

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role: You are the doctor in the diabetes clinic
Problem: Explaining the importance of treatment
Patient: Mrs Debbie White, a 29-year-old woman with newly diagnosed diabetes mellitus, who works as an insurance company administrator

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, who had previously been well, was admitted as an emergency 2 weeks ago with diabetic ketoacidosis. While on the ward, she was taught to self-inject insulin and monitor her plasma glucose concentrations by the diabetes specialist nurse. She was discharged on regular appropriate doses of insulin, with arrangements to see the specialist nurse the following day. She missed that appointment and is now attending the outpatient clinic for the first time since discharge from hospital.

It is clear from her glucose monitoring that the patient is having problems with the control of her diabetes mellitus. Some days her plasma glucose concentrations are worryingly low, while on other days they are very high. She admits that she hates having to inject herself and sometimes omits to do so but then the next time plucks up courage and injects an extra dose of insulin to compensate for the missed dose.

Your task is to explain to the patient the essential principles of plasma glucose management in type 1 (insulin-dependent) diabetes mellitus. You should also explain why she should try to maintain her plasma glucose concentrations as near to normal as possible. You should explore any difficulties the patient has with coming to terms with her diagnosis and help her to find ways of dealing with these.

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, Mrs Debbie White, a 29-year-old woman with newly diagnosed diabetes mellitus, who works as an insurance company administrator
- Problem:** Explaining the importance of treatment

Scenario:

You have always been well but were admitted as an emergency 2 weeks ago with vomiting and confusion. This proved to be caused by diabetes mellitus, which you did not know you had. You were told, to your dismay, that you would have to inject yourself with insulin every day for the rest of your life.

The diabetes specialist nurse gave you advice on the general management of diabetes, showed you how to inject yourself with insulin and how to check your own blood sugar levels. You were supposed to see her on the day after you got home but just could not face going back to the hospital so soon. You are naturally squeamish, and have found it difficult to give yourself the twice-daily injections required. Some days you barely manage it but on others you cannot face the prospect of the needle and do not give yourself the injection. On occasions, you have given yourself some extra insulin to make up for the injection you have missed.

Although your spouse is sympathetic about your condition, he seems unaware of your difficulties. Unfortunately you have never had the type of relationship in which you can discuss your fears and worries together.

Attitude and emotional responses

You were shocked to be told you have diabetes and will be reliant on daily injections of insulin from now on. You do not see how your life can be normal if you will always have to plan meals and insulin injections in advance. You do not know how you would choose from the menu in a restaurant or how people might react if you were seen injecting insulin in public. You are also quite embarrassed about your needle phobia and initially find it difficult to talk about. You do want to express your worries, and you are keen to find out whether your concerns are valid. You are worried that you may not be able to face injecting yourself with insulin in the long term. You realise from what you have already been told that these injections are important, but you are not exactly sure why this is the case.

Make sure you ask the following question:

- Why is it so important I inject insulin regularly?
- Could taking insulin on and off be dangerous for me in the long term?

Other questions you might like to ask include:

- Why has this happened to me?
- Are there any ways to take insulin other than by injecting it?
- Are there substitutes for insulin, or even ways to inject it that do not involve needles?
- **(Female surrogates only)** Would it make any difference if I was thinking about becoming pregnant?

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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:	Explaining the importance of treatment
Candidate's role:	The doctor in the diabetes clinic
Surrogate's role:	The patient, Mrs Debbie White, a 29-year-old woman with newly diagnosed diabetes mellitus, who works as an insurance company administrator

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:

- What are the key issues, from the patient's perspective, that have led to poor glycaemic control and how did you address these?

Clinical Communication Skills (Clinical Skill C)

- Explores the issues around non-adherence with treatment in a sensitive and non-judgemental fashion
- Explains the mechanism and management of type 1 (insulin-dependent) diabetes mellitus

Managing Patients' Concerns (Clinical Skill F)

- Explains and negotiates possible ways of dealing with needle phobia which are acceptable to the patient (e.g. the patient asking his/her spouse if he/she would be prepared to give the injections)

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

- Discusses the role of the multidisciplinary diabetes management team, including the family doctor and specialist nurses, in dealing with the patient's problems
- Respects the patient's autonomy
- Shows sensitivity and understanding of the psychological impact of the diagnosis of a lifelong condition with dependency on daily treatment for survival
- Considers the degree to which a doctor should solicit the help of an apparently unsympathetic partner

Maintaining Patient Welfare (Clinical Skill G)

See marksheet