

MRCP(UK) PACES

Station 4: COMMUNICATION SKILLS AND ETHICS

Your role: You are the doctor on the ward
Problem: Explaining a diagnosis of lung cancer to a patient's relative
Patient: Mr Clifford Dennis, a 68-year-old man
Relative: Ms Jean Chapman, 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, 1 minute to collect your thoughts and 5 minutes for discussion. You may make notes if you wish.

Where relevant, assume that you have the patient's consent to discuss their condition with the relative/surrogate.

Scenario

The patient was admitted earlier today with symptoms and signs suggestive of superior vena cava obstruction. A chest X-ray on admission showed a large 5 cm x 6 cm mass in the right upper zone with lobulated right paratracheal shadowing. The patient has started high-dose steroids and is going to be seen by a chest physician today. A chest X-ray organised by the patient's GP last week showed a similar appearance, and has been reported. The report says the appearances are suggestive of a right upper lobe bronchial carcinoma with right paratracheal lymphadenopathy. The patient was a heavy smoker until 2 years ago.

Two weeks ago he visited his Family Doctor with a worsening cough productive of clear sputum, in which the patient had recently noted specks of blood. A chest X-ray was arranged. The report was phoned through to the Family Doctor yesterday, who arranged to see the patient again. The patient told his doctor that over the course of the last week, he had been troubled by headaches and more recently facial swelling.

On examination the Family Doctor found him to be plethoric with distended neck veins and dilated veins over his anterior chest wall: signs consistent with SVC obstruction. The GP arranged urgent hospital admission.

Your task is to explain the current position to the patient's daughter, answer her concerns and discuss various aspects of her father's management. His wife died of cancer 2 years ago. You may assume that you have the patient's consent to discuss their condition with the relative.

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

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE SURROGATE

Scenario N° EX4

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Your role:	You are Ms Jean Chapman, the patient's daughter
Problem:	Explaining a diagnosis of lung cancer to a patient's relative
Patient:	Mr Clifford Dennis, a 68-year-old man

Scenario:

You have been worried about your father's health for some time. He had been a heavy smoker but stopped 2 years ago when his wife, your mother, died of secondary cancer that had spread to her liver from a presumed gastrointestinal tract primary tumour. The primary site was never identified.

Your father has suffered from a cough for several years but over the last 6 months it has become worse. He has seen his Family Doctor several times, who you feel did not really take this seriously. It was only after your father coughed up some blood that a chest X-ray was arranged. Over the past week he has become much worse and was admitted urgently earlier today.

Attitude and emotional responses

You have never really recovered from the death of your mother. You are devastated by the news that your father's X-ray is abnormal and that he may have a lung cancer. All this has left you feeling angry and resentful. You are particularly angry with your father's Family Doctor who you feel should have arranged the X-ray more quickly. You are calmed by a clear, rational explanation but will not tolerate jargon.

Make sure you ask the following question:

- Does my father have lung cancer?

Other questions you might ask include:

- If so, how can this be investigated and treated?
- How long is he expected to live?
- Why was this not picked up earlier?
- Do you think the Family Doctor was negligent?

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DATE	CYCLE

Station 4: COMMUNICATION SKILLS AND ETHICS

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 mark sheet.

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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NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE EXAMINERS

Scenario N° EX4

Problem:	Explaining a diagnosis of lung cancer to a patient's relative
Candidate's role:	The doctor on the ward
Surrogate's role:	Ms Jean Chapman, the patient's daughter
Patient's role:	Mr Clifford Dennis, a 68-year-old man

Examiners are reminded that the boxes 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:

- Why do you think the daughter appears angry with her father's general practitioner?

Clinical skills Key issues

Clinical Communication Skills (C)	<ul style="list-style-type: none">– Explains the probable diagnosis of lung cancer and is aware of staging investigations and subsequent treatment
Managing Patients' Concerns (F):	<ul style="list-style-type: none">– Deals appropriately with the daughter's emotional response and displays empathy– Deals appropriately with the daughter's criticisms of a colleague and displays an awareness of the issues surrounding complaints about colleagues
Clinical Judgement (Skill E): (also points of ethical interest)	<ul style="list-style-type: none">– Explains the diagnosis of SVC obstruction and has an idea about the treatment– Understands that the development of SVC obstruction already means the disease is inoperable whatever the cell type
Maintaining Patient Welfare (Skill G):	See mark sheet.