

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role: You are the doctor in the genitourinary medicine clinic
Problem: Newly diagnosed HIV infection in a sexual partner
Patient: Mrs Mary Smith, a 30-year-old married 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:

The patient had unprotected sex on a casual basis 3 weeks ago, with a man who has now sent her a text message to say he has been found to be HIV positive. She is very worried and has come to the clinic to seek advice. In the interim, she has had unprotected sex on several occasions with her husband.

The nurse has seen the patient and ascertained she has been married for 9 years. She has no children though she did have a termination (hormonal) 8 years ago. She says what happened 3 weeks ago is her only sexual indiscretion since she met her husband 12 years ago. She takes the combined oral contraceptive pill. She appears to be very embarrassed about her infidelity.

Your task is to discuss the implications of the diagnosis of HIV in this sexual partner, what should be done now and how this might affect her future wellbeing.

You should emphasise the uncertainty of tests for HIV at this early stage and the requirement for tests at around 3 months after exposure.

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 Mary Smith, a 30-year-old married woman

Problem: Newly diagnosed HIV infection in a sexual partner

Scenario:

You have a good relationship with your husband in general. Three weeks ago, however, you had a silly argument over some holiday arrangements. You went out and got drunk and then had unprotected sex with a man you met in a nightclub. You feel awful about it and have not told your husband. You really do not want him to know about your infidelity. You have been thinking of starting a family and this could risk your relationship. The man with whom you had unprotected sex has now sent you a text message saying he has been found to be HIV positive. In the interim, you have had unprotected sex on several occasions with your husband.

You have visited the local genitourinary medicine clinic and have been seen by the nurse. You have told her some personal background information: you have been married for 9 years, have no children though you did terminate a pregnancy 8 years ago. This has been your only sexual indiscretion since you met your husband 12 years ago. You take the combined oral contraceptive pill.

You are about to meet the doctor to discuss your problem.

Attitude and emotional responses

You are very embarrassed about your infidelity. You are frightened and become extremely anxious when you hear that you could have been infected with HIV. You want an HIV test now to reassure yourself everything is clear, and cannot bear the thought of having to wait for another test to be sure you have not been infected. If the doctor provides convincing information in a sympathetic manner, you eventually agree to tell your husband and wait until the test result will be reliable.

Make sure you ask the following question:

- Do I really have to tell my husband about my infidelity?

Other questions you might like to ask include:

- Could I have caught something from this man?
- Can I have a test now so I can be given the all clear?
- What exactly is HIV and what are the symptoms of the condition?
- Will I get AIDS?
- How likely is it that I have now infected my husband, whom I love and care about?

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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:	Newly diagnosed HIV infection in a sexual partner
Candidate's role:	The doctor in the genitorurinary medicine clinic
Surrogate's role:	The patient, Mrs Mary Smith, a 30 year-old married woman

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:

- We listened to your answer to the question “do I really have to tell my husband about my infidelity?” Why did you answer in the way that you did?

Clinical Communication Skills (Clinical Skill C)

- Confirms the facts empathetically
- Explains seroconversion and how an HIV test will not be reliable for 3 months from date of risk
- Explains the likelihood of developing AIDS if a test proves positive and the therapeutic options
- Advises the patient against unprotected sex until the interval HIV test result is confirmed as negative

Managing Patients' Concerns (Clinical Skill F)

- Reassures patient that the risk to both herself and her husband is low
- Is realistic but remains empathetic

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

- Remains conscious of patient autonomy
- Is aware of need for telling the truth

Maintaining Patient Welfare (Clinical Skill G)

See marksheet