

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

**Your role:** You are the doctor in the outpatient clinic  
**Problem:** Dealing with a recent transient ischaemic attack (TIA)  
**Patient:** Mr Dave Kelvin, a 52-year-old accountant, who is married with two children

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 has type 2 diabetes mellitus and hypertension and was seen yesterday as an emergency with a transient ischaemic attack (TIA). He developed right-sided weakness and speech disturbance after work. The symptoms were improving on the way to hospital and had fully resolved by the time he was seen. His blood glucose was normal.

The patient's diabetes (which is diet controlled) and hypertension are managed by his family doctor. He smokes 5–10 cigarettes per day. His usual medication comprises an ACE inhibitor and a statin. Aspirin was started following the TIA. The patient has been referred to the medical clinic for further assessment.

On examination in clinic, his pulse was 76 beats per minute and regular, and his blood pressure was 138/76 mmHg. There were no cardiac murmurs or carotid bruits. Fundoscopy was normal. Urinalysis showed glucose 1+. His most recent haemoglobin A1c (HbA1c) was 48 mmol/mol (normal range: 20–42) [6.5%].

You have discussed the situation with your consultant who has advised further investigation by carotid Doppler scan and CT scan of head. Treatment with aspirin should continue. The patient should be advised to stop smoking.

**Your task** is to explain the plan to the patient, and answer any questions they may have.

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

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# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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- Your role:** You are the patient, Mr Dave Kelvin, a 52-year-old accountant, who is married with two children
- Problem:** Dealing with a recent transient ischaemic attack (TIA)

## Scenario:

You are attending the outpatient clinic at your local hospital for the first time. Yesterday you were seen as an emergency because you had a transient episode of weakness affecting your right arm and also a temporary loss of speech. Your symptoms had resolved spontaneously by the time you were seen. You were told that you had had a 'transient ischaemic attack' (known as a TIA), which you understand is a temporary stroke which has recovered spontaneously. You were given aspirin to take and allowed home with an appointment for review in the outpatient clinic today.

You have been under the care of your family doctor for several years; you have type 2 diabetes mellitus, controlled by diet alone, and high blood pressure (hypertension), controlled by medication (called an ACE inhibitor); you also take a tablet (called a statin) to control your cholesterol. You work as a self-employed accountant and need to drive to visit your clients. Your work is stressful and you are trying to stop smoking. You do not exercise regularly.

In the emergency department, you overheard a nurse and doctor talking, and their conversation implied that you were lucky not to have suffered a permanent disabling stroke. You are now very anxious about the possibility that you will be permanently disabled with paralysis and inability to speak.

You expect the doctor to tell you what has happened and to explain what further investigations are needed. At present, you do not know whether you will need further blood tests, scans or X-rays, nor do you know if treatment will be with tablets or if some surgical operation will be needed.

## Attitude and emotional responses

You always like to know what is going on and why, and you are presently consumed by fear of a stroke and permanent disablement. You will have no income if you cannot work and you still have significant financial commitments concerning your family (your wife is disabled and you have two children at university). You will be upset if you are told that you cannot drive since this will stop you from working. You will become irritated if the doctor uses jargon and tries to keep you in the dark about important issues. However, you will respond favourably if their communication is good.

## Make sure you ask the following question:

- Is there any possibility I could suffer a disabling stroke which is permanent?

## Other questions you might like to ask include:

- Why has this happened to me at such a young age?

**Scenario No: Sample 1**

- Is it possible I might need an operation and, if so, what are the risks?
- Do I need better tablets than my doctor has given me so far?
- What is the evidence that stopping smoking will help?
- There is no reason why I cannot drive, is there?

**NOT TO BE USED IN THE EXAM**

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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.

<b>Problem:</b>	Dealing with a recent transient ischaemic attack (TIA)
<b>Candidate's role:</b>	The doctor in the outpatient clinic
<b>Surrogate's role:</b>	The patient, Mr Dave Kelvin, a 52-year-old accountant, who is married with two children

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**During the interview please use the following question to explore aspects of communication and ethical interest:**

- What are the key issues in discussing the risks of further serious stroke in this anxious young patient who has had his first TIA?

**Clinical Communication Skills (Clinical Skill C)**

- Explains the mechanism of the TIA
- Explains what investigations are required to evaluate the situation and determine future treatment recommendations
- Provides appropriate information about the risk of further stroke
- Deals with the patient's anxiety in a sympathetic manner

**Managing Patients' Concerns (Clinical Skill F)**

- Gives an account of the medical and surgical interventions which might reduce the risk of further cerebrovascular events
- Emphasises the importance of stopping smoking

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

- Communicates clearly and sympathetically with an anxious patient in an area of uncertainty
- Considers the role of the doctor in influencing lifestyle, and the individual's responsibility within the healthcare arena
- Shows respect for the patient's autonomy

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

**Your role:** You are the doctor on the ward  
**Problem:** Discussing issues relating to hydration and feeding in a patient with severe dementia  
**Patient:** Mrs Mary Miller, a 74-year-old woman  
**Relative:** Ms Anne Miller, 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 from her home 4 weeks ago with vomiting and weight loss. Blood tests showed no cause for the vomiting. Endoscopy showed mild gastritis and a CT scan of abdomen was reported as normal. She is taking lansoprazole and her vomiting has settled.

The patient has dementia, which was diagnosed 3 years ago and was treated for 6 months with a cognition-enhancing drug. However, her dementia is now very advanced and has reached the stage that, despite help, she neither knows how to eat nor shows any interest in eating. She only takes small amounts of fluid. She is not in any way distressed.

The medical team, of which you are part, feel that further aggressive therapy and investigation are not appropriate and that palliative care is the best approach. The patient's daughter is visiting the ward and would like to speak to you.

**Your task** is to speak to the patient's daughter and discuss any issues she raises.

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# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are Ms Anne Miller, the patient's daughter  
**Problem:** Discussing issues relating to hydration and feeding in a patient with severe dementia  
**Patient:** Mrs Mary Miller, a 74-year-old woman

## Scenario:

You have always lived with your mother, have no other relatives and are unmarried. You used to work as a doctor's receptionist but gave up your job 2 months ago to look after your mother. She has had dementia for 3 years but until recently was still mobile and able to feed herself. She received some tablets to improve her memory and general awareness (cognitive enhancers) for 6 months and you were perturbed and annoyed when these were stopped.

Your mother was admitted as an emergency 4 weeks ago with weight loss and vomiting. Investigations revealed gastritis, for which she has been given some tablets. She also had an abdominal scan, which was normal. She is no longer vomiting but is not eating and is losing weight. You have been told that a physiotherapist has seen her but she is not even getting out of her chair. Sometimes she refuses her medication, and does not always even know who you are.

## Attitude and emotional responses

You are very concerned that your mother will waste away if she does not eat. You want to know why it is that, since she refuses to eat, she is not being artificially fed. You think that she should be made to take her medication and that she should be given another course of cognitive enhancers. You feel angry that you have done everything you can for your mother and she does not seem to want to help herself. You are terrified that she will die and you do not know how you will cope.

## Make sure you ask the following question:

- Why don't you feed my mother through a tube to build up her strength and prevent her from losing more weight?

## Other questions you might like to ask include:

- Why did my mother become ill?
- Is the vomiting related to her dementia?
- Should she not go back onto the tablets to treat her dementia?
- Why will she not eat and drink?
- Is she suffering?
- How long will she live?
- Can I take her home?

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**Scenario No: Sample 2**

<b>Problem:</b>	Discussing issues relating to hydration and feeding in a patient with severe dementia
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Ms Anne Miller, the patient's daughter
<b>Patient's role:</b>	Mrs Mary Miller, a 74-year-old woman

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**During the interview please use the following question to explore aspects of communication and ethical interest:**

- What factors did you take into account when addressing the daughter's question about starting enteral feeding?

**Clinical Communication Skills (Clinical Skill C)**

- Discusses with the daughter the progressive nature of the patient's condition
- Sensitive addresses the fact that there is unlikely to be any reversible pathology here and that further treatment is very unlikely to improve the patient's quality of life

**Managing Patients' Concerns (Clinical Skill F)**

- Listens sensitively to the daughter's concerns relating to her fear that her mother will die
- Helps the daughter to begin to cope with the idea that her mother is terminally ill and may die soon

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

- Tries to ascertain from her daughter what the patient's wishes may have been previously
- Is aware of the issues around artificially feeding a patient when they refuse oral feeding and the fact that this may potentially actually cause harm

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the acute medicine unit
<b>Problem:</b>	Administration of an antibiotic treatment to the wrong patient
<b>Patient:</b>	Mrs Anne Smith, a 55-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/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:**

Towards the end of a long and busy shift, you were asked by a nurse to administer the first dose of an antibiotic to a patient, for management of pneumonia.

Following administration of the drug, you realised that you had made an error in identification of the patient and administered the treatment to a patient with a similar name. This patient, who has chronic obstructive pulmonary disease, has been clinically assessed and observed and has come to no harm.

You have reported the error to a senior member of the medical team seeking advice on what to do and have agreed to speak to the patient to discuss the situation.

**Your task** is to explain the error to the patient.

DO NOT EXAMINE THE PATIENT

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# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Mrs Anne Smith, a 55-year-old woman  
**Problem:** Administration of an antibiotic treatment to the wrong patient

## Scenario:

You were admitted overnight with a worsening of your symptoms of wheeze and breathlessness. You have a past history of chronic obstructive pulmonary disease and have smoked approximately 20 cigarettes per day all your adult life. You recently completed a 1-week course of antibiotics with a reduction in your sputum production. The sputum is no longer green.

On admission to hospital, the doctor in the emergency department indicated that there were no signs of infection on examination and that blood testing and chest X-ray were normal. You have been admitted for treatment with nebulisers, steroids and for further investigation. You were told that you would not need a course of antibiotics and were surprised when the doctor arrived earlier to give you intravenous antibiotic treatment.

The doctor has called to explain that there has been a medication error and you have been given a course of antibiotic inadvertently.

## Attitude and emotional responses

You are upset and angry that you have received a treatment that was not needed.

You are worried that this might cause harm as you are aware that too many antibiotics can cause resistance to treatment and bowel infections.

You understand that the ward is very busy and that the medical staff are under pressure while looking after a large number of patients.

## Make sure you ask the following question:

- How could this problem have occurred and who is responsible?
- Will I come to any harm?

## Other questions you might like to ask include:

- How can this problem be prevented in the future?

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<b>Problem:</b>	Administration of an antibiotic treatment to the wrong patient
<b>Candidate's role:</b>	The doctor on the acute medicine unit
<b>Surrogate's role:</b>	The patient, Mrs Anne Smith, a 55-year-old woman

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**During the interview please use the following question to explore aspects of communication and ethical interest:**

- What are the key ethical issues arising from this case?

**Clinical Communication Skills (Clinical Skill C)**

- Provides a clear explanation of the medical error
- Openness, honesty and transparency
- Listens to the patient and shows empathy

**Managing Patients' Concerns (Clinical Skill F)**

- Acknowledges the patient's concerns and explains management plan
- Recognises ethical and legal considerations around the case
- Understands how the problem has occurred and how it can be avoided in future

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

- Is aware that a clinical incident has occurred and needs to be reported (Examiner to explore details)
- Seeks senior help and takes clear documentary record of events and discussion with patient
- Engagement with senior team and clinical supervisor
- Risk management strategies to prevent future errors

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# 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

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## PACES Station 4: COMMUNICATION SKILLS & ETHICS

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

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**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

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor in the general medical outpatient clinic
- Problem:** Discussing the diagnosis and management of Parkinson's disease with a newly diagnosed patient
- Patient:** Mr George Campbell, a 65-year-old man

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.

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**Scenario:**

The patient started to develop a tremor in his right hand 6 months ago. He also noticed that he was slowing up and was finding it more difficult to use his right hand. He initially saw his family doctor who referred him to a consultant who diagnosed Parkinson's disease 6 weeks ago and started him on treatment with a dopamine agonist.

The patient has returned to the clinic today to further discuss his diagnosis and future management.

**Your task** is to answer the patient's questions about his diagnosis and further management.

DO NOT EXAMINE THE PATIENT

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# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Mr George Campbell, a 65-year-old man  
**Problem:** Discussing the diagnosis and management of Parkinson's disease with a newly diagnosed patient

## Scenario:

You were diagnosed with Parkinson's disease by a specialist 6 weeks ago. You had already researched your symptoms (which started about 6 months ago) on the internet and suspected that you might have Parkinson's disease. You have had a good response to the treatment that the consultant gave you. The tremor is still present, but you do not feel as slow and feel as if you can use the right hand more effectively. You are aware that it is a progressive disease and that your symptoms are likely to get worse in the future.

## Attitude and emotional responses

Although you suspected the diagnosis, you were upset when it was confirmed by the specialist. You are very concerned about the impact that it is likely to have on your future. You are very active and are worried that you will have to give up your favourite hobbies of golf and cycling. You are married and are worried about the impact it will have on your wife if she has to care for you. You are also concerned about losing your driving licence.

## Make sure you ask the following question:

- What support is available for the future?

## Other questions you might like to ask include:

- Will I be able to drive?
- Are there any clinical trials that I could participate in?

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- Duty to do no harm
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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:** Discussing the diagnosis and management of Parkinson's disease with a newly diagnosed patient
- Candidate's role:** The doctor in the general medical outpatient clinic
- Surrogate's role:** The patient, Mr George Campbell, a 65-year-old man

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 issues should be discussed with a patient before they participate in clinical research?

**Clinical Communication Skills (Clinical Skill C)**

- Shows empathy
- Elicits the patient's concerns about his diagnosis
- Listens to patient's requests regarding treatment options

**Managing Patients' Concerns (Clinical Skill F)**

- Advises the patient to inform the local driving authority
- Offers sources of support such as a specialist nurse, regular clinic appointments and charities such as Parkinson's UK
- Suggests that multidisciplinary support such as physiotherapy, occupational therapy and speech and language therapy will be available if he needs it
- Suggests advance care planning so that his wishes can be upheld in the future

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

- Explains that there is currently no cure for Parkinson's, but that symptoms can be managed for many years with medication
- Explains that stem cell therapy is still an experimental therapy with limited evidence of benefit and is not routinely available in the UK

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# 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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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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?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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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)

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<b>Problem:</b>	Explaining management and treatment following diagnosis
<b>Candidate's role:</b>	The doctor in the clinic
<b>Surrogate's role:</b>	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

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

**Your role:** You are the doctor in the clinic  
**Problem:** Explaining a diagnosis of multiple sclerosis  
**Patient:** Mrs Karen Craig, a 30-year-old married accountant with no children

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:**

You are about to see this patient who attended as an inpatient 3 weeks ago. You were away on annual leave at the time so have not met her before. At that time she presented with weakness of her left leg, which had developed over a few days. She also gave a history of transient visual disturbance for a few days 1 year previously. No possible diagnoses were discussed at the time.

An MR scan of brain/upper spinal cord test has revealed extensive white-matter plaques including periventricular lesions and cervical cord lesions. She was also found to have delayed visual-evoked responses in her left eye. A lumbar puncture has shown oligoclonal bands present in cerebrospinal fluid which are not seen in serum.

**Your task** is to explain the results of the various tests and discuss the clinical diagnosis of multiple sclerosis. You should also answer any questions that the patient may have and discuss any other appropriate issues.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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- Your role:** You are the patient, Mrs Karen Craig, a 30-year-old married accountant with no children
- Problem:** Explaining a diagnosis of multiple sclerosis

## Scenario:

About 3 weeks ago you noticed that your left leg had become increasingly weak to the point that you felt you were dragging it around behind you. You were admitted to hospital and the leg improved without any treatment. A number of tests were performed while you were an inpatient. One involved having your head scanned inside a long tunnel (MR brainscan), another involved looking at flashing lights while recordings were made from patches stuck to the back of your head (visual-evoked responses). The final test involved having a needle in your back to remove some fluid from around the spine (lumbar puncture).

You have returned to the clinic today to find out about the results of these tests. You are very keen to find out what the problem actually was because none of the doctors or nurses you spoke to during your stay mentioned a cause for all of this, just the need for 'lots of tests before they could really say'. About a year ago, the vision in your left eye became blurred. It settled after about a week and you did not seek medical help at the time. You had forgotten all about it until the doctor asked you about this when you were in hospital for the tests.

## Attitude and emotional responses

Your emotional response will be one of fear and rising panic at the unexpected finding of multiple sclerosis but you will come to terms with this if it is properly explained.

## Make sure you ask the following question:

- What are the results of the tests and do they show a cause for my symptoms?

## Other questions you might like to ask include:

- What treatment is available?
- What are the chances that the symptoms will recur?
- Will I be able to continue working?
- Can I have children?
- Can I drive?
- What is the long-term outlook?
- Will I end up in a wheelchair?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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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)

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**The candidate should recognise his/her limit in dealing with a problem and know when, and from where, to seek further advice and support.**

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<b>Problem:</b>	Explaining a diagnosis of multiple sclerosis
<b>Candidate's role:</b>	The doctor in the clinic
<b>Surrogate's role:</b>	The patient, Mrs Karen Craig, a 30-year-old married accountant with no children

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:**

- In answering the patient's question about the diagnosis, what factors did you take into account and why?

**Clinical Communication Skills (Clinical Skill C)**

- Explains the results of investigations
- Explains the diagnosis of multiple sclerosis in terms appropriate to a non-medical person, including the possibility of further relapses and progression of the disease

**Managing Patients' Concerns (Clinical Skill F)**

- Addresses the patient's concerns appropriately

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

- Explains the implications of this diagnosis sensitively
- Discusses prognosis in general terms
- Discusses any treatments about which the patient may enquire, e.g. interferon therapy
- Is aware of own limitations, would refer for help if required
- Is honest about the uncertain prognosis

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor in the outpatient department
<b>Problem:</b>	Explaining the need for lifestyle changes to a patient with rheumatoid arthritis
<b>Patient:</b>	Mr Robert Dawes, a 45-year-old man

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:**

This patient has been found to have rheumatoid arthritis. The symptoms began 6 months ago. He is being treated with methotrexate 20 mg weekly but is not responding well to treatment. He still has symptoms of stiffness and pain. His liver function tests showed an abnormal serum alanine aminotransferase of 62 U/L (normal range: 5–35), although the serum alkaline phosphatase was normal. He is obese, smokes, and drinks two glasses of wine almost every evening.

I would be grateful if you would discuss lifestyle changes with the patient, which could help to control his rheumatoid arthritis more effectively.

**Your task** is to explain to the patient the need to stop smoking, reduce alcohol intake and lose weight.

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

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# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Mr Robert Dawes, a 45-year-old man  
**Problem:** Explaining the need for lifestyle changes to a patient with rheumatoid arthritis

## Scenario:

Over the past 6 months, you have had pain and stiffness in multiple joints. This has included your hands, feet, knees and shoulders. Your joint stiffness is worse in the mornings. You attended the rheumatology clinic 5 months ago and were told that you have rheumatoid arthritis and would need regular medication to treat it. You were given a lot of information at the clinic but found it difficult to remember everything that was said.

You have been taking a medication called methotrexate for 4 months. You take eight tablets each week and have regular blood tests. You are also taking regular painkillers, although you continue to have pain and stiffness in your joints. It is not as severe as it was 4 months ago but is still affecting your life. You have always been well previously and there is nobody in your family with rheumatoid arthritis.

The joint symptoms have affected your life. You work in computing, in an office most of the time. You had a few weeks off sick when the symptoms first started; you have now returned to work and it is important for your career that you do not have more time off sick.

You used to cycle to work. You felt this kept you fit, and you regret that you have not been able to cycle since you developed joint pain and stiffness. Your weight has increased, which you have put this down to lack of exercise.

You are a smoker; you smoke 20 cigarettes per day and have done for 20 years. You understand that smoking is not good for your health but you feel that stopping at the moment would be difficult, as you find smoking helps you to relax and your pain seems to be worse when you are under stress.

You drink one or two glasses of wine most evenings. You feel that the wine helps you relax and sleep better. You have been avoiding alcohol on the day that you take your methotrexate tablets. You have been told that your liver tests are abnormal.

You have two children, aged 15 and 10 years. They live with your ex-wife, from whom you separated 3 years ago.

## Attitude and emotional responses

You are worried about the arthritis and the effect it has had on you. You realise that smoking is not good for you but feel you have other priorities at present and that this is not the time to stop. You need to continue working and not take any more time off sick.

You are trying to cope with pain of the arthritis. You understand that there has been some improvement over the past 4 months but you are worried that improvement is slow.

You would like to be doing more exercise as you know the lack of exercise is making you unfit and put weight on. However, you feel that more exercise will increase your pain and might damage your joints.

**Make sure you ask the following question:**

- Is there anything I can do to help treat my arthritis?
- Will exercise damage my joints?

**Other questions you might like to ask include:**

- Can a diet help with my arthritis?
- Should I worry about the abnormal liver function tests?

**NOT TO BE USED IN THE EXAM**



# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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- Duty to do good
- Duty to do no harm
- Legal aspects (a detailed knowledge of medical law is not required)

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<b>Problem:</b>	Explaining the need for lifestyle changes to a patient with rheumatoid arthritis
<b>Candidate's role:</b>	The doctor in the outpatient clinic
<b>Surrogate's role:</b>	The patient, Mr Richard Dawes, a 45-year-old man

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**During the interview please use the following question to explore aspects of communication and ethical interest:**

- What is the importance of lifestyle change in this scenario?

**Clinical Communication Skills (Clinical Skill C)**

- Explains the need to stop smoking in terms the patient can understand
- Explains the need to reduce alcohol intake with reference to the abnormal liver function tests and methotrexate therapy
- Explains the need to exercise and manage weight in the context of reduced mobility from joint pain

**Managing Patients' Concerns (Clinical Skill F)**

- Recognises the anxiety and stress that the patient is experiencing at present
- Acknowledges the difficulty in changing lifestyle
- Recognises the patient's concerns about continuing to work

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

- Is aware of the adverse effect smoking has on rheumatoid arthritis, and the fact that it is a risk factor for disease onset and increased cardiovascular risk in rheumatoid arthritis
- Is aware that the optimum weight for a patient with rheumatoid arthritis is normal body mass index
- Is aware of the adverse effect of alcohol and methotrexate on liver function

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the medical ward
<b>Problem:</b>	Dealing with terminal illness
<b>Patient:</b>	Mr Anthony Wallace, a 68-year-old man with lung cancer
<b>Relative:</b>	Mrs Susan Wallace, the patient's wife

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 2 days ago with severe breathlessness, and his condition has worsened since being in hospital. He has metastatic squamous cell carcinoma of the lung, which was diagnosed 2 years ago, when he had a lobectomy. The cancer recurred 6 months ago, with multiple metastases in the lungs and bones. When the metastatic disease was diagnosed, he was given radiotherapy to painful bony metastases which helped the pain and also palliative chemotherapy (to which he did not respond). The patient is now too unwell for further chemotherapy.

The lung disease is very extensive and you expect him to die within the next 2–3 days. He has received a trial of antibiotics in case there was an infective component, but with no improvement. His case has been discussed with the palliative care team who are on their way to review, and also with the oncology team who agree with your plan. You have arranged to meet with his wife on the ward, and have the patient's permission for the interview to take place.

**Your task** is to speak to the patient's wife about the management plan and the prognosis. The patient himself is too ill to participate in this conversation.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Mrs Susan Wallace, the patient's wife
<b>Problem:</b>	Dealing with terminal illness
<b>Patient:</b>	Mr Anthony Wallace, a 68-year-old man with lung cancer

## Scenario:

Your husband was diagnosed with lung cancer 2 years ago and had an operation to remove part of his lung. After this he was very well for about 18 months but then seemed to go downhill. He developed pain in his back, became breathless, and the doctors found that the cancer had come back, and they arranged for him to be treated with radiotherapy and chemotherapy. The radiotherapy seemed to ease the pain in his back, and the chemotherapy was not as bad as you had both expected it to be, especially as it only lasted for 8 weeks. You were not sure of the outcome of the chemotherapy, but you have not been accompanying your husband to his appointments recently, since you believed they were routine. Over the past week, your husband has become increasingly breathless. He has stopped eating and drinking. You brought him into hospital 2 days ago. Since then you feel that he has deteriorated, and you do not understand why the doctors are not doing anything to help. The only thing they seem to have done is prescribe a course of antibiotics which made no difference at all apart from making him feel sick.

## Attitude and emotional responses

You have no family other than your husband. Your whole life has been focussed around your husband and you cannot imagine life without him. If you are honest with yourself, you have been in denial about his illness for the past few months. When the doctor explains nothing more can be done, you will insist they do not give up on him. You know they have many patients but they must understand how important he is to you. If only you can make them understand this, you know they will try harder. You think he should be given more chemotherapy and radiotherapy, and put on a ventilator to help his breathing if necessary.

## Make sure you ask the following question:

- Why wasn't I told about all this earlier?

## Other questions you might like to ask include:

- Why can't my husband have more chemotherapy and radiotherapy?
- Why can't he be put on a ventilator?
- What about a lung transplant?
- Why did you give him antibiotics if you know he is dying?
- Can we have a second opinion?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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<b>Problem:</b>	Dealing with terminal illness
<b>Candidate's role:</b>	The doctor on the medical ward
<b>Surrogate's role:</b>	Mrs Susan Wallace, the patient's wife
<b>Patient's role:</b>	Mr Anthony Wallace, a 68-year-old man with lung cancer

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:**

- Why did you answer the question about not being informed in the way that you did?

**Clinical Communication Skills (Clinical Skill C)**

- Ascertains the wife's understanding of her husband's condition
- Warns her that her husband's condition may be worse than she had thought
- Explains why further treatments would be futile

**Managing Patients' Concerns (Clinical Skill F)**

- Gently breaks the news that her husband is dying
- Deals with her distress and shows her appropriate empathy
- Responds appropriately to her insistence on active treatment/second opinion (including suggesting the palliative care team should become involved and they are expected to review the patient shortly)

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

- Truth telling: is honest about the diagnosis and poor prognosis, and the rationale of a trial of antibiotics
- Sensitivity: is aware that the patient may have withheld details of his deteriorating health in order to spare his wife's feelings, and also aware that his wife may have not been able to see the situation objectively
- Is aware of the medical responsibility to inform others of illness but if the patient does not wish this to happen and has capacity to make that decision, their wishes should be honoured

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on the ward  
**Problem:** A relative requesting information that the patient has instructed must not be divulged  
**Patient:** Mr James Foot, an 18-year-old van driver  
**Relative:** Mrs Trudy Foot, the patient's mother

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 was previously healthy, was admitted as an emergency having had three grand mal seizures in the space of about half an hour while in a nightclub. He was paralysed, intubated and ventilated. A CT scan of head was normal. The day after admission, sedation was withdrawn in the intensive care unit and he woke up. There were no neurological sequelae of his fits and on taking the history, it emerged that the patient had taken two 'ecstasy' tablets during the evening. There was no past history of epilepsy and it seems likely that his fits were caused by taking 'ecstasy'. He has been transferred from the intensive care unit to the medical ward.

The patient's mother has asked to see you and the nurses have told you that she is keen to find out why he had the seizures and what further investigations will be necessary. You have discussed this with the patient and he is adamant he does not want his mother to know he has taken recreational drugs. He has no objection to you revealing other details about his medical condition, the nature of seizures and the results of his investigations. The patient says he does not usually take drugs and it was only because he was celebrating a friend's birthday. He is determined never to take any recreational drugs in the future.

**Note:** The UK Driver and Vehicle Licensing Agency (DVLA) regulations state that a series of fits in 24 hours constitutes one episode. When associated with drug misuse, this will result in a minimum 6-month period of loss of licence for class 1 vehicles (cars, light vans, motorcycles etc.). Patients must inform the DVLA. This guidance may be updated at some point in the future.

**Your task** is to explain the patient's illness to his mother and answer her questions within the remit given to you by the patient.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Mrs Trudy Foot, the patient's mother
<b>Problem:</b>	A relative requesting information that the patient has instructed must not be divulged
<b>Patient:</b>	Mr James Foot, an 18-year-old van driver

## Scenario:

You were called late last night after your son had been out celebrating a friend's birthday. He had had three epileptic fits in a nightclub and was admitted to hospital where he was transferred to intensive care. He has now recovered and has been transferred to the medical ward. You want to know why your son has had the fits and what further investigations will be done to establish the exact cause. You also want to know what treatment he might need and what the implications for his lifestyle may be. You are concerned there may be problems with his job as he works as a van driver.

Your son has always been fit and well with no significant past history. However, you suspect he may have been drinking rather more alcohol than you would like him to over the past 6–12 months. He appears happy in his new job as a van driver delivering parcels. You have a daughter who is fit and well. You also had another son, but he died at the age of 6 weeks from a cause attributed to cot death.

## Attitude and emotional responses

You think the doctors are holding back information about your son and, as his mother, you demand to be told the truth about everything concerning this illness. Even though he is 18, you still regard him as a child for whom you are responsible.

## Make sure you ask the following question:

- Why did my son get ill?

## Other questions you might like to ask include:

- Has my son recovered?
- How will he have to change his life as a result of this illness?
- Can I do anything to help him stay well?
- Is he likely to die like my other son?
- Could my daughter have a similar problem?



# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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.

<b>Problem:</b>	A relative requesting information that the patient has instructed must not be divulged
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mrs Trudy Foot, the patient's mother
<b>Patient's role:</b>	Mr James Foot, an 18-year-old van driver

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 ethical principles did you have to consider in constructing your answer to the mother's question about why her son became so ill?

**Clinical Communication Skills (Clinical Skill C)**

- Explains the nature of seizures and epilepsy appropriately
- Discusses any need for further investigation or otherwise
- Outlines the implications of this seizure for the patient's job

**Managing Patients' Concerns (Clinical Skill F)**

- Answers the relative's questions to the fullest extent possible while respecting the patient's wishes

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

- Respects the patient's wish not to disclose his use of recreational drugs

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

**Your role:** You are the doctor in the genitourinary medicine clinic  
**Problem:** Newly diagnosed HIV infection in a sexual partner  
**Patient:** Mrs Mary Smith, a 30-year-old married woman

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 had unprotected sex on a casual basis 3 weeks ago, with a man who has now sent her a text message to say he has been found to be HIV positive. She is very worried and has come to the clinic to seek advice. In the interim, she has had unprotected sex on several occasions with her husband.

The nurse has seen the patient and ascertained she has been married for 9 years. She has no children though she did have a termination (hormonal) 8 years ago. She says what happened 3 weeks ago is her only sexual indiscretion since she met her husband 12 years ago. She takes the combined oral contraceptive pill. She appears to be very embarrassed about her infidelity.

**Your task** is to discuss the implications of the diagnosis of HIV in this sexual partner, what should be done now and how this might affect her future wellbeing.

You should emphasise the uncertainty of tests for HIV at this early stage and the requirement for tests at around 3 months after exposure.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Mrs Mary Smith, a 30-year-old married woman  
**Problem:** Newly diagnosed HIV infection in a sexual partner

## Scenario:

You have a good relationship with your husband in general. Three weeks ago, however, you had a silly argument over some holiday arrangements. You went out and got drunk and then had unprotected sex with a man you met in a nightclub. You feel awful about it and have not told your husband. You really do not want him to know about your infidelity. You have been thinking of starting a family and this could risk your relationship. The man with whom you had unprotected sex has now sent you a text message saying he has been found to be HIV positive. In the interim, you have had unprotected sex on several occasions with your husband.

You have visited the local genitourinary medicine clinic and have been seen by the nurse. You have told her some personal background information: you have been married for 9 years, have no children though you did terminate a pregnancy 8 years ago. This has been your only sexual indiscretion since you met your husband 12 years ago. You take the combined oral contraceptive pill.

You are about to meet the doctor to discuss your problem.

## Attitude and emotional responses

You are very embarrassed about your infidelity. You are frightened and become extremely anxious when you hear that you could have been infected with HIV. You want an HIV test now to reassure yourself everything is clear, and cannot bear the thought of having to wait for another test to be sure you have not been infected. If the doctor provides convincing information in a sympathetic manner, you eventually agree to tell your husband and wait until the test result will be reliable.

## Make sure you ask the following question:

- Do I really have to tell my husband about my infidelity?

## Other questions you might like to ask include:

- Could I have caught something from this man?
- Can I have a test now so I can be given the all clear?
- What exactly is HIV and what are the symptoms of the condition?
- Will I get AIDS?
- How likely is it that I have now infected my husband, whom I love and care about?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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.

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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:

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- Duty to do good
- Duty to do no harm
- Legal aspects (a detailed knowledge of medical law is not required)

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**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.

<b>Problem:</b>	Newly diagnosed HIV infection in a sexual partner
<b>Candidate's role:</b>	The doctor in the genitorurinary medicine clinic
<b>Surrogate's role:</b>	The patient, Mrs Mary Smith, a 30 year-old married 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:

- We listened to your answer to the question “do I really have to tell my husband about my infidelity?” Why did you answer in the way that you did?

Clinical Communication Skills (Clinical Skill C)

- Confirms the facts empathetically
- Explains seroconversion and how an HIV test will not be reliable for 3 months from date of risk
- Explains the likelihood of developing AIDS if a test proves positive and the therapeutic options
- Advises the patient against unprotected sex until the interval HIV test result is confirmed as negative

Managing Patients' Concerns (Clinical Skill F)

- Reassures patient that the risk to both herself and her husband is low
- Is realistic but remains empathetic

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

- Remains conscious of patient autonomy
- Is aware of need for telling the truth

Maintaining Patient Welfare (Clinical Skill G)

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on the ward
- Problem:** Discussing valid complaints from a patient with unresolved acute pyelonephritis who wishes to discharge herself
- Patient:** Ms Fadhila Kahar, a 23-year-old PhD student

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 2 days ago with severe left loin pain and tenderness, vomiting, fever, dysuria and urinary frequency. She has had several previous urinary tract infections. A diagnosis of acute pyelonephritis has been made. There was a significant growth of *Escherichia coli* from the midstream specimen of urine (MSSU) sensitive to the intravenous antibiotic already prescribed. The patient was also prescribed intravenous fluids and analgesia.

The nurses have asked you to see the patient because she is upset and is insisting on discharging herself from hospital. The ward sister tells you the patient still has a fever, and has not managed to eat or drink anything yet because of persistent nausea. She has needed intravenous fluids, and is taking regular analgesia for her loin pain. The ward sister does not feel the patient is well enough to go home. She is due to have an ultrasound scan of renal tract later today, which had to be rebooked from yesterday when the test was cancelled because the patient did not have a full bladder.

**Your task** is to respond appropriately to the patient's complaints, ensure they understand the nature of their illness and advise them of the risks of discharging themselves. You should attempt to dissuade them from this course of action but minimise the risks to them if they insist on leaving hospital.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

---

**Your role:** You are the patient, Ms Fadhila Kahar, a 23-year-old PhD student

**Problem:** Discussing valid complaints from a patient with unresolved acute pyelonephritis who wishes to discharge herself

## Scenario:

You are a PhD student at university studying epidemiology. You live with your partner, are a non-smoker and do not drink alcohol. You have been troubled by cystitis (an infection of the bladder) over recent months, which is a new problem. You have had no other significant health problems and were a healthy child.

Three days ago, during a bout of cystitis you began to feel feverish and sweaty and started to vomit. You then developed severe left loin pain and felt awful. Two days ago, your partner brought you to the emergency department. You did not want to go but felt too weak to argue. You feel a little better now although you were hot last night and still cannot face food or drink. You still have some pain although the painkillers help. You feel rather dizzy whenever you stand up. You are receiving antibiotics by injection.

You have never been in hospital before and you hate it. They put you in a large ward full of noisy, confused patients. You are also unhappy you could not have an ultrasound scan yesterday because you had just passed urine. Nobody told you that you had to have a full bladder and you felt the radiographer was blaming you. You are waiting for the scan today and are desperate to pass urine. Your bladder feels very uncomfortable. You feel tired and angry. You know the nurses are busy but you cannot bear it any longer. You are in no doubt you would be better at home. The scan can wait. You are prepared to force water down even though you feel sick, and think you could take antibiotics and painkillers by mouth. You are desperate to go home and have called your partner to collect you.

## Attitude and emotional responses

You are upset by the problems on the ward and still feel unwell. Although angry about the situation, this is not directed at the staff or the doctor speaking to you. You are determined to go home, although you have not considered the implications and are not being rational. You might be persuaded to stay if the problems can be resolved and the doctor convinces you this would be in your best interests.

## Make sure you ask the following question:

- Why can't I go home?

## Other questions you might like to ask include:

- Why do I need the ultrasound scan?
- Will the infection be cured by the antibiotic?
- If I go home and get worse can I come back for more treatment?



- What can I do to avoid getting this again?
- If I agree to stay in hospital can I have a single room to be away from the confused patients?

**NOT TO BE USED IN THE EXAM**

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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.

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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)

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**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:** Discussing valid complaints from a patient with unresolved acute pyelonephritis who wishes to discharge herself
- Candidate's role:** The doctor on the ward
- Surrogate's role:** The patient, Ms Fadhila Kahar, a 23-year-old PhD student

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:

- Why did you answer the patient's request to discharge herself in the way you did?

Clinical Communication Skills (Clinical Skill C)

- Clarifies the patient's current symptoms and their understanding of the illness

Managing Patients' Concerns (Clinical Skill F)

- Allows the patient to describe their complaints fully, empathises with them and discusses how best to resolve the issues
- Apologises and considers compromises, e.g. asking the ultrasound department to do the scan straight away, and moving the patient to a different ward

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

- Aware of own limitations and offers to involve to a senior colleague in the discussions if this seems appropriate
- Acknowledges patient autonomy and the fact they may decide to discharge themselves against advice which has been properly considered and given
- Ensures the best possible care for the patient out of hospital should they remain adamant about self-discharge

Maintaining Patient Welfare (Clinical Skill G)

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Delay in diagnosis of multiple myeloma
<b>Patient:</b>	Mr Fred Clemo, a 68-year-old man
<b>Relative:</b>	Mrs Jean Clemo, the patient's wife

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 has recently been found to have multiple myeloma. He was admitted under your care, unwell with hypercalcaemia and renal failure. These acute features have now resolved. He has seen his family doctor on five occasions over the past year complaining of lower back pain radiating down the right leg, but, other than an X-ray of lumbar spine 10 months ago (which was reported as normal), he has had no other investigations.

A skeletal survey performed following admission has shown multiple lytic lesions throughout his axial skeleton. He is generally an uncomplaining, stoical person who previously worked in a heavy manual job. He had a history of a back injury at work in his late fifties but this recovered with conservative management.

The patient has given permission for you to talk to his wife, whom the ward sister has told you wants to know whether or not an earlier diagnosis would have made a difference to his treatment and overall prognosis. She is angry and wants to make a formal complaint about the perceived delay in diagnosis.

It is unlikely the perceived delay has affected his prognosis. Even with the clinical circumstances described, this would still be a treatable condition with chemotherapy and perhaps transplantation.

**Your task** is to discuss the diagnosis with the patient's wife and to answer 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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are Mrs Jean Clemo, the patient's wife  
**Problem:** Delay in diagnosis of multiple myeloma  
**Patient:** Mr Fred Clemo, a 68-year-old man

## Scenario:

Your husband has been complaining of low back pain for the past year, which has become progressively worse. He was recently admitted to hospital after becoming progressively confused, though this has now resolved. A diagnosis of 'multiple myeloma' has been made and you have been told that this is a type of cancer. You are concerned the outlook may not be good. You know that your husband visited your family doctor about his back pain on five occasions, and an X-ray 10 months ago showed nothing abnormal.

Your husband and the family doctor attributed the symptoms to an old back injury which occurred when he worked in a factory 10 years previously. Your husband is normally an uncomplaining, stoical individual who does not like to make a fuss. He understands the diagnosis and is philosophical about the future. He does not want to complain.

## Attitude and emotional responses

You are angry and upset because you feel there has been a delay in obtaining a diagnosis and you want to make a complaint. However, your main concern is to get your husband treated as quickly as possible.

## Make sure you ask the following question:

- If the diagnosis had been made earlier, would my husband have a better prognosis?

## Other questions you might like to ask include:

- Why it has taken so long to make this diagnosis?
- Will the delay make any difference to the treatment or his life expectancy?
- What should I do if I want to make a complaint against the family doctor?
- Will my complaint affect what can be done for my husband?
- How can I best support my husband during this illness?
- Is there any help we could get for him at home?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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- Duty to do good
- Duty to do no harm
- Legal aspects (a detailed knowledge of medical law is not required)

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**The candidate should recognise his/her limit in dealing with a problem and know when, and from where, to seek further advice and support.**

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<b>Problem:</b>	Delay in diagnosis of multiple myeloma
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mrs Jean Clemo, the patient's wife
<b>Patient's role:</b>	Mr Fred Clemo, a 68-year-old man

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:**

- Do you think you handled the explanation of the perceived delay appropriately?

**Clinical Communication Skills (Clinical Skill C)**

- Explains the medical situation and the options for treatment
- Discusses the likely prognosis with sensitivity

**Managing Patients' Concerns (Clinical Skill F)**

- Tactfully explores the wife's concerns about the perceived delay in diagnosis
- Explains the difficulties involved in making these diagnoses
- Discusses the possibilities of helping the patient's wife to look after her husband at home after discharge
- Explains the appropriate procedure for making a complaint if, after discussion, the patient's wife wishes to proceed (a detailed knowledge of NHS systems and procedures is not required)

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

- Is aware of the need to tell the truth

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on the ward  
**Problem:** Explaining diagnosis and management of recently diagnosed malignant pleural effusion  
**Patient:** Mr Keith Robinson, a 65-year-old man  
**Relative:** Mrs Audrey Robinson, the patient's wife

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 for investigation of a pleural effusion. He first saw his family doctor about 3 months ago with a dry cough, breathlessness, anorexia and weight loss (4 kg). He had to wait for 8 weeks before being seen in an outpatient clinic, which caused distress and consternation for both the patient and his wife. The chest X-ray showed a moderately sized right pleural effusion and he was admitted for further investigation. Apart from dullness to percussion at his right base there were no other abnormal findings on examination.

A pleural aspirate has shown bloodstained pleural fluid, which is biochemically an exudate and, on cytology, contains malignant cells suggestive of an adenocarcinoma. A pleural biopsy confirmed infiltration by an adenocarcinoma, possibly of gastrointestinal tract rather than lung origin. The patient has previously been very fit and there is no other relevant past medical history. He is a former miner and used to smoke 20 cigarettes per day but stopped over 20 years ago.

The patient's wife is adamant that, should it prove her husband has a malignant disease, he should not be told. The patient, however, has asked you to be entirely honest with him when the results of the biopsy are received and has given his verbal consent for you to speak to his wife.

**Your task** is to explain the results of the tests to the patient's wife and the implications of the diagnosis if you think this appropriate. You should also discuss your proposed management of the patient's breathlessness.

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.



## PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Mrs Audrey Robinson, the patient's wife
<b>Problem:</b>	Mr Keith Robinson, a 65-year-old man
<b>Patient:</b>	Explaining diagnosis and management of recently diagnosed malignant pleural effusion

### Scenario:

You have been worried about your husband's health for some months because of his reduced appetite and, more recently, his weight loss and breathlessness. He went to see his family doctor about 3 months ago, following which it took 8 weeks for him to be seen in an outpatient clinic, where various different tests and X-rays were conducted. You are worried that he has some form of cancer and expect to hear that from the doctor you are due to see today.

You are firmly of the view that your husband should not be told about his cancer. You believe he would not cope well with the news, as he has always been very fit and active in the past.

### Attitude and emotional responses

Your reaction to the doctor will be a mixture of fear and anger, though you will not lose your temper. The doctor will explain to you that because your husband is of normal intelligence and is not mentally confused, the doctor is obliged to tell him his correct diagnosis if he requests that information. You will require an explanation of the ethical/legal position on this and, providing it is provided in a clear and sympathetic manner, you should reluctantly change your view on the subject by the end of the interview.

### Make sure you ask the following question:

- I do not think my husband will cope with the news that he could have cancer – do you have to tell him?

### Other questions you might like to ask include:

- What has caused the cancer?
- Why did it take so long for my husband to be seen?
- Can anything be done about the cancer?
- Has the delay in the diagnosis worsened the outcome?
- What further investigations are planned?
- Is there any form of treatment he can have?
- How long is he expected to live?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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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.

<b>Problem:</b>	Explaining diagnosis and management of recently diagnosed malignant pleural effusion
<b>Candidate's role:</b>	You are the doctor on the ward
<b>Surrogate's role:</b>	Mrs Audrey Robinson, the patient's wife
<b>Patient's role:</b>	Mr Keith Robinson, a 65-year-old man

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 did you consider before answering the wife's question about telling her husband that he has cancer?

Clinical Communication Skills (Clinical Skill C)

- Explains the diagnosis of malignant pleural effusion
- Reinforces that the patient has indicated he wishes to know the diagnosis, and clinical staff will need to adhere to his wishes

Managing Patients' Concerns (Clinical Skill F)

- Explains that palliation rather than cure is main objective
- Is honest with the issue of diagnostic delay, but advises that it may not have changed the patient's management

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

- Suggests referral to the Palliative Care Team once the patient is aware of the diagnosis
- Offers to ask consultant to arrange further meeting.

Maintaining Patient Welfare (Clinical Skill G)

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor in the clinic
<b>Problem:</b>	Discussing the prognosis and management of multiple sclerosis
<b>Patient:</b>	Miss Mary White, a 27-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/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 has just been found to have multiple sclerosis and has been asked to return for review this morning.

She has had symptoms for the past year and after several months her family doctor finally referred her for a specialist neurology opinion. Following an MR scan and lumbar puncture she has been told of the diagnosis of multiple sclerosis, and asked to come back to receive further information and to have any questions answered.

She is engaged and planning to get married in a few months. She works as a physiotherapist and has seen patients with the same illness. She is quite anxious and upset at the prospect of her quality of life rapidly deteriorating.

**Your task** is to discuss the prognosis and management options with the patient, and to answer any questions she 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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Miss Mary White, a 27-year-old woman  
**Problem:** Discussing the prognosis and management of multiple sclerosis

## Scenario:

You work as a physiotherapist; you are engaged and are planning to get married in a few months. A year ago, your left eye became painful and you were told by the ophthalmologist that the nerve behind the eye was inflamed. This resolved after a few weeks. You have noticed that you become easily fatigued at work and your body has felt stiff on many occasions. Your legs also feel rigid at times. You have had frequent episodes of numbness in your hands and feet. You have also noticed that you have to hurry to the toilet whenever you feel the desire to urinate.

After 6 months, your family doctor referred you to a neurologist who arranged an MR scan and took a sample of spinal fluid. The results confirmed the diagnosis of multiple sclerosis (MS). In your work, you have seen patients with this illness, some of them in the rehabilitation ward. You have seen how some of them have become extremely incapacitated by the disease.

## Attitude and emotional responses

When you found out that you had MS you were shocked. You are extremely upset and anxious. You are worried that you will end up like some of the patients you see in your job. You feel you may not be able to proceed with your planned marriage, or that if you do get married and have children, they will inherit the disease.

## Make sure you ask the following question:

- What treatment is available?
- Will I become wheelchair bound one day and need help with bladder and bowel control?

## Other questions you might like to ask include:

- Could I have been diagnosed and treated at an earlier stage with a better long-term outcome?
- What other symptoms can I expect to experience in the future?
- Should my family doctor have referred me sooner?
- If I have children, how likely are they to inherit the condition?
- Can anything be done to stop me getting worse?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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<b>Problem:</b>	Discussing the prognosis and management of multiple sclerosis
<b>Candidate's role:</b>	The doctor in the clinic
<b>Surrogate's role:</b>	The patient, Miss Mary White, a 27-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:

- What factors did you take into consideration when answering the question about prognosis?

Clinical Communication Skills (Clinical Skill C)

- Explains that diagnosis of multiple sclerosis (MS) is usually only possible after second episode of neurological presentation
- Explains the plan of management of her acute relapses and emphasises the importance of reporting whenever she has a relapse

Managing Patients' Concerns (Clinical Skill F)

- Accepts the fact that there may have been some delay in diagnosis but that management may well have been similar
- Acknowledges the patient's fears given her experience with other patients with this disease
- Suggests other avenues of support such as the MS specialist nurse and MS society

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

- Explains the value of specialist input and follow-up
- Makes contact with MS nurse if patient agreeable

Maintaining Patient Welfare (Clinical Skill G)

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Explaining a diagnosis of lung cancer to a patient's relative
<b>Patient:</b>	Mr Clifford Dennis, a 68-year-old man
<b>Relative:</b>	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/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 earlier today with symptoms and signs suggestive of superior vena cava (SVC) obstruction. A chest X-ray on admission showed a large mass, 5 × 6 cm, in the right upper zone with lobulated right paratracheal shadowing. The patient has started high-dose corticosteroids and is going to be seen by a chest physician today. A chest X-ray organised by the patient's family doctor 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 the patient visited his family doctor with a worsening cough productive of clear sputum, in which he 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 past week he had been troubled by headaches and, more recently, facial swelling.

On examination, he was found to be plethoric with distended neck veins and dilated veins over his anterior chest wall: signs consistent with SVC obstruction. The family doctor 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 his condition with the relative.

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

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# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Ms Jean Chapman, the patient's daughter
<b>Problem:</b>	Explaining a diagnosis of lung cancer to a patient's relative
<b>Patient:</b>	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 had a cough for several years but over the past 6 months it has become noticeably 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 like to 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?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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

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**During the interview please use the following question to explore aspects of communication and ethical interest:**

- Why do you think the daughter is angry with her father's family doctor?

**Clinical Communication Skills (Clinical Skill C)**

- Explains the probable diagnosis of lung cancer and is aware of staging investigations and subsequent treatment

**Managing Patients' Concerns (Clinical Skill F)**

- 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 (Clinical Skill E) (also points of ethical interest)**

- Explains the diagnosis of superior vena cava (SVC) obstruction and has an idea about the treatment
- Understands that the development of SVC obstruction already means that the disease is inoperable, whatever the cell type

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor in the clinic
- Problem:** Discussing the further management and implications of treatment for mitral valve disease
- Patient:** Ms Nahed Butti, a 28-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/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:**

This patient had rheumatic fever as a child and was left with a heart murmur. An echocardiogram was arranged some years ago and showed mild mitral valve stenosis and mild mitral incompetence. She was told the changes were minor and she need not worry about them.

She has become progressively short of breath on exertion recently and now becomes breathless climbing stairs and after doing other normal activities. Her family doctor prescribed furosemide 20 mg each morning. She was referred to hospital for further assessment and a repeat echocardiogram.

This latest echocardiogram shows that the mitral valve is heavily calcified, and has a narrow valve area of 0.75 cm<sup>2</sup>. Additionally, there is moderate mitral regurgitation and there is also evidence of pulmonary hypertension. The left ventricular systolic function is good. The consultant cardiologist has advised that she should have a mitral valve replacement. The patient has returned to the clinic to be given the result of her latest echocardiogram and to be advised about treatment for her breathlessness. She is due to be married soon.

**Your task** is to explain to the patient why she needs a valve replacement. The patient may want to know if there are any other treatment options available. As she is about to get married, she is worried about the effects of the valve replacement and treatment on future pregnancies and the implications for the fetus.

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

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# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Ms Nahed Butti, a 28-year-old woman  
**Problem:** Discussing the further management and implications of treatment for mitral valve disease

## Scenario:

You had rheumatic fever as a child and were told you had a heart murmur as a consequence. Some years ago, your family doctor sent you for an echocardiogram and told you that the mitral valve in your heart was narrowed (mitral stenosis) and leaking (mitral regurgitation). At that time you were told not to worry, as the changes were mild.

Recently you have noticed you become progressively short of breath when climbing stairs and after doing normal activity. Your family doctor gave you 'water pills' (a diuretic, furosemide 20 mg) to take each morning, and these have helped a little. You were sent to the hospital clinic for further advice and another echocardiogram. You live with your parents and work as a secretary in an architect's office. You enjoy music but you have never been sporty as you always felt unfit. You are due to get married soon. You have returned to the clinic today to be given the result of the echocardiogram and receive further advice. You will be advised to have a mitral valve replacement.

## Attitude and emotional responses

You are shocked that something as drastic as heart surgery is being recommended and are worried about whether it might affect your becoming pregnant in the future. You have been looking things up on the internet, and want to discuss the possible alternatives to surgery and to be given time to think about it all. You do not want to feel you are being pushed into having major surgery.

## Make sure you ask the following question:

- I am about to get married – will having an operation stop me being able to have a family?

## Other questions you might like to ask include:

- Why is a valve replacement necessary?
- What are the different types of heart valve replacements and their advantages and disadvantages?
- Will a new valve mean that I will have to take blood-thinning tablets for the rest of my life?
- Could this interfere with my becoming pregnant?
- Would my baby be affected by any medication that I may have to take?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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- Problem:** Discussing the further management and implications of treatment for mitral valve disease
- Candidate's role:** The doctor in the clinic
- Surrogate's role:** The patient, Ms Nahed Butti, a 28-year-old woman

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During the interview please use the following question to explore aspects of communication and ethical interest:

- In addressing the patient's question about getting married and starting a family what factors did you consider?

Clinical Communication Skills (Clinical Skill C)

- Explains with patience and empathy the treatment options for rheumatic mitral stenosis and regurgitation
- Is aware that there are a variety of surgical procedures
- Is aware that referral to cardiac surgeons will probably be required
- Explains that the mechanical prosthetic valve is compatible with lifelong durability but necessitates anticoagulation with warfarin
- Is aware of the teratogenic effects of warfarin

Managing Patients' Concerns (Clinical Skill F)

- Explains the role of taking subcutaneous heparin either for the whole or part of the pregnancy

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

- Respects the autonomy of the patient, who might decide not to accept the advice given after a clear explanation
- Explains the risks of the proposed treatment or offers a consultation with a more appropriate person (cardiac surgeon, haematologist)

Maintaining Patient Welfare (Clinical Skill G)

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Discussing the implications of Huntington's disease with a relative
<b>Patient:</b>	Mrs Jean Smith, a 55-year-old woman
<b>Relative:</b>	Mrs Susan Robinson, the patient's 35-year-old 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:**

You are about to meet the daughter of a patient who was admitted yesterday having taken an overdose of antidepressants and alcohol. The patient is now recovering with supportive therapy. Her daughter is visiting for the first time and is very anxious to see a doctor to discuss the situation.

The hospital notes show that the patient attended a neurology clinic 2 months previously for the assessment of involuntary movements and altered personality. A clinical diagnosis of Huntington's disease was made by the consultant neurologist and this has been confirmed by a blood test. Unfortunately she did not attend her follow-up appointment for discussion of the results with the neurologist.

The patient was seen by your consultant on the post-take ward round earlier in the day. During the ward round, the consultant commented that Huntington's disease was an autosomal dominant disorder characterised by chorea, progressive dementia, and premature death in all affected individuals.

From the medical notes you see that the patient's father died aged 60. He was in psychiatric care with an undiagnosed illness before his death. The patient has three adult children, and the daughter you are about to see is the eldest. She has two children of her own.

**Your task** is to explain the diagnosis of Huntington's disease to the patient's daughter and discuss with her the implications of this for the rest of the family.

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.



# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Mrs Susan Robinson, the patient's 35-year-old daughter
<b>Problem:</b>	Discussing the implications of Huntington's disease with a relative
<b>Patient:</b>	Mrs Jean Smith, a 55-year-old woman

## Scenario:

Your mother was admitted to hospital yesterday, apparently having taken an overdose of antidepressant tablets and alcohol. You live with your own family, which is a considerable distance from your mother, and this is the first opportunity you have had to visit. You are anxious to know what is going on and you have asked the nurses if you could speak to a doctor. They have arranged for you to meet a member of the medical team looking after your mother.

Because of the distance you live away from your mother, you do not see her very often, but you speak to her on the phone from time to time. You are aware that over the past 5 years she has become more forgetful, and that she does not take as much care over her appearance as she did in the past. Her family doctor considered she might be depressed and has made attempts to treat this with courses of tablets. Your mother has also developed a habit of making sudden purposeless movements of her arms and legs. You know that 2 months ago she was seen by a specialist at the hospital, but when you spoke to her on the phone about this afterwards, she told you the specialist did not think there was any serious problem.

Given that you have come to the hospital to discuss your mother's recovery from her overdose, you will be surprised when the doctor tells you that she has been diagnosed with Huntington's disease. You know nothing about this disorder and you ask the doctor to explain it to you. You will become very anxious and upset when you are told it is an incurable disease which runs within families. You are told that it affects about half of the family members, and results in uncontrolled movements of arms and legs and progressive loss of mental function before an early death. There is no way of preventing this outcome.

Your mother's father died in long-term psychiatric care aged 60 and had problems with fidgeting, self-neglect, and depression. Before being admitted to the psychiatric hospital, he made unwanted sexual advances to several people, and because of the embarrassment caused by this, his illness has never been discussed openly in the family. As far as you are aware, no other members of the family have any similar problems and you are in good health yourself. You are now very anxious because of your grandfather's history and because you have seen your mother gradually deteriorate over the past 5 years.

You are the oldest of your mother's three children. You have a sister aged 32, who has a 5-year-old daughter of her own, and a brother aged 25 who is about to be married. You have an 8-year-old daughter and a 10-year-old son yourself. Your concern at the moment is that you and your children may develop Huntington's disease. You are also worried for the rest of your family. You want to

## Scenario No: Sample 18

know what the chances of developing this disease actually are, and if any tests can be done to identify those family members who are going to be victims of the disease. You want any test available to be done without delay, for yourself, other members of your family, and especially for your children.

### Attitude and emotional responses

You want to know as much as possible about this condition. When the doctor explains what is involved, you become greatly shocked and upset. Your anxiety is so great that you want the doctor to take blood from you right now for testing. You will be calmed if the situation is explained clearly and sympathetically.

### Make sure you ask the following question:

- Does this mean I might go insane and behave as my grandfather did before he died?

### Other questions you might like to ask include:

- Can the effects of this disease be prevented from developing?
- Is there any treatment that can help?
- Is there a test to show which of us will develop this disease?
- Can I have the test now?
- Can my children be tested?
- What could be the disadvantage of being tested?

**NOT TO BE USED IN THE EXAM**

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

DATE	CYCLE

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<b>Problem:</b>	Discussing the implications of Huntington's disease with a relative
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mrs Susan Robinson, the patient's 35-year-old daughter
<b>Patient's role:</b>	Mrs Jean Smith, a 55-year-old woman

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**During the interview please use the following question to explore aspects of communication and ethical interest:**

- What factors did you take into account when answering the patient's question about the risks for her and her children?

**Clinical Communication Skills (Clinical Skill C)**

- Describes the prognosis and likely rate of decline in a patient with Huntington's disease
- Recognises the daughter's anxiety and empathises with her situation
- Explain the inheritance of Huntington's disease

**Managing Patients' Concerns (Clinical Skill F)**

- Acknowledges the daughter's fears and discuss the need for genetic counselling before considering presymptomatic testing

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

- Provides an outline of the difficulties a presymptomatic individual might encounter once he/she is known to have Huntington's disease
- Acknowledges the ethical issues involved with the testing for an incurable disorder of children who are too young to give consent
- Good candidates might discuss the role of symptomatic management for patients with Huntington's disease

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Discussing further management of a seriously ill patient
<b>Patient:</b>	Mr Abu Mohammed, a 75-year-old retired fisherman
<b>Relative:</b>	Mr Abdulla Mohammed Khamis, the patient's son

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 brought to the emergency department complaining of severe breathlessness, drowsiness and confusion.

He has a long history of bronchitis with a persistent cough, productive most of the time of sputum, which is sometimes clear and at other times mucopurulent. About 1 week before he came to hospital, the patient became unwell with marked worsening of his cough and a lot of sputum. He attended his family doctor, where he was told he had an infection in his chest and was given a course of antibiotics. The antibiotic produced gastrointestinal upset and he took the medication for 3 days only. Since then he has been deteriorating very rapidly and he is now pyrexial, drowsy and confused. His son visited him at home on the morning of admission and was shocked at his condition. He immediately brought his father to hospital in his car.

A chest X-ray showed a right upper lobe pneumonia, horizontal ribs and flattened diaphragms. His arterial blood gases showed a PO<sub>2</sub> of 7.6 kPa (normal range: 11.3–12.6), PCO<sub>2</sub> of 12.5 kPa (normal range: 4.7–6.0) and pH of 7.18 (normal range: 7.35–7.45).

He has already been treated with non-invasive ventilation; if he deteriorates further he may need to go to the intensive care unit for invasive ventilation but more information about the patient is required before the matter is discussed with the intensive care physician. You are about to see his son to get this information.

**Your task** is to inform the son how serious his father's illness is, get an idea of the father's general pre-morbid condition, and obtain information to inform the discussion around ventilation.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Mr Abdulla Mohammed Khamis, the patient's son
<b>Problem:</b>	Discussing further management of a seriously ill patient
<b>Patient:</b>	Mr Abu Mohammed, a 75-year-old retired fisherman

## Scenario:

You are the patient's eldest son. Your father lives alone in a small house not far from you. You and your brothers visit him regularly. About 1 week ago, your father's cough worsened and he developed a fever. He felt unwell and your brother took him to his family doctor, where he was told he had an infection. He was given a course of antibiotics called erythromycin.

Your father took the medication but it caused him quite a lot of nausea and diarrhoea and he stopped taking the tablets after 3 days. His condition worsened and you were shocked when you visited him and saw the state he was in. He was drowsy, confused and feverish and was coughing up fairly large amounts of yellow sputum tinged with blood. You immediately put him in your car and brought him to the emergency department.

Your father has had bronchitis for as long as you can remember and he has always had a cough productive of sputum, which is much worse during the winter. He has smoked all his life and although he has been advised to stop, he still smokes about 20 cigarettes per day. His breathing has been getting worse over the years. This is the first time that he has been admitted to hospital as an emergency although he has been seen in the chest clinic on a regular basis.

His activities are limited. He has to stop twice to go up the one flight of stairs that he has at home, and he walks only the short distance to go to the local shops. He loves his small garden, in which he spends quite a lot of time doing small jobs. You and your brothers help him with the heavy digging. Despite his physical limitation he seems to enjoy his life, the visits of his family and friends, and spending time in his garden.

After your father arrived in the hospital, a chest X-ray was taken and you have been told that this shows pneumonia. Once the results of some blood tests become available, the doctor would like to discuss your father's admission with you, as well as his diagnosis, the seriousness of his condition and the question of assisted ventilation.

## Attitude and emotional responses

As far as you know, the possibility of assisted ventilation has never been discussed with your father but you do not think that he would object to being put on a ventilator. You would like him to be helped in this way and you think your brothers will agree. You are very worried and you want to explore what should be done further to help your father.

**Make sure you ask the following question:**

- What are the benefits and risks of my father being ventilated?

**Other questions you might like to ask include:**

- What will happen if you do not put him on a ventilator?
- Can chest infections like this be treated successfully?
- Should he stop smoking when he gets better and leaves hospital?
- Will he need oxygen at home?

**NOT TO BE USED IN THE EXAM**

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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.



<b>Problem:</b>	Discussing further management of a seriously ill patient
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mr Abdulla Mohammed Khamis, the patient's son
<b>Patient's role:</b>	Mr Abu Mohammed, a 75-year-old retired fisherman

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 will you incorporate the relative's views into your decision-making?

**Clinical Communication Skills (Clinical Skill C)**

- Explains the severity of the patient's condition to his son
- Acknowledges the contribution of the patient's previous history of chronic obstructive pulmonary disease
- Explains that the question of artificial ventilation needs to be considered and a decision made soon
- Explains the procedure and the necessity of admission to the intensive care unit (ICU) for this to occur
- Explains the risks of ventilation and admission to the ICU
- Gets an idea of the patient's normal exercise capacity, social life and any previous medications

**Managing Patients' Concerns (Clinical Skill F)**

- Addresses the question of what will happen if the patient is not ventilated
- Addresses the son's concerns about future chest infections

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

- Decides whether or not the patient is a candidate for ventilation
- Finds out whether the patient has ever discussed or expressed any feelings about assisted ventilation and an admission to the ICU

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Deterioration following stroke and a perceived drug error
<b>Patient:</b>	Mrs Hope Smith, an 80-year-old woman
<b>Relative:</b>	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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Mrs Angela Sweeney, the patient's daughter
<b>Problem:</b>	Deterioration following stroke and a perceived drug error
<b>Patient:</b>	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?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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.

<b>Problem:</b>	Deterioration following stroke and a perceived drug error
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mrs Angela Sweeney, the patient's daughter
<b>Patient's role:</b>	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

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor on the ward
<b>Problem:</b>	Dealing with concern about a delayed diagnosis of cancer
<b>Patient:</b>	Mr Jacob Barlow, a 71-year-old man
<b>Relative:</b>	Mr Gareth Barlow, the patient's son

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:**

Six months ago, the patient presented to your hospital with acute coronary syndrome. Coronary catheterisation was advised. However, his routine blood tests showed a haemoglobin concentration of 88 g/L (normal range: 130–180) with a microcytic, hypochromic picture. It was felt that gastrointestinal investigation (endoscopy/colonoscopy) was not appropriate at that point owing to his coronary artery disease. It was thought likely that this anaemia was due to his chronic analgesic intake for his rheumatoid arthritis. However, the plan was to keep the situation under review.

The patient received 2 units of packed red blood cells and then had coronary angiography. This revealed three-vessel disease and he had coronary artery bypass grafting, which was uneventful and from which he made a good recovery. He was continued on treatment with low-dose aspirin, as at that point his haemoglobin appeared stable. He stopped all other analgesia other than paracetamol.

Four weeks ago, the patient returned to his family doctor because he was feeling weak. Repeat blood testing showed a recurrence of anaemia. Further investigation by colonoscopy and biopsy showed the presence of caecal adenocarcinoma. He has now been admitted to your ward for staging and definitive therapy.

The patient's son believes that the delay in the diagnosis of malignancy has reduced his father's chances of survival and that he has been badly served by your hospital. He has asked to see you. The patient has given you permission to speak to his son.

**Your task** is to discuss this complaint with the patient's son.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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<b>Your role:</b>	You are Mr Gareth Barlow, the patient's son
<b>Problem:</b>	Dealing with concern about a delayed diagnosis of cancer
<b>Patient:</b>	Mr Jacob Barlow, a 71-year-old man

## Scenario:

Six months ago, your father presented to hospital with acute coronary syndrome (insufficient blood supply to the heart, causing chest pain). Coronary catheterisation was advised (a relatively minor procedure to allow visualisation of the coronary circulation). However, routine blood tests revealed that he was anaemic, which means that his blood had a reduced ability to transfer oxygen. You were told that this had probably occurred because of the painkillers your father was taking for his rheumatoid arthritis.

Your father received 2 units of blood and then had coronary angiography (a detailed examination of the blood vessels and chambers of the heart). This showed severe heart disease and he then had heart bypass surgery. He has had no further chest pain and made a good recovery. His blood count appeared to be stable and he was treated with low-dose aspirin. He also stopped all painkillers other than paracetamol.

Four weeks ago, your father returned to his doctor because he was feeling weak, and repeat blood tests showed a recurrence of anaemia. When he had further tests, including colonoscopy (examination of the bowel with a thin flexible 'telescope') and biopsy, cancer of the colon was confirmed. He has now been admitted to the ward for staging (to determine whether the cancer has spread) and definitive treatment.

## Attitude and emotional responses

You believe that there was a delay in the diagnosis of your father's malignancy and that this may have contributed to his health problems and could cause early death. You feel that he has been badly served by the cardiology department. You are very upset and want to know why the delay in diagnosis occurred.

## Make sure you ask the following question:

- Why was this not picked up during his first admission?

## Other questions you might like to ask include:

- Why was my father's anaemia not investigated any further?
- Would that not be considered negligence and malpractice?
- What would have been done had his malignancy been discovered before his bypass?
- What are my father's chances of survival now?
- Is the cancer related to my father's rheumatoid arthritis or the treatment he has taken to control the pain?

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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.



<b>Problem:</b>	Dealing with concern about a delayed diagnosis of cancer
<b>Candidate's role:</b>	The doctor on the ward
<b>Surrogate's role:</b>	Mr Gareth Barlow, the patient's son
<b>Patient's role:</b>	Mr Jacob Barlow, a 71-year-old man

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:**

- Is there any justification for the son's complaints regarding his father's management?

**Clinical Communication Skills (Clinical Skill C)**

- Listens sympathetically to the son's worries and complaints
- Explains that the cause of the anaemia at the time of presentation is likely to have been bleeding, which could have come from either the stomach (analgesia-related) or bowel (cancer-related)

**Managing Patients' Concerns (Clinical Skill F)**

- Explains that, in the context of acute coronary syndrome, invasive gastrointestinal investigation would not have been appropriate immediately and that, in this setting, a planned programme of investigation after 6–8 weeks would have been more appropriate
- Explains that the outcome will depend on whether the tumour has spread and that staging will be required to determine the optimum treatment

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

- Is aware of the need to tell the truth
- Is prepared to acknowledge that the monitoring of the blood count after the coronary bypass operation could have been more thorough, but is aware that it is unlikely that a problem would have been identified before it became evident

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

**Your role:** You are the doctor on the ward  
**Problem:** Discussing the possibility of iatrogenic illness with a patient  
**Patient:** Mr George Baker, a 28-year-old banker

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 to your ward yesterday, having collapsed at home, 12 hours after discharge from hospital. He was found to have a temperature of 39.0°C and was hypotensive when he presented to the emergency department. A recent intercostal drain site appeared very inflamed. He was treated with intravenous fluids and antibiotics. Subsequently, he has remained febrile and an urgent CT scan of chest has shown a right pleural collection. Blood cultures taken before the antibiotics were given have grown no organism.

A week ago, the patient was admitted under a different team with a right-sided spontaneous tension pneumothorax. He was compromised and required immediate chest drainage. This was inserted in a hurry in the emergency department. The drain continued to bubble so after 2 days he was put on suction. The pneumothorax then resolved and he was well when he went home.

**Your task** is to explain to the patient that the reason for his re-admission is an infected drain site and that he probably also has a right-sided empyema. You should discuss the possibility that this might be related to the treatment for his pneumothorax. You should outline your proposal to investigate and manage his right pleural collection.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Mr George Baker, a 28-year-old banker

**Problem:** Discussing the possibility of iatrogenic illness with a patient

**Scenario:**

You were well until a week ago when you felt a sudden pain in the right side of your chest and became breathless. The pain got so bad you became immobile. Your partner called an ambulance which brought you to the emergency department of this hospital.

After initial investigations, you were told that you had a completely collapsed right lung ('tension pneumothorax'). A chest drain tube was rapidly inserted in between your ribs into the right side of your chest using local anaesthetic. The procedure seemed to be quite difficult with lots of vigorous pushing and pulling. This caused severe discomfort but once it was in, it made you feel better. The tube was attached to a big bottle containing some liquid which bubbled when you breathed or coughed. After 2 days, bubbles were still appearing in the bottle so the doctors repeated your chest X-ray. Following this, the drain was attached to suction on the wall. This was not nearly so painful and fortunately after a further 1 day the bubbling ceased. A chest X-ray showed that your lung had remained expanded so the tube was removed. The next day, following a further X-ray, you were sent home.

You were told that if you had a further pneumothorax (which might happen), a procedure called a pleurodesis (stopping the lung collapse by sticking it to the inner side of the ribs using a substance which acts as a glue) should be discussed. You were relieved to be home and even thought of going back to work the next day.

However, over the course of the next 12 hours, you felt extremely unwell and started to experience uncontrollable shivering. Your partner called an ambulance and you returned to hospital. You remember the doctors in the emergency department mentioning 'infection' and they gave you intravenous fluids and antibiotics, which made you feel better. You have had a more detailed type of X-ray (CT scan). You are now able to walk around and would like to go home to recover, although you still have a fever. You have requested an interview with the doctor on the ward to find out what happened and whether you can go home.

### Attitude and emotional responses

You were surprised that you had a pneumothorax and hated having a chest drain, which, although you were reassured is a routine, relatively painless procedure, proved to be very painful. If a chest drain is mentioned, you are determined never to have another one. However, if the doctor clearly explains the reasons why a further chest drain might be necessary, then you will relent and ask for more adequate analgesia. You will ask why you became so unwell after you were first discharged from hospital. When it is explained that this might be due to the previous chest drain, you become angry and ask who was to blame. An adequate, sympathetic response will calm you and an apology will be accepted.

When you are informed that further investigation of the fever and fluid collection in your chest will involve needles and a drain, insist on a clear, jargon-free explanation of why it might be necessary. What you will allow to happen will depend on the quality of the explanation and assurance of adequate pain relief.

### Make sure you ask the following question:

- Was I sent home too early?

### Other questions you might like to ask include:

- Why did I get an infection?
- Could this infection have been prevented?
- Do I need to stay in hospital and risk getting another infection?

NOT TO BE USED IN THE EXAM

## PACES Station 4: COMMUNICATION SKILLS & ETHICS

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 1 minute's reflection) to summarise the problems raised in the foregoing exchange.

The candidate should be asked to identify salient ethical and/or legal content in this case and the approaches they would take. Areas for discussion should include consideration of four underlying ethical principles:

- Respect for the patient's autonomy
- Fairness (justice)
- Acting in the patient's best interests (beneficence)
- Weighing benefit to the patient versus risk of harm (non-maleficence).

Candidates are not expected to have a detailed knowledge of medical law in the UK, but should be aware of general legal and ethical frameworks pertinent to 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 sections 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:** Discussing the possibility of iatrogenic illness with a patient  
**Candidate's role:** The doctor on the ward  
**Surrogate's role:** The patient, Mr George Baker, a 28-year-old man

Examiners are reminded that the sections 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:

- Were the doctors in the emergency department at fault?

Clinical Communication Skills (Clinical Skill C)

- Discusses the management of tension pneumothorax without concealing that the chest drain might be the cause of the current infection
- Discusses why complications might occur as a result of the use of chest drains
- Explains that further investigation of the pleural collection involves aspiration and potentially formal drainage with a tube
- Avoids the use of jargon or technical language

Managing Patients' Concerns (Clinical Skill F)

- Deals sensitively with the patient's concerns
- Maintains a calm focused approach in the face of anger or accusation of bad practice

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

- Negotiates future management including discussion around the option of doing nothing more, emphasising the dangers of not treating an empyema promptly
- Notes that the patient's empyema is a recognised complication of the original drain, and it is usually discussed as part of the consent process, and this need not necessarily indicate negligence

Maintaining Patient Welfare (Clinical Skill G)

See marksheet.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

- Your role:** You are the doctor on call
- Problem:** Investigation of deep venous thrombosis and possible pulmonary embolism in a female patient who is 18 weeks pregnant
- Patient:** Mrs June White, a 32-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/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:**

You have been called to the emergency department to see the patient who is 18 weeks pregnant with her second child. Two weeks ago, she had a long uninterrupted car journey as a passenger. Two days ago, and again today, she had episodes of sudden transient breathlessness. Her oxygen saturation is 91% (normal range: 94–98) breathing air, but all other clinical parameters, examination and chest X-ray are normal.

The patient is concerned about the possibility of clots in her lungs, having read something about this in a pregnancy magazine. This may well be the correct diagnosis. Current guidelines suggest that if the clinical probability is high (as in this case), bilateral Doppler ultrasound scan of the lower limbs would be the initial investigation. If negative, gated ventilation/perfusion isotope lung scan (which carries a small risk for the fetus) or a CT pulmonary angiogram (which carries a small risk of breast cancer for the mother) can be used.

Her only current medication is a folic acid supplement.

**Your task** is to explain what can be done to establish the diagnosis at this stage of her pregnancy and what treatment would be appropriate.

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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** You are the patient, Mrs June White, a 32-year-old woman  
**Problem:** Investigation of deep venous thrombosis and possible pulmonary embolism in a female patient who is 18 weeks pregnant

## Scenario:

You are 18 weeks pregnant with your second child and so far the pregnancy has gone without problems.

You attended the emergency department of your local hospital today. You were out shopping and suddenly became breathless for no apparent reason. The breathlessness lasted for about 40 minutes and has now settled. The same thing happened 2 days ago when you were sitting reading with your son. On that occasion, it passed after about 20 minutes and you had jobs to do so you did not take it any further. You have had no chest pain and have not coughed up any blood or other spit. Your legs feel a bit heavy at the end of the day but have not been swollen. You are otherwise healthy.

Two weeks ago, you travelled back home by car after visiting relatives. You were in the passenger seat and the journey lasted over 6 hours because of heavy traffic causing delays. You fell asleep in the car and, as a result, remained sitting for the entire journey.

You live with your husband, who works as a mechanic. Your son was born 2 years ago after a normal pregnancy and you look after him at home. You work part-time as a secretary. Previously you have been very well and have never had an operation or any problems with your legs before. This second episode of breathlessness has frightened you as you recently read in a magazine how clots in the lungs can occur during pregnancy and they can be dangerous.

Your only current medication is a folic acid tablet each morning.

## Attitude and emotional responses

You are a level-headed person but are concerned by the prospect of something serious and by the possibility that you might need treatment which could affect your unborn child. You take your health seriously and do not smoke or drink. You have also been taking vitamin supplements, even since before the conception of this baby. You are reluctant to undergo any investigations or treatment that might harm your baby. Be calm, inquisitive and think about the answers given before deciding what you will do. If the doctor is empathetic and reassuring, agree to the proposed course of action. If not, continue to probe with increasing determination until you are satisfied or decide to demand another opinion. Do not tolerate jargon.

## Make sure you ask the following question:

- Could the tests or the treatment be dangerous for my baby?



Other questions you might like to ask include:

- What is the best way to tell whether I have these 'blood clots'?
- If there are clots in my lungs, what is the safest form of treatment for me and my baby?
- My son needs me, so can I go home now and have the tests later?

**NOT TO BE USED IN THE EXAM**

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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 1 minute's reflection) to summarise the problems raised in the foregoing exchange.

The candidate should be asked to identify salient ethical and/or legal content in this case and the approaches they would take. Areas for discussion should include consideration of four underlying ethical principles:

- Respect for the patient's autonomy
- Fairness (justice)
- Acting in the patient's best interests (beneficence)
- Weighing benefit to the patient versus risk of harm (non-maleficence).

Candidates are not expected to have a detailed knowledge of medical law in the UK, but should be aware of general legal and ethical frameworks pertinent to 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 sections 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:** Investigation of deep venous thrombosis and possible pulmonary embolism in a female patient who is 18 weeks pregnant
- Candidate's role:** The doctor on call
- Surrogate's role:** The patient, Mrs June White, a 32-year-old woman

Examiners are reminded that the sections 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 factors did you take into account when answering her question on potential harm to her unborn child?

**Clinical Communication Skills (Clinical Skill C)**

- Explains how the possibility of pulmonary embolism in a woman who is 18 weeks pregnant might be investigated
- Describes available treatment options and their adverse effects (notably, warfarin and teratogenicity, low-molecular-weight heparin and peripartum bleeding etc.)

**Managing Patients' Concerns (Clinical Skill F)**

- Listens empathetically to the concerns of the patient and negotiates a management plan based on perceived risks to herself and her unborn child

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

- Weighs up the balance of risk versus benefit
- Tells the truth
- Acknowledges his/her own uncertainty regarding relative risks of the imaging techniques

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet.

## PACES Station 4: COMMUNICATION SKILLS & ETHICS

<b>Your role:</b>	You are the doctor in the general medical outpatient clinic
<b>Problem:</b>	Management of risk factors for heart disease
<b>Patient:</b>	Mr Jim Davies, a 39-year-old man

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:

This patient has recently been found to have gastrooesophageal reflux disease following investigations for central chest pain. He presented acutely last week and initial investigations included a normal exercise tolerance test and normal blood pressure of 126/74 mmHg. He has come to the clinic to have fasting lipids checked and to be assessed for cardiac risk factors.

**Your task** is to explain the results to the patient, address modifiable risk factors and address concerns he 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.

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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**Your role:** Mr Jim Davies, a 39-year-old man  
**Problem:** Anxiety regarding risk of developing heart disease  
**Patient:**

## Scenario:

Following some central chest pain you were admitted to hospital last week. You were reassured that the pain was not cardiac and that you have gastrooesophageal reflux disease. The treatment seems to be working because you have not had any further symptoms. The chest pain has been a 'wake-up call', as you realise that you do not look after your health; also, your father died of a heart attack in his early forties. You are keen to learn about what you can do to help improve your health and minimise your risk of cardiac disease.

The chest pain you had was in the centre of your chest and it did not spread anywhere else. It often occurred following a night out when you had eaten and drunk quite a lot. You have not had any pain on exercise. The pills you have now started taking have improved your symptoms.

When you did an exercise test after your chest pain, you were told that there were no changes on your ECG. You were asked to come to the clinic today for some additional blood tests and you were told to fast from last night.

You have gained 12 kg (about 2 stones) in the past 2 years and feel unfit. You take little exercise and drive even short distances rather than walking. You eat a lot of "junk food" and rarely eat fruit and vegetables.

You occasionally feel thirsty and get up to pass urine a few times every night. You have no other problems with passing urine. You wonder if you might have diabetes mellitus.

## Attitude and emotional responses

You feel guilty and ashamed when you tell the doctors how, due to recent changes in your job, including redundancy and now a new job, you have had a busy, stressful life with little time for yourself. As a result you eat too much, smoke 20 cigarettes each day and get little exercise.

You become a little defensive when you described how you now drive 2 miles (3.2 km) from home to get to work in a sedentary, office job. Despite the recent changes in your work you are now starting to feel more settled and less stressed, although the hours are still long, from 08.00–18.00 h.

You are anxious when you describe how your father died of a heart attack when he was 41, and his brother needed a triple coronary bypass when he was 39. Your paternal aunt has type 2 diabetes

**Scenario No: Sample 24**

mellitus, taking tablets for this, and high cholesterol, but she has done well with weight loss and diet.

**Make sure you ask the following question:**

- What can I do to improve my health and prevent cardiac disease?

**Other questions you might like to ask include:**

- How can I be a good example to my sons?
- Could I have a hereditary heart condition that might have affected my father and uncle?
- Do I have diabetes like my aunt?
- What are you testing for in my blood test today?

**NOT TO BE USED IN THE EXAM**

# PACES Station 4: COMMUNICATION SKILLS & ETHICS

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.

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- Weighing benefit to the patient versus risk of harm (non-maleficence)

Candidates are not expected to have a detailed knowledge of medical law in the UK, but should be aware of general legal and ethical frameworks pertinent to 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.

<b>Problem:</b>	Anxiety regarding risk of developing heart disease
<b>Candidate's role:</b>	The doctor in the general medical outpatient clinic
<b>Surrogate's role:</b>	The patient, Mr Jim Davies, a 39-year-old man

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 ways can you optimize the likelihood of this patient maintaining any lifestyle changes he wishes to make? (Candidate should consider patient-centred goal setting and ensure they listen to the patient to offer personalised advice and not merely generic lifestyle advice)

**Clinical Communication Skills (Clinical Skill C)**

- Determines modifiable cardiovascular risk factors: smoking, sedentary lifestyle, diet, possible diabetes mellitus and hypercholesterolaemia
- Suggests a plan of investigations for possible diabetes and high cholesterol

**Managing Patients' Concerns (Clinical Skill F)**

- Reassures patient that there are many positive changes he can make to his lifestyle
- Reassures patient that he will be tested for both diabetes and high cholesterol
- Reassures patient that diabetes and high cholesterol can be treated

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

- Advises patient appropriately on lifestyle changes
- Addresses lifestyle factors such as increased exercise, weight loss, decreased alcohol consumption, smoking cessation
- Offers support from other healthcare professionals, e.g. smoking cessation advisor, dietitian

**Maintaining Patient Welfare (Clinical Skill G)**

See marksheet