

PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor in the clinic
- Problem:** Discussing the further management and implications of treatment for mitral valve disease
- Patient:** Ms Nahed Butti, a 28-year-old 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:

This patient had rheumatic fever as a child and was left with a heart murmur. An echocardiogram was arranged some years ago and showed mild mitral valve stenosis and mild mitral incompetence. She was told the changes were minor and she need not worry about them.

She has become progressively short of breath on exertion recently and now becomes breathless climbing stairs and after doing other normal activities. Her family doctor prescribed furosemide 20 mg each morning. She was referred to hospital for further assessment and a repeat echocardiogram.

This latest echocardiogram shows that the mitral valve is heavily calcified, and has a narrow valve area of 0.75 cm². Additionally, there is moderate mitral regurgitation and there is also evidence of pulmonary hypertension. The left ventricular systolic function is good. The consultant cardiologist has advised that she should have a mitral valve replacement. The patient has returned to the clinic to be given the result of her latest echocardiogram and to be advised about treatment for her breathlessness. She is due to be married soon.

Your task is to explain to the patient why she needs a valve replacement. The patient may want to know if there are any other treatment options available. As she is about to get married, she is worried about the effects of the valve replacement and treatment on future pregnancies and the implications for the fetus.

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 Nahed Butti, a 28-year-old woman
Problem: Discussing the further management and implications of treatment for mitral valve disease

Scenario:

You had rheumatic fever as a child and were told you had a heart murmur as a consequence. Some years ago, your family doctor sent you for an echocardiogram and told you that the mitral valve in your heart was narrowed (mitral stenosis) and leaking (mitral regurgitation). At that time you were told not to worry, as the changes were mild.

Recently you have noticed you become progressively short of breath when climbing stairs and after doing normal activity. Your family doctor gave you 'water pills' (a diuretic, furosemide 20 mg) to take each morning, and these have helped a little. You were sent to the hospital clinic for further advice and another echocardiogram. You live with your parents and work as a secretary in an architect's office. You enjoy music but you have never been sporty as you always felt unfit. You are due to get married soon. You have returned to the clinic today to be given the result of the echocardiogram and receive further advice. You will be advised to have a mitral valve replacement.

Attitude and emotional responses

You are shocked that something as drastic as heart surgery is being recommended and are worried about whether it might affect your becoming pregnant in the future. You have been looking things up on the internet, and want to discuss the possible alternatives to surgery and to be given time to think about it all. You do not want to feel you are being pushed into having major surgery.

Make sure you ask the following question:

- I am about to get married – will having an operation stop me being able to have a family?

Other questions you might like to ask include:

- Why is a valve replacement necessary?
- What are the different types of heart valve replacements and their advantages and disadvantages?
- Will a new valve mean that I will have to take blood-thinning tablets for the rest of my life?
- Could this interfere with my becoming pregnant?
- Would my baby be affected by any medication that I may have to take?

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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 the further management and implications of treatment for mitral valve disease
- Candidate's role:** The doctor in the clinic
- Surrogate's role:** The patient, Ms Nahed Butti, a 28-year-old 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:

- In addressing the patient's question about getting married and starting a family what factors did you consider?

Clinical Communication Skills (Clinical Skill C)

- Explains with patience and empathy the treatment options for rheumatic mitral stenosis and regurgitation
- Is aware that there are a variety of surgical procedures
- Is aware that referral to cardiac surgeons will probably be required
- Explains that the mechanical prosthetic valve is compatible with lifelong durability but necessitates anticoagulation with warfarin
- Is aware of the teratogenic effects of warfarin

Managing Patients' Concerns (Clinical Skill F)

- Explains the role of taking subcutaneous heparin either for the whole or part of the pregnancy

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

- Respects the autonomy of the patient, who might decide not to accept the advice given after a clear explanation
- Explains the risks of the proposed treatment or offers a consultation with a more appropriate person (cardiac surgeon, haematologist)

Maintaining Patient Welfare (Clinical Skill G)

See marksheet