

PACES: COMMUNICATION ENCOUNTER

Your role: You are the doctor in the general medicine outpatient clinic

Problem: Discussion regarding lack of adherence to antihypertensive medication

Patient: Mr Peter Morris, a 35 -year-old man

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 have been asked to see this patient by his family doctor. The patient was found to have essential hypertension 2 years ago after secondary causes were excluded ; ramipril and amlodipine were prescribed. His blood pressure over the last 6 months has been very poorly controlled, with recordings of more than 160/100 mmHg. He has not been taking his medication. His recent blood and urine tests were normal.

Your task is to discuss with the patient why he is not taking his medication, to emphasise the importance of good blood pressure control, and to answer any questions 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.

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Scenario:

You have had high blood pressure for 2 years. You have been tested for all causes of high blood pressure and you were told all were normal. You were initially treated with a medication that affected your ability to maintain erections; you have since been prescribed two different antihypertensive medications (ramipril and amlodipine). However, you have stopped taking them recently because you believe they are not helpful and you are worried about side effects. The only symptom you had before the diagnosis was headache which is no longer present. You work in a busy department store; you work long hours and do not have time to take medicines regularly. You have a new girlfriend with whom you wish to spend more time, but cannot do so because of work. You do not smoke or drink alcohol.

Attitude and emotional responses

You are upset that your family doctor has been forcing you to take medicines which you believe you do not need. You are annoyed that you have been referred to this clinic and you had considered cancelling the appointment. You are too busy with work and have no time to take medicine and visit doctors when you do not need them. You are reluctant to restart blood pressure medications because you are worried about side effects, in particular on your sex life.

Make sure you ask the following question:

- Why do I need to take medicines when I feel fine?

Other questions you might like to ask include:

- Can these medicines cause long-term damage?
- Do I have to take them for the rest of my life?
- Can these medicines affect my sex life?

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DATE	CYCLE

Examiners should advise candidates when there are 2 minutes remaining (i.e. after 8 minutes). If the candidate appears to have finished early, remind them how long is left at the station. If they have finished, please remain silent. The surrogate should remain until the end of the 10-minute period.

A good candidate would be expected to have agreed a summary plan of action with the subject before closure.

The candidate should demonstrate an awareness of salient ethical and/or legal content in this case and the approaches they would take. Candidates should adhere to accepted ethical principles eg:

- 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.

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Candidate's role: The doctor in the general medicine outpatient clinic
Patient's role: Mr Peter Morris, a 35 -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.

Clinical Communication Skills (Clinical Skill C)

- Communicates the need for blood pressure control to prevent long-term complications
- Suggests ways of improving adherence i.e. reminders.
- Elicits patient's concerns about side effects

Managing Patients' Concerns (Clinical Skill F)

- Reassures the patient that that the medicines for blood pressure control are unlikely to cause long-term damage but instead can prevent complications
- Explains that current medications are unlikely to affect the patient's sex life

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

- Balances the patient's reluctance to continue regular medication against potential future risks
- Acknowledges the busy work life as a contributing factor to non-adherence

Maintaining Patient Welfare (Clinical Skill G)

See marksheet