

PACES Station 4: COMMUNICATION SKILLS & ETHICS

Your role: You are the doctor in the clinic
Problem: Explaining management and treatment following diagnosis
Patient: Mrs Anne Bath, a 43-year-old librarian who has been found to have coeliac disease

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 presented to her family doctor complaining of tiredness with abdominal bloating and intermittent diarrhoea. A diagnosis of coeliac disease has been made. Her test results showed haemoglobin 97 g/L (normal range: 115–165), serum albumin 32 g/L (normal range: 37–49) and abnormally low concentrations of folic acid and iron. Her calcium and liver-function tests were normal and coeliac serology was strongly positive. An upper gastrointestinal endoscopy appeared normal, but small bowel biopsies showed subtotal villous atrophy, consistent with a diagnosis of coeliac disease. The patient's menstrual periods ceased 3 years ago.

Her family doctor has explained these results to her, and the need to adopt a gluten-free diet. Since she started taking iron and folic acid replacement therapy, her anaemia has corrected and she is now feeling very well, although she still has loose stools. She is reluctant to go on a special diet because she thinks it may be unpalatable and unhealthy.

Your task is to summarise the nature of gluten enteropathy (coeliac disease) to the patient, and explain why it is important for her to go on a gluten-free diet.

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 Anne Bath, a 43-year-old librarian who has been found have coeliac disease
- Problem:** Explaining management and treatment following diagnosis

Scenario:

You originally presented to your family doctor because you were feeling tired. You were found to be anaemic and given folic acid and iron tablets to take. Since taking these supplements, your tiredness has resolved and you are now feeling very well. You had an endoscopy and small bowel biopsies.

You have intermittent spells of diarrhoea, perhaps every 2–3 weeks. These last for 2 or 3 days – your stomach tends to feel bloated and distended, and you sometimes also have flatulence ('wind'). However, these symptoms are long-standing and you tend to make little of them.

You are slightly overweight. You like bread and pastry and you greatly enjoy cooking and baking. You do not know anyone with coeliac disease but you have heard that a gluten-free diet is very unpalatable and you feel that it may not be very good for you. Your periods stopped about 3 years ago but you were not bothered by this. You have also read that coeliac disease could give you osteoporosis. Your mother, aged 75, has aches and pains and is rather stooped. She has been told she has osteoporosis, which worries you because you do not want to look like your mother does when you are only in your forties.

Attitude and emotional responses

You are surprised by the diagnosis and concerned about the effects of the diet on your life. You will not agree to what is being suggested unless you feel the explanation is convincing.

Make sure you ask the following question:

- As I am now feeling well, why should I do anything other than continue to take the iron and folic acid for anaemia?

Other questions you might like to ask include:

- What is coeliac disease caused by?
- Will the diet be expensive and difficult?
- Will I put on further weight?
- Will I have to follow the diet for the rest of my life?
- Who can advise me on shopping, cooking and recipes?
- What can I do to prevent osteoporosis?

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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 management and treatment following diagnosis
Candidate's role:	The doctor in the clinic
Surrogate's role:	The patient, Mrs Anne Bath, a 43-year-old librarian who has been found to have coeliac disease

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 far do you think it is appropriate to go in order to persuade the patient to accept your advice regarding treatment?

Clinical Communication Skills (Clinical Skill C)

- Explains the aetiology of gluten enteropathy to the patient
- Details the problems of malabsorption and the potential symptoms and metabolic consequences of this
- Explains the rationale behind organising a DXA scan

Managing Patients' Concerns (Clinical Skill F)

- Explains that an appointment will be made with an experienced dietitian, that most people can follow a gluten-free diet without much difficulty and that this will have a major beneficial effect on her symptoms
- Reassures that regular follow-up will be offered and any problems will be dealt with
- Advises making contact with the relevant self-help group, if available (e.g. the Coeliac Society in the UK, or local equivalent)

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

- Advises the patient appropriately, while respecting their opinions and autonomy
- Focuses on the positive aspects i.e. explains that the symptoms of coeliac disease and many of the associated problems can be effectively 'cured' by dietary management
- Considers whether it is appropriate to discuss rare, serious complications (e.g. lymphoma) to help convince the patient of the importance of adhering to the recommended therapy

Maintaining Patient Welfare (Clinical Skill G)

See marksheet