

Communication skills and ethics

INFORMATION FOR THE CANDIDATE

Your role: You are the doctor in the acute medical unit
Instruction: Discuss a DNACPR order with a patient with end stage COPD

Please read the scenario printed below. When the bell sounds, enter the room. You have 10 minutes for your consultation with the patient. You may make notes if you wish.

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

SCENARIO

Mrs Diaz is a 75 year old woman with COPD. She is admitted every few weeks with worsening exacerbations. She is housebound, uses domiciliary oxygen, long term corticosteroids and several inhalers. Her FEV1 is 0.76 and you have encountered her during a previous recent admission.

Your task is to discuss a DNACPR order with the patient and 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

Station 4: COMMUNICATION SKILLS AND ETHICS

Not to be seen by candidate

INFORMATION FOR THE ACTOR

YOUR ROLE: You are Mrs Diaz

SCENARIO: Discussing a Do Not Attempt CPR order with the admitting doctor.

You have severe COPD and have been admitted to hospital with exacerbations every few weeks over recent months. You have oxygen at home and take long term prednisolone (5mg daily) as well as three different inhalers (blue, purple and green). You cannot climb a flight of stairs due to breathlessness and you are housebound. During your last admission you required a tight fitting face mask as part of your treatment. Nobody has previously discussed resuscitation status with you and initially you are taken aback at the thought that you might not survive. However if the candidate explains what a do not resuscitate order involves in a clear and sensitive fashion then you agree with the decision by the end of the consultation.

Make sure you ask the following questions

- Why can't you resuscitate me?
- Why aren't you going to give me treatment to get me over this flare up?
- What other treatments will I be offered?
- What happens if I change my mind about the decision?

Not to be seen by candidate

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 patient 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)

an

ca

not e

Candidates are not expected to have a detailed knowledge of medical jurisprudence. For overseas candidates in the UK, detailed knowledge of UK law is not required, although candidates should be aware of general legal and ethical principles that may affect the case in question.

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

Examiners should refer to the marking guidelines in the four skill domains on the mark sheet.

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

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

Continued on next page

Not to be seen by candidate

INFORMATION FOR THE EXAMINERS

- | | |
|--|---|
| <ul style="list-style-type: none"> • Problem: • Candidate's role • Actor's role: | <ul style="list-style-type: none"> • Discussing a DNACPR order with a patient with end stage COPD and frequent exacerbations. • The doctor on the admissions ward. • The patient |
|--|---|

Examiners are reminded that the boxes below indicate areas of potential interest, but are not intended as absolute determiners of satisfactory performance. It is for the examiners to agree and record the specific criteria they will assess the candidate on during the calibration process.

When marking, please consider following aspects of communication and ethical interest:

A. What factors did you take into consideration when discussing the patient's resuscitation status?

B. Under what circumstances may a DNACPR order be considered?

(1.CPR is unlikely to be successful/futile. 2. CPR is not in accord with a competent patient's sustained and recorded wishes. 3. CPR is not in accord with a valid advanced directive for a patient who lacks competence. 4. Resuscitation is likely to be followed by a length and quality of life that would not be in the best interests of the patient.)

Clinical Communication Skills (C)	Discusses the issue in a clear and structured but sensitive manner and avoids the use of medical jargon. Use of a warning shot may be appropriate.
Managing Patients' Concerns (F):	Listens to the patient. Explains what resuscitation involves, the likelihood of it being futile and prolonging death rather than extending life. Explains that DNAR doesn't mean withdrawal of other treatments such as non-invasive ventilation if necessary.
Clinical Judgement (E):	Show empathy and explains features pointing towards a poor prognosis. Suggests getting a second opinion if the patient is unsatisfied. Suggests involvement of palliative care team if appropriate. Seeks confirmation if patient indicates agreement with DNAR order. Maintaining professionalism. Promises continued support of doctors and nurses in doing everything possible to help his condition.
Maintaining Patient Welfare (G)	See mark sheet