

PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on the ward
- Problem:** Discussing valid complaints from a patient with unresolved acute pyelonephritis who wishes to discharge herself
- Patient:** Ms Fadhila Kahar, a 23-year-old PhD student

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 2 days ago with severe left loin pain and tenderness, vomiting, fever, dysuria and urinary frequency. She has had several previous urinary tract infections. A diagnosis of acute pyelonephritis has been made. There was a significant growth of *Escherichia coli* from the midstream specimen of urine (MSSU) sensitive to the intravenous antibiotic already prescribed. The patient was also prescribed intravenous fluids and analgesia.

The nurses have asked you to see the patient because she is upset and is insisting on discharging herself from hospital. The ward sister tells you the patient still has a fever, and has not managed to eat or drink anything yet because of persistent nausea. She has needed intravenous fluids, and is taking regular analgesia for her loin pain. The ward sister does not feel the patient is well enough to go home. She is due to have an ultrasound scan of renal tract later today, which had to be rebooked from yesterday when the test was cancelled because the patient did not have a full bladder.

Your task is to respond appropriately to the patient's complaints, ensure they understand the nature of their illness and advise them of the risks of discharging themselves. You should attempt to dissuade them from this course of action but minimise the risks to them if they insist on leaving hospital.

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, Ms Fadhila Kahar, a 23-year-old PhD student

Problem: Discussing valid complaints from a patient with unresolved acute pyelonephritis who wishes to discharge herself

Scenario:

You are a PhD student at university studying epidemiology. You live with your partner, are a non-smoker and do not drink alcohol. You have been troubled by cystitis (an infection of the bladder) over recent months, which is a new problem. You have had no other significant health problems and were a healthy child.

Three days ago, during a bout of cystitis you began to feel feverish and sweaty and started to vomit. You then developed severe left loin pain and felt awful. Two days ago, your partner brought you to the emergency department. You did not want to go but felt too weak to argue. You feel a little better now although you were hot last night and still cannot face food or drink. You still have some pain although the painkillers help. You feel rather dizzy whenever you stand up. You are receiving antibiotics by injection.

You have never been in hospital before and you hate it. They put you in a large ward full of noisy, confused patients. You are also unhappy you could not have an ultrasound scan yesterday because you had just passed urine. Nobody told you that you had to have a full bladder and you felt the radiographer was blaming you. You are waiting for the scan today and are desperate to pass urine. Your bladder feels very uncomfortable. You feel tired and angry. You know the nurses are busy but you cannot bear it any longer. You are in no doubt you would be better at home. The scan can wait. You are prepared to force water down even though you feel sick, and think you could take antibiotics and painkillers by mouth. You are desperate to go home and have called your partner to collect you.

Attitude and emotional responses

You are upset by the problems on the ward and still feel unwell. Although angry about the situation, this is not directed at the staff or the doctor speaking to you. You are determined to go home, although you have not considered the implications and are not being rational. You might be persuaded to stay if the problems can be resolved and the doctor convinces you this would be in your best interests.

Make sure you ask the following question:

- Why can't I go home?

Other questions you might like to ask include:

- Why do I need the ultrasound scan?
- Will the infection be cured by the antibiotic?
- If I go home and get worse can I come back for more treatment?

- What can I do to avoid getting this again?
- If I agree to stay in hospital can I have a single room to be away from the confused patients?

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:** Discussing valid complaints from a patient with unresolved acute pyelonephritis who wishes to discharge herself
- Candidate's role:** The doctor on the ward
- Surrogate's role:** The patient, Ms Fadhila Kahar, a 23-year-old PhD student

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:

- Why did you answer the patient's request to discharge herself in the way you did?

Clinical Communication Skills (Clinical Skill C)

- Clarifies the patient's current symptoms and their understanding of the illness

Managing Patients' Concerns (Clinical Skill F)

- Allows the patient to describe their complaints fully, empathises with them and discusses how best to resolve the issues
- Apologises and considers compromises, e.g. asking the ultrasound department to do the scan straight away, and moving the patient to a different ward

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

- Aware of own limitations and offers to involve to a senior colleague in the discussions if this seems appropriate
- Acknowledges patient autonomy and the fact they may decide to discharge themselves against advice which has been properly considered and given
- Ensures the best possible care for the patient out of hospital should they remain adamant about self-discharge

Maintaining Patient Welfare (Clinical Skill G)

See marksheet