Your role: You are junior doctor in outpatients’ clinic.
Problem: A recently diagnosed asthma.
Patient: Miss Jo Winters, aged 25 years.

Please read the scenario below. When the bell sounds, enter the examination room to begin the consultation. *Please remember to take this instruction sheet into the examination room with you.*

Scenario:

This lady, who was otherwise perfectly well apart from mild eczema, was diagnosed with asthma only a year ago. At this point, she was started on a salbutamol and steroid inhaler. However, she received a scare when she had an admission for acute severe asthma last week, and was treated with i/v hydrocortisone and salbutamol nebulizers.

She is now on high dose of prednisolone as well as her inhalers only. She has been given emergency treatment for this, and is now part-way through her admission. The Ward Sister has asked you to see her because she is quite angry that nobody has ever explained steroid therapy to her. She would like to self discharge.

Your task is to discuss his commencement of steroid therapy and to have a frank discussion about her anxieties.

*Continued on next page...*
INFORMATION FOR THE CANDIDATE

Scenario N° 4

LAW AND MEDICINE TEACHING MATERIAL

You have 14 minutes to communicate with the surrogate followed by 1 minute for reflection before 5 minutes of discussion with the examiners.

Your examiners will warn you when 12 minutes have elapsed.

Do not take the history again except for details that will help in your discussion. You may make notes if you wish on the paper provided, but do not make any marks on these instructions.

Any notes you make must be handed to the examiners at the end of the station. You are not required to examine the patient/relative.
Your role: You are the patient, Miss Jo Winters, a 25 year-old woman.

Problem: Discussing her commencement of steroids.

Scenario:

You were only diagnosed a week ago. You were admitted as an emergency with your first ever acute severe asthma attack. You felt very breathless, wheezy and anxious, and were given a drug intravenously and a nebulizer (you don’t know what these were). This was particularly nerve-wracking for you as your own mother died of a flare-up of COPD.

You have read on your drug chart that you are on steroids, but speaking to your ‘ward neighbour’ in the next-door bed, you understand that steroids can make you look fat and encourages facial hair. You are particularly worried about this, as you are a professional model.

You are worried about the steroids, and whether the asthma will one day kill you. As you have wireless internet access on the ward, you have read all about ‘dandasana’ yoga. You particularly enjoyed an article suggesting that it was superior to traditional therapy, and you would like the name and address of somebody who provides it.

Apart from anything else, you want an apology for not having had the steroids explained to you. If you do not receive one, you will self-discharge.

Attitudes and emotional responses

You were ‘in a state of shock’ when you suddenly had that asthma attack. However, now that things are settling down, you feel angry that nobody has ever bothered to explain you your therapy, and you would like to self-discharge unless somebody senior sees you to apologise. You are not going to take ‘no’ for an answer.

Questions you might ask include:

- Will I have another asthma attack?
- Will the steroids make me fat, ugly, and overweight?
- Is the yoga safe?
- Will a senior physician come to see me to apologise?
Station 4: COMMUNICATION SKILLS AND ETHICS

Examiners should advise candidates when there are 2 minutes remaining (ie 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 and 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 and not to do harm
- Duty to act just
- 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.
**Problem:** Discussing commencement of steroids.

**Candidate’s role:** The doctor in the respiratory clinic.

**Surrogate’s role:** The patient, Miss Jo Winters, a 25 year-old woman.

The examiner should refer to the marking guidelines in three domains on the marksheet and to the anchor statements. The examiners are invited to explore the communication skills of the candidate with reference to the specific issues raised by the scenario below. Both examiners should consider these, and any others they feel appropriate, and agree the issues that a candidate should address to achieve a Pass and a Clear Pass. The examiners should also agree the criteria for Fail and Clear Fail.

The candidate should:

- Understand the candidate’s thoughts about the whole incident
- Apologise for the lack of apology
- Not attempt to explain about a subject that they might know little about (e.g. a specialized form of yoga)
- Deal with the patient’s desire to self-discharge sympathetically

**Point(s) of ethical interest:**

- beneficience
- confidentiality
- duty to disclose
- autonomy