

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Delay in diagnosis of multiple myeloma
<b>Patient:</b>	Mr Fred Clemo, a 68-year-old man
<b>Relative:</b>	Mrs Jean Clemo, the patient's wife

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 recently been found to have multiple myeloma. He was admitted under your care, unwell with hypercalcaemia and renal failure. These acute features have now resolved. He has seen his family doctor on five occasions over the past year complaining of lower back pain radiating down the right leg, but, other than an X-ray of lumbar spine 10 months ago (which was reported as normal), he has had no other investigations.

A skeletal survey performed following admission has shown multiple lytic lesions throughout his axial skeleton. He is generally an uncomplaining, stoical person who previously worked in a heavy manual job. He had a history of a back injury at work in his late fifties but this recovered with conservative management.

The patient has given permission for you to talk to his wife, whom the ward sister has told you wants to know whether or not an earlier diagnosis would have made a difference to his treatment and overall prognosis. She is angry and wants to make a formal complaint about the perceived delay in diagnosis.

It is unlikely the perceived delay has affected his prognosis. Even with the clinical circumstances described, this would still be a treatable condition with chemotherapy and perhaps transplantation.

**Your task** is to discuss the diagnosis with the patient's wife and to answer her questions.

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 Jean Clemo, the patient's wife  
**Problem:** Delay in diagnosis of multiple myeloma  
**Patient:** Mr Fred Clemo, a 68-year-old man

## Scenario:

Your husband has been complaining of low back pain for the past year, which has become progressively worse. He was recently admitted to hospital after becoming progressively confused, though this has now resolved. A diagnosis of 'multiple myeloma' has been made and you have been told that this is a type of cancer. You are concerned the outlook may not be good. You know that your husband visited your family doctor about his back pain on five occasions, and an X-ray 10 months ago showed nothing abnormal.

Your husband and the family doctor attributed the symptoms to an old back injury which occurred when he worked in a factory 10 years previously. Your husband is normally an uncomplaining, stoical individual who does not like to make a fuss. He understands the diagnosis and is philosophical about the future. He does not want to complain.

## Attitude and emotional responses

You are angry and upset because you feel there has been a delay in obtaining a diagnosis and you want to make a complaint. However, your main concern is to get your husband treated as quickly as possible.

## Make sure you ask the following question:

- If the diagnosis had been made earlier, would my husband have a better prognosis?

## Other questions you might like to ask include:

- Why it has taken so long to make this diagnosis?
- Will the delay make any difference to the treatment or his life expectancy?
- What should I do if I want to make a complaint against the family doctor?
- Will my complaint affect what can be done for my husband?
- How can I best support my husband during this illness?
- Is there any help we could get for him at home?

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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.

<b>Problem:</b>	Delay in diagnosis of multiple myeloma
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mrs Jean Clemo, the patient's wife
<b>Patient's role:</b>	Mr Fred Clemo, a 68-year-old man

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:**

- Do you think you handled the explanation of the perceived delay appropriately?

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

- Explains the medical situation and the options for treatment
- Discusses the likely prognosis with sensitivity

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

- Tactfully explores the wife's concerns about the perceived delay in diagnosis
- Explains the difficulties involved in making these diagnoses
- Discusses the possibilities of helping the patient's wife to look after her husband at home after discharge
- Explains the appropriate procedure for making a complaint if, after discussion, the patient's wife wishes to proceed (a detailed knowledge of NHS systems and procedures is not required)

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

- Is aware of the need to tell the truth

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

See marksheet