

MRCP(UK) PACES

Station 4: COMMUNICATION SKILLS AND ETHICS

Your role:	You are the doctor on the ward
Problem	Dealing with an angry pregnant patient with a pulmonary embolism.
Patient:	Mrs Nurul Abdullah, a 25-year-old woman

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 you are about to meet is 20 weeks pregnant and was admitted yesterday with a history suggestive of a pulmonary embolus. She is primigravid and described a 1-day history of sudden onset of shortness of breath. Examination was unremarkable except for a mildly increased respiratory rate and reduced oxygen saturation at 85%. She was started on subcutaneous low molecular weight heparin while investigation was arranged.

A doppler ultrasound scan of her leg veins did not show any deep vein thrombosis but was difficult technically. A chest X-ray (with shielding of the uterus) was normal. A V/Q scan was carried out (using a reduced dose of macroaggregated albumin for the perfusion part of the scan) and it showed a moderate to high probability of a pulmonary embolus.

Earlier, you were asked by your consultant to discuss anticoagulation therapy with the patient. Before you could do this, you received a call from the nurses to say that the patient is very angry and wants to see a doctor immediately.

Your task is to speak to the patient and find out what is troubling her. You should also explain the way in which anticoagulation therapy can help a pulmonary embolism and respond to her questions.

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 Nurul Abdullah, a 25-year-old woman.
Problem: Dealing with an angry pregnant patient with a pulmonary embolism.

Scenario:

You are 20 weeks pregnant with your first child and very much looking forward to the birth. However, you were admitted to hospital yesterday following an episode of sudden and severe breathlessness. Several tests were carried out. Something called a 'doppler ultrasound scan' was done of your legs. You were told that this scan was done to look for clots but none were seen. A chest X-ray was normal but a V/Q scan of your lungs diagnosed a clot in one of your lungs.

During a conversation with the patient in the bed next to you, however, you were told that that having an X ray could be harmful to your baby. You also note that a radioisotope sticker has been put on your hospital records. You requested to see the doctor immediately to discuss this.

Attitude and emotional responses

You are very angry that the risks of the tests that were carried out have not been explained to you. You do not understand what a clot in the lung means and whether this could harm your baby. The doctor will talk to you about a form of therapy for your breathlessness, but you are not keen on taking any medication and feel quite scared about the potential side effects of being treated in any way. If the doctor is sympathetic to your anxiety and explains everything in a clear way, you will be convinced that it is in your best interests to follow the medical advice.

Make sure you ask the following question:

- Are there any risks to me or my baby from the leg scan, the chest X-ray or the V/Q scan?

Other questions you might ask include:

- Did the V/Q scan involve radioactivity, as there was a sticker on my notes afterwards?
- Why were the risks not discussed with me before the tests were done?
- Should my baby or I be monitored now to look for evidence of damage?
- Are the heparin injections or the proposed anticoagulant tablet treatments harmful to me or my baby?
- Are any precautions required?

NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE EXAMINERS

Scenario N° EX2

MRCP(UK) PACES

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.

The box on the following page indicates areas of potential interest in this case. Both examiners should consider these, and any other areas they feel appropriate, and agree the issues that a candidate should address to achieve a Satisfactory award for each skill. These should be recorded on the calibration sheet provided.

Examiners should also agree the criteria for an Unsatisfactory award for each skill.

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NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR THE EXAMINERS

Scenario N° EX2

Problem: Dealing with an angry pregnant patient with pulmonary embolism
Candidate's role: The doctor on the ward
Surrogate's role: The patient, Mrs Nurul Abdullah, a 25-year-old woman

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:

How did you deal with the patient's anger and concern regarding the health of her baby?

Clinical skills Key issues

Clinical Communication Skills (C)	<ul style="list-style-type: none">– Explains that although there is a risk of teratogenicity, this is low past the first trimester and in this case, the importance of having the tests far outweighs the risks– Explains the risks were minimised by shielding the womb for X-ray and minimising the radioisotope dose for V/Q scan– Explains the diagnosis in a clear manner avoiding medical terms if possible
Managing Patients' Concerns (F):	<ul style="list-style-type: none">– Calms the patient– Deals appropriately with the patient's anxiety and anger
Clinical Judgement (Skill E): (also points of ethical interest)	<ul style="list-style-type: none">– Clarifies the diagnosis of pulmonary embolism is potentially life threatening without prompt diagnosis and treatment– Agrees a management plan, either low molecular weight heparin or warfarin (until just before delivery)– Carefully explains the side effects of treatment and how the patient's therapy will be monitored– Follows the principles of truth telling and non-maleficence
Maintaining Patient Welfare (Skill G):	See mark sheet.