

Your task is to explain the plan to the patient, and answer any questions they 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:** You are the patient, Mr Dave Kelvin, a 52-year-old accountant, who is married with two children
- Problem:** Dealing with a recent transient ischaemic attack (TIA)

Scenario:

You are attending the outpatient clinic at your local hospital for the first time. Yesterday you were seen as an emergency because you had a transient episode of weakness affecting your right arm and also a temporary loss of speech. Your symptoms had resolved spontaneously by the time you were seen. You were told that you had had a 'transient ischaemic attack' (known as a TIA), which you understand is a temporary stroke which has recovered spontaneously. You were given aspirin to take and allowed home with an appointment for review in the outpatient clinic today.

You have been under the care of your family doctor for several years; you have type 2 diabetes mellitus, controlled by diet alone, and high blood pressure (hypertension), controlled by medication (called an ACE inhibitor); you also take a tablet (called a statin) to control your cholesterol. You work as a self-employed accountant and need to drive to visit your clients. Your work is stressful and you are trying to stop smoking. You do not exercise regularly.

In the emergency department, you overheard a nurse and doctor talking, and their conversation implied that you were lucky not to have suffered a permanent disabling stroke. You are now very anxious about the possibility that you will be permanently disabled with paralysis and inability to speak.

You expect the doctor to tell you what has happened and to explain what further investigations are needed. At present, you do not know whether you will need further blood tests, scans or X-rays, nor do you know if treatment will be with tablets or if some surgical operation will be needed.

Attitude and emotional responses

You always like to know what is going on and why, and you are presently consumed by fear of a stroke and permanent disablement. You will have no income if you cannot work and you still have significant financial commitments concerning your family (your wife is disabled and you have two children at university). You will be upset if you are told that you cannot drive since this will stop you from working. You will become irritated if the doctor uses jargon and tries to keep you in the dark about important issues. However, you will respond favourably if their communication is good.

Make sure you ask the following question:

- Is there any possibility I could suffer a disabling stroke which is permanent?

Other questions you might like to ask include:

- Why has this happened to me at such a young age?

Scenario No: Sample 1

- Is it possible I might need an operation and, if so, what are the risks?
- Do I need better tablets than my doctor has given me so far?
- What is the evidence that stopping smoking will help?
- There is no reason why I cannot drive, is there?

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 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
- Duty to do no harm
- 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.

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.

Problem:	Dealing with a recent transient ischaemic attack (TIA)
Candidate's role:	The doctor in the outpatient clinic
Surrogate's role:	The patient, Mr Dave Kelvin, a 52-year-old accountant, who is married with two children

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 are the key issues in discussing the risks of further serious stroke in this anxious young patient who has had his first TIA?

Clinical Communication Skills (Clinical Skill C)

- Explains the mechanism of the TIA
- Explains what investigations are required to evaluate the situation and determine future treatment recommendations
- Provides appropriate information about the risk of further stroke
- Deals with the patient's anxiety in a sympathetic manner

Managing Patients' Concerns (Clinical Skill F)

- Gives an account of the medical and surgical interventions which might reduce the risk of further cerebrovascular events
- Emphasises the importance of stopping smoking

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

- Communicates clearly and sympathetically with an anxious patient in an area of uncertainty
- Considers the role of the doctor in influencing lifestyle, and the individual's responsibility within the healthcare arena
- Shows respect for the patient's autonomy

Maintaining Patient Welfare (Clinical Skill G)

See marksheet