

PACES Station 4: COMMUNICATION SKILLS & ETHICS

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| Your role: | You are the doctor on the ward |
| Problem: | Deterioration following stroke and a perceived drug error |
| Patient: | Mrs Hope Smith, an 80-year-old woman |
| Relative: | Mrs Angela Sweeney, the patient's daughter |

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 yesterday with a hemiparesis due to a large cerebral infarction, confirmed by a CT scan of head. She has deteriorated further and is now drowsy (Glasgow coma score 10/15), having been awake and orientated on admission. The staff nurse on the ward has explained to the patient's daughter that her mother has deteriorated. The nurse also mentioned that the patient had been given aspirin after the CT scan had confirmed an infarction.

The patient's daughter is upset about her mother's condition. She wants to know why her mother has deteriorated and what is to be done now. She is also upset that her mother was given aspirin. She informed the ward staff that her mother was allergic to aspirin and had had a gastrointestinal bleed 4 years ago while taking aspirin. There is no history of aspirin allergy recorded in either the medical or the nursing notes. The patient has been taking omeprazole regularly.

Your task is to explain to the patient's daughter what has happened, provide details of her mother's current condition and outline a management plan. You should also answer any questions the patient's daughter may have.

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 Angela Sweeney, the patient's daughter |
| Problem: | Deterioration following stroke and a perceived drug error |
| Patient: | Mrs Hope Smith, an 80-year-old woman |

Scenario:

Your mother was admitted to hospital yesterday with a weakness affecting her right side. She has since deteriorated and is now drowsy. You have been informed by nursing staff that following a brain scan your mother was given aspirin. You are concerned and angry about this as you understand that your mother is allergic to aspirin. She had a major gastric bleed 4 years ago while taking aspirin. You are worried that this is the cause of your mother's deterioration.

You are divorced and your mother lives with you. You have two brothers, one of whom lives nearby; the other lives in Australia.

Attitude and emotional responses

You are very worried about the effect the aspirin might have had on your mother and feel extremely upset that this has been allowed to happen. You cannot understand how the information regarding your mother's allergy to aspirin could not have been known about, since it was of such crucial importance. You are also deeply upset at how unwell your mother is and the fact that she is deteriorating. You fear she will die but are afraid to voice this. You are searching for any glimmer of hope.

Make sure you ask the following question:

- Is my mother's deterioration related to the aspirin she has been given?

Other questions you might like to ask include:

- What other possible explanations are there for her deterioration?
- What can be done to help her?
- Why was the information about her aspirin allergy not recognised by the doctors?
- My mother will survive, won't she?
- Should I ask my brother to return from Australia?

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| DATE | CYCLE |
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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.

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|--------------------------|---|
| Problem: | Deterioration following stroke and a perceived drug error |
| Candidate's role: | The doctor on the ward |
| Surrogate's role: | Mrs Angela Sweeney, the patient's daughter |
| Patient's role: | Mrs Hope Smith, an 80-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:

- How do you explain empathetically to the daughter that her mother does not have a true aspirin allergy?

Clinical Communication Skills (Clinical Skill C)

- Recognises the daughter's emotional state
- Expresses sympathy to the daughter about her mother's condition
- Explains to the daughter, in simple terms, how the stroke has affected her mother and the reasons she could have deteriorated (extension of her stroke, aspiration pneumonia, haemorrhage into the stroke, cerebral oedema)
- Discusses the role of antiplatelet therapy in the management of infarct stroke and the risks and benefits of its use
- Explains the difference between 'allergy' and 'side-effect', and that the concomitant omeprazole would almost certainly prevent gastrointestinal haemorrhage

Managing Patients' Concerns (Clinical Skill F)

- Explores whether the aspirin may have had any possible adverse effect in the patient and discusses pros and cons of discontinuation
- Introduces the idea of the patient's prognosis being very poor with a high chance of death or permanent disability

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

- Offers follow-up appointments, perhaps with the consultant
- Explores whether other members of the family need to be told of the patient's state and offers advice about her son returning from Australia if he wishes

Maintaining Patient Welfare (Clinical Skill G)

See marksheet