

PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on the ward
Problem: A relative requesting information that the patient has instructed must not be divulged
Patient: Mr James Foot, an 18-year-old van driver
Relative: Mrs Trudy Foot, the patient's mother

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, who was previously healthy, was admitted as an emergency having had three grand mal seizures in the space of about half an hour while in a nightclub. He was paralysed, intubated and ventilated. A CT scan of head was normal. The day after admission, sedation was withdrawn in the intensive care unit and he woke up. There were no neurological sequelae of his fits and on taking the history, it emerged that the patient had taken two 'ecstasy' tablets during the evening. There was no past history of epilepsy and it seems likely that his fits were caused by taking 'ecstasy'. He has been transferred from the intensive care unit to the medical ward.

The patient's mother has asked to see you and the nurses have told you that she is keen to find out why he had the seizures and what further investigations will be necessary. You have discussed this with the patient and he is adamant he does not want his mother to know he has taken recreational drugs. He has no objection to you revealing other details about his medical condition, the nature of seizures and the results of his investigations. The patient says he does not usually take drugs and it was only because he was celebrating a friend's birthday. He is determined never to take any recreational drugs in the future.

Note: The UK Driver and Vehicle Licensing Agency (DVLA) regulations state that a series of fits in 24 hours constitutes one episode. When associated with drug misuse, this will result in a minimum 6-month period of loss of licence for class 1 vehicles (cars, light vans, motorcycles etc.). Patients must inform the DVLA. This guidance may be updated at some point in the future.

Your task is to explain the patient's illness to his mother and answer her questions within the remit given to you by the patient.

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 Mrs Trudy Foot, the patient's mother
- Problem:** A relative requesting information that the patient has instructed must not be divulged
- Patient:** Mr James Foot, an 18-year-old van driver

Scenario:

You were called late last night after your son had been out celebrating a friend's birthday. He had had three epileptic fits in a nightclub and was admitted to hospital where he was transferred to intensive care. He has now recovered and has been transferred to the medical ward. You want to know why your son has had the fits and what further investigations will be done to establish the exact cause. You also want to know what treatment he might need and what the implications for his lifestyle may be. You are concerned there may be problems with his job as he works as a van driver.

Your son has always been fit and well with no significant past history. However, you suspect he may have been drinking rather more alcohol than you would like him to over the past 6–12 months. He appears happy in his new job as a van driver delivering parcels. You have a daughter who is fit and well. You also had another son, but he died at the age of 6 weeks from a cause attributed to cot death.

Attitude and emotional responses

You think the doctors are holding back information about your son and, as his mother, you demand to be told the truth about everything concerning this illness. Even though he is 18, you still regard him as a child for whom you are responsible.

Make sure you ask the following question:

- Why did my son get ill?

Other questions you might like to ask include:

- Has my son recovered?
- How will he have to change his life as a result of this illness?
- Can I do anything to help him stay well?
- Is he likely to die like my other son?
- Could my daughter have a similar problem?

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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:	A relative requesting information that the patient has instructed must not be divulged
Candidate's role:	The doctor on the ward
Surrogate's role:	Mrs Trudy Foot, the patient's mother
Patient's role:	Mr James Foot, an 18-year-old van driver

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 ethical principles did you have to consider in constructing your answer to the mother's question about why her son became so ill?

Clinical Communication Skills (Clinical Skill C)

- Explains the nature of seizures and epilepsy appropriately
- Discusses any need for further investigation or otherwise
- Outlines the implications of this seizure for the patient's job

Managing Patients' Concerns (Clinical Skill F)

- Answers the relative's questions to the fullest extent possible while respecting the patient's wishes

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

- Respects the patient's wish not to disclose his use of recreational drugs

Maintaining Patient Welfare (Clinical Skill G)

See marksheet