

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Discussing further management of a seriously ill patient
<b>Patient:</b>	Mr Abu Mohammed, a 75-year-old retired fisherman
<b>Relative:</b>	Mr Abdulla Mohammed Khamis, the patient's son

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 brought to the emergency department complaining of severe breathlessness, drowsiness and confusion.

He has a long history of bronchitis with a persistent cough, productive most of the time of sputum, which is sometimes clear and at other times mucopurulent. About 1 week before he came to hospital, the patient became unwell with marked worsening of his cough and a lot of sputum. He attended his family doctor, where he was told he had an infection in his chest and was given a course of antibiotics. The antibiotic produced gastrointestinal upset and he took the medication for 3 days only. Since then he has been deteriorating very rapidly and he is now pyrexial, drowsy and confused. His son visited him at home on the morning of admission and was shocked at his condition. He immediately brought his father to hospital in his car.

A chest X-ray showed a right upper lobe pneumonia, horizontal ribs and flattened diaphragms. His arterial blood gases showed a PO<sub>2</sub> of 7.6 kPa (normal range: 11.3–12.6), PCO<sub>2</sub> of 12.5 kPa (normal range: 4.7–6.0) and pH of 7.18 (normal range: 7.35–7.45).

He has already been treated with non-invasive ventilation; if he deteriorates further he may need to go to the intensive care unit for invasive ventilation but more information about the patient is required before the matter is discussed with the intensive care physician. You are about to see his son to get this information.

**Your task** is to inform the son how serious his father's illness is, get an idea of the father's general pre-morbid condition, and obtain information to inform the discussion around ventilation.

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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<b>Your role:</b>	You are Mr Abdulla Mohammed Khamis, the patient's son
<b>Problem:</b>	Discussing further management of a seriously ill patient
<b>Patient:</b>	Mr Abu Mohammed, a 75-year-old retired fisherman

## Scenario:

You are the patient's eldest son. Your father lives alone in a small house not far from you. You and your brothers visit him regularly. About 1 week ago, your father's cough worsened and he developed a fever. He felt unwell and your brother took him to his family doctor, where he was told he had an infection. He was given a course of antibiotics called erythromycin.

Your father took the medication but it caused him quite a lot of nausea and diarrhoea and he stopped taking the tablets after 3 days. His condition worsened and you were shocked when you visited him and saw the state he was in. He was drowsy, confused and feverish and was coughing up fairly large amounts of yellow sputum tinged with blood. You immediately put him in your car and brought him to the emergency department.

Your father has had bronchitis for as long as you can remember and he has always had a cough productive of sputum, which is much worse during the winter. He has smoked all his life and although he has been advised to stop, he still smokes about 20 cigarettes per day. His breathing has been getting worse over the years. This is the first time that he has been admitted to hospital as an emergency although he has been seen in the chest clinic on a regular basis.

His activities are limited. He has to stop twice to go up the one flight of stairs that he has at home, and he walks only the short distance to go to the local shops. He loves his small garden, in which he spends quite a lot of time doing small jobs. You and your brothers help him with the heavy digging. Despite his physical limitation he seems to enjoy his life, the visits of his family and friends, and spending time in his garden.

After your father arrived in the hospital, a chest X-ray was taken and you have been told that this shows pneumonia. Once the results of some blood tests become available, the doctor would like to discuss your father's admission with you, as well as his diagnosis, the seriousness of his condition and the question of assisted ventilation.

## Attitude and emotional responses

As far as you know, the possibility of assisted ventilation has never been discussed with your father but you do not think that he would object to being put on a ventilator. You would like him to be helped in this way and you think your brothers will agree. You are very worried and you want to explore what should be done further to help your father.

**Make sure you ask the following question:**

- What are the benefits and risks of my father being ventilated?

**Other questions you might like to ask include:**

- What will happen if you do not put him on a ventilator?
- Can chest infections like this be treated successfully?
- Should he stop smoking when he gets better and leaves hospital?
- Will he need oxygen at home?

**NOT TO BE USED IN THE EXAM**

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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>	Discussing further management of a seriously ill patient
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mr Abdulla Mohammed Khamis, the patient's son
<b>Patient's role:</b>	Mr Abu Mohammed, a 75-year-old retired fisherman

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:**

- How will you incorporate the relative's views into your decision-making?

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

- Explains the severity of the patient's condition to his son
- Acknowledges the contribution of the patient's previous history of chronic obstructive pulmonary disease
- Explains that the question of artificial ventilation needs to be considered and a decision made soon
- Explains the procedure and the necessity of admission to the intensive care unit (ICU) for this to occur
- Explains the risks of ventilation and admission to the ICU
- Gets an idea of the patient's normal exercise capacity, social life and any previous medications

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

- Addresses the question of what will happen if the patient is not ventilated
- Addresses the son's concerns about future chest infections

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

- Decides whether or not the patient is a candidate for ventilation
- Finds out whether the patient has ever discussed or expressed any feelings about assisted ventilation and an admission to the ICU

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

See marksheet