

PACES23: COMMUNICATION ENCOUNTER

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 10 minutes for your consultation with the patient/surrogate. 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.

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

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PACES23: COMMUNICATION ENCOUNTER

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

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Example Scenario

Problem: Discussing issues relating to hydration and feeding in a patient with severe dementia

Candidate's role: The doctor on the ward

Surrogate's role: Ms Anne Miller, the patient's daughter

Patient's role: Mrs Mary Miller, a 74-year-old woman

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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

PACES23: COMMUNICATION ENCOUNTER

Your role: You are the doctor on the acute medicine unit

Problem: Administration of an antibiotic treatment to the wrong patient

Patient: Mrs Anne Smith, a 55-year-old woman

Please read the scenario printed below. When the bell sounds, enter the room. You have 10 minutes for your consultation with the patient/surrogate. 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

DO NOT EXAMINE THE PATIENT

DO NOT TAKE A HISTORY

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PACES23: COMMUNICATION ENCOUNTER

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?

PACES23: COMMUNICATION ENCOUNTER

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Problem: Administration of an antibiotic treatment to the wrong patient

Candidate's role: The doctor on the acute medicine unit

Surrogate's role: The patient, Mrs Anne Smith, a 55-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.

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

PACES23: COMMUNICATION ENCOUNTER

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 10 minutes for your consultation with the patient/surrogate. 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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PACES23: COMMUNICATION ENCOUNTER**Information for surrogate**

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 multiple 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

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?

NOT TO BE USED IN THE EXAM

CONSID

PACES23: COMMUNICATION ENCOUNTER

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NOT TO BE SEEN BY CANDIDATES

INFORMATION FOR EXAMINERS EXAMPLE

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

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Clinical Communication Skills (Clinical Skill C)

- Explores the issues around non-adherence with treatment in a sensitive and nonjudgemental 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

INFORMATION FOR THE CANDIDATE

PACES23 COMMUNICATION ENCOUNTER

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 10 minutes for your consultation with the patient/surrogate. 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.

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.

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DO NOT TAKE A HISTORY

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PACES23 COMMUNICATION

Surrogate info

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?

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EXAMINER INFORMATION

Problem: Explaining a diagnosis of multiple sclerosis

Candidate's role: The doctor in the clinic

Surrogate's role: The patient, Mrs Karen Craig, a 30-year-old married accountant with no children

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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

