

CLINICAL CONSULTATIONS STRATAGEM

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AUTHORS

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DEDICATED TO

Our parents who brought us up amidst adversities of this world and enabled us to be what we are and what further we will become and to our siblings and entire extended families for their example, encouragement, support, and instillation of determination in us...

&

To the front-line warriors of the coronavirus pandemic, to those who laid down their lives to save the rest of us, to those who lost their lives and the lives of their loved ones, to those who remained strong and faced this storm, to those who helped others in such a time of uncertainty and to all of us whose lives have changed forever.

"INDEED, WITH EVERY HARDSHIP THERE IS EASE"
94:6.

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COMMUNICATION TOOLS

A. Initial Approach – GRIPS

G – Greet

R – Rapport

I – Introduction

P – Purpose of consultation

S – Smile

This approach has 3 types, at least one of which will be used in each clinical Vignette:

1. Initial Approach – Type 1 – Normal Consultation

- **Greet** – Hello.... pause for a reply.
- **Introduce yourself** - I am Dr. X.
- **State your role** - One of the junior doctors in the *Emergency* Department of this hospital.
- **Check the identity** - Can I have your name please? And pause for a response.
- **Name preference** - And what may I call you? What would you like me to call you?
- **Say** - Nice to meet you, Name, and smile.
- **Ask purpose of visit** - How can I help you? What brings you to the hospital?

2. Initial Approach – Type 2 – Follow up or admitted patient.

- **Greet** – Hello.... And pause for a reply.
- **Introduce yourself** – I am Dr. X.
- **State your role** – I am one of the doctors in this department/surgery.
- **Check the identity** – Are you, Mr. James Green?
- **Name preference** – What would you like me to call you?
- **Say** – Nice to meet you, Name preference.
- **If talking to a relative** – What is your relationship to Mr. Patient Name?
- **Paraphrase the Vignette** – I understand that you are here for follow up or you have been admitted to the hospital for a reason. I also understand you had some blood tests/investigations done?
- **Check prior understanding** – Has anyone explained those investigations to you? What have you been told about your condition?

3. Initial Approach - Type 3 – Anxious Patient

- **If the patient asks you a question before you could introduce yourself** – Apologies – I am sorry before we talk about your son, can I ask you a few questions? If the question is a concern, then make sure you answer the concern in the best possible way e.g. I understand your anxiousness, you will be able to see your son but first, we need to check some details, please.
- **Proceed** with introduction without greeting but do it quickly.
- **State your role.**
- **Check identity** and what would you like me to call you?
- **If relative**, check the relationship to the patient.
- **If standing, invite them to sit** – is it okay if we sit down and talk about your son/daughter?
- **EVE protocol** – Use this every time the patient/relative shows any signs of emotions. An appropriate response to emotions is particularly important.
- **Paraphrase**
- **Check understanding.**

B. EVE Protocol:

- **E** – Explore emotions – I can see that you are upset/worried/anxious/angry, it was an unexpected event/it came as a shock.
 - **V** - Validate emotions – Anyone in your situation would react the same way, any parent would be disappointed in such circumstances, I understand what you are going through.
 - **E** – Empathic response – I am sorry for what has happened.
- These 3 can be used in any order, as long as it is appropriate for the situation.

C. Effects of Symptoms on Patient's Life

Follow the biophysical model which states that psychological, biological, and social health constitutes the complete health of a person.

D. ICE -

Address ideas, concerns, and emotions.

E. Sign Posting:

Use for transitioning from one point in history to another. Do not take permission for anything. Instead, say – let us talk about your general health, let us discuss your sexual life a bit, moving on to your menstrual history.

F. Summarizing

At 2 points – End of both history and management.

G. Finishing the Consultation – Summarize, ask for questions (Do you have any other questions?) and expectations (Is there anything else I can do for you?)

HISTORY TAKING PROFORMA:

P3MAFTOSA

P – Presenting complaint (SOCRATES/ODPARA)

P – Past Medical History

P – Personal History

M – Medication History

A – Allergy History

F – Family History

T – Travel History

O – Occupational History

S – Social History

A – Anything else you would like to tell me?

1. Presenting Complaint:

SOCRATES (only for pain) and Differential diagnoses.

S – Site: Where is the pain, can you show me with one finger?

O – Onset: How did it start? Suddenly or gradually?

C – Character: What type of pain is it? Dull ache/compressing/sharp?

R – Radiation: Does the pain go/move anywhere?

A – Associated: Differential diagnoses

T – Timing: Is there any specific time when you experience the pain or when is it worse? Is it always there or does it come and go?

E – Exacerbating and relieving factors: Is there anything that makes the pain worse? Is there anything that makes the pain better?

S – Severity/Score: On a scale of 1 – 10, 1 being the lowest and 10 being the worst, how would you score your pain?

OR ODPARA (for other symptoms)

O – Onset: How did it start? Suddenly or gradually?

D – Duration: When did it start? or how long have you had these symptoms?

P – Progression: Is it becoming worse, improving, or is it the same?

A – Aggravating factors: Anything which makes it worse or anything which brings it on (if intermittent symptoms)?

R – Relieving factors: Anything which makes it better?

A – Associated symptoms - Differential diagnoses

2. Past Medical history:

- Do you have any medical conditions?
- Have you ever been admitted to the hospital for any reason?
- Have you ever had any operations performed on you?
- Do you have any medical conditions like asthma, high blood sugar / high blood pressure/heart problems /epilepsy/stroke?

3. Personal History:

Sexual history - (You should be nonjudgmental and comfortable with sexual history) - I need to ask you a few personal questions, if you find it a little bit a little too much, please let me know and I will stop.

- **Sexual practices** - Are you sexually active? Is your partner male or female? Do you practice safe sex? By this, I mean do you use condoms? What kind of sexual intercourse do you usually

practice? Oral, vaginal, anal? When was your last sexual intercourse? Have you ever had sexual intercourse for casual purposes? How many sexual partners have you had in the 6 months? Have you traveled abroad? Did you have sexual intercourse with anyone when you were abroad?

- **Relationship** - Are you in a stable relationship? Are you married?
- **Previous infections and testing:** Have you ever had a sexually transmitted infection before? Have you ever been tested for STI such as HIV, chlamydia, or gonorrhea?
- **Symptoms** - Are you experiencing any discharge from your penis or vagina? Any burning sensation when passing urine? Any ulcers or lumps around your genital areas? Are running any temperature?
- **Partners** - Is there any chance you could have any other partner? How many partners did you have in the past 6 months?
- **Symptoms in partner** - Is your partner experiencing symptoms such as discharge from the private parts, pain or lumps anywhere?
- **Tracing contact** - (This is where there has been exposure) - Did you have sexual intercourse with your **partner** or your wife after that? What kind of sexual intercourse did you have with your partner? **oral, anal, or vaginal?** Did you have sexual intercourse with anyone else after that?

Menstrual History:

- When was your last menstrual period?
- Are your periods normally regular?
- How many days do you bleed?
- How many days is your menstrual cycle?
- Do you pass any clots?
- Are your periods painful?
- Are your periods heavy?
- When was your last cervical smear?
- What were the results of your last cervical smear? (Ask only if the patient had a previous cervical smear.)
- Do you use any type of contraception? (If yes, you need to ask further.
- Which contraception are you using?)

Drug Abuse History

- Use of recreational drugs:
- Is there any chance you use recreational drugs?
- **Type of drugs** - What kind of drugs do you use?
- **Route** - How do you take these drugs?
- **Duration** - For how long have you been taking them?
- **Other drugs** - Do you use any other drugs?
- **With whom?** Who do you do drugs with?
- **Withdrawal** - If you stop taking these drugs, do you develop any withdrawal symptoms? What kind of symptoms do you usually develop?
- **Previous attempts** - Have you ever attempted to stop using recreational drugs?
- **Needle** - Do you use needles? Do you share needles with other people?

Needle Exchange Program

- Do you know about the needle exchange program?
- Do you use the needle exchange program?
- Is there any particular reason you do not use the needle exchange program?

Safeguarding issues

- Who else is at home?
- Do you use drugs at home?
- Are there any children at home?
- Do you ever take drugs in front of your children?

Social services

- Have safeguarding issues ever been raised about your children?
- Have the child protection services ever been involved?

Social history:

- Where do you get drugs from?
- What do you do for your living?
- How do you get money to buy drugs?
- Have you ever been in problems with the law?
- Do you have any siblings?
- Are your parents around?
- Do they know you use recreational drugs?
- How does your family feel about you using drugs?
- Would your family or partner be supportive of you while trying to stop using recreational drugs?
- Does your partner use recreational drugs?

4. Medications History:

- Are you taking any regular medication?
- Are you taking any over the counter (OTC) medication?
- Are you on any type of contraception (for females of reproductive age only)?

5. Allergy History:

- Are you allergic to anything?
- Are you allergic to any medication?
- If yes: What happens when you take it?

6. Family History:

- Anyone in the family with similar conditions or problems?
- Anyone in the family with heart problems, high blood pressure, high blood sugar levels or asthma?

7. Travel History:

- Have you traveled abroad recently?
- If yes, where did you travel?

8. Occupational History:

- What do you do for a living?
- Are you retired? What did you use to do for a living?

9. Social History:

- Who do you live with?
- Do you live in a house or a bungalow?
- Do you walk independently? (For elderly patients or patients with disabilities)
- Is there anything that is causing you to stress in your life?
- Are you married? Do you have any children?
- Do you smoke? If the patient says no, ask if he/she has ever smoked.

- Do you drink alcohol?
- Has this affected you at home or work?

10. Anything else:

- Is there anything else you would like to tell me about your condition?
- NB: Ask these questions after taking a full history of the presenting complaint.



BREAKING BAD NEWS

Protocol – Spikes

S – Setting

Secure an appropriate area for the discussion.

- Quiet, undisturbed private area
- Prepare
- Key people present.
- Set up the area

Prepare yourself.

- Sit down.
- Be calm.
- Make eye contact.
- Anticipate emotions.
- Speak with loud voice and energy

Check for support.

- Have you come to the hospital on your own today?
- Is there anyone you would like to be in this discussion?

P – Perception:

Assess the patient's understanding of the seriousness of their condition.

- Ask what the patient and family already know.
- Watch for signs of denial.
- Note any discrepancies in the patient understanding

Questions to use:

- What do you understand about your condition?
- What have you been told so far about your mother/son/dad's condition?
- What did the other doctor tell you condition?
- So that we both understand the same thing, can you tell me what you have been told so far?
- Has anybody explained the results of investigations to you?
- Can I ask what made you come and see the doctor in the first place?
- Did the other doctor tell you why they requested these investigations?
- Is there anything you were expecting from the results?

Take a short history of the incident or symptoms where necessary:

- Were you there when he/she collapsed?
- Were you there when the incident happened?
- Did he/she have any problems?
- Did he complain of any symptoms such as headache, dizziness, etc.?

I – Invitation:

Get permission to have the discussion. 'Ask before you proceed'

- Set goals.
- Accept the patient's right to not to know.
- Answer questions

Questions to use:

- Are you ready for us to discuss your test results?
- Is this the right time to talk about your dad/mother/son's condition?

K – Knowledge:

Explaining the facts

- Avoid medical jargons.
- Fill in gaps from perception stage.
- Chunk and check
- Check understanding

Use a narrative approach:

- From the time patient arrived at the hospital
- What investigations were done?
- What diagnosis was made?
- Any review by a specialist?
- Any treatment offered?

Give a warning shot:

- I am afraid your condition looks/is/appears more serious than we thought.
- The news is not as good as we had hoped.
- The results of your scan/tests are not good.
- Unfortunately, I have got some bad news to tell you.
- I am sorry to tell you that...

E – Emotions:

The empathic response – be supportive.

- Use the EVE protocol
- Deal with emotions as they occur.
- Use open-ended and direct questions to explore what the patient is feeling.
- Empathic and affirming statements.
- Avoid responding with false reassurance.

NOTE: You do not have to have the same feelings as the patient, nor do you have to agree with the patient.

S – Strategy and Summary:

Closing the interview

Strategy:

- Medical plan – operation, investigations, treatment, palliative therapy.
- Agree on a plan.

- Arrange follow up – I can make a follow up for you in 2 days for us to discuss more or if you can wait here in the waiting area, once the operation is done, we will come and update you
- Manage expectations – Is there anything that I can do for you?

Summary:

- Summarize – the main points of discussion.
- Expectations – Is there anything else that you want to know?

Vignette 1 – Intracranial hemorrhage

Mr. Brown, a 72-year-old man, who collapsed at home, was brought to the hospital by an ambulance unconscious. The neurosurgeons have assessed the patient and have classified his condition as terminal, and feel that an operation would not resolve the problem. The CT scan of the head was done which showed massive intracerebral bleed. The patient is lying unconscious, but he is breathing independently. His son is here to visit him. Talk to the son.

- **Setting and Initial Approach**
- **Perception**
- **Invitation**
- **Emotions**
- **Strategy and Summary**

Vignette 2 – RTA in a child – Extradural Hematoma

Junior doctor in the emergency department. A 4 YEAR OLD child, Josh, has met an accident. The CT scan shows an Extradural Hematoma. He has been reviewed by a neurosurgeon. He has been taken to the theater. You have not seen the child yourself. Talk to the parents and address their concerns.

- **Setting and Initial Approach**
- **Perception**
- **Invitation**
- **Emotions**
- **Strategy and Summary**

Vignette 3 – RTA in a child – Hip Fracture

Junior doctor in the emergency department. A 5 YEAR OLD boy, Josh, was involved in an accident. An X-ray was done which showed a pelvic fracture. The child was playing with his mother and accidentally ran into a car when he saw his father. The mother feels guilty that she should have taken care of the child. Talk to the patient and address their concerns.

- **Setting and Initial Approach**
- **Perception**
- **Invitation**
- **Emotions**
- **Strategy and Summary**

Vignette 4 – Post-Op Bleeding

Junior doctor in the surgical department. A 5 YEAR OLD female, Mrs. Calli Cathy, underwent aorto-femoral bypass surgery. While in the recovery room, her drain shows blood, and she is shifted to the theatre for control.

Talk to the patient's husband and address his concerns.

- **Setting and Initial Approach**
- **Perception**
- **Invitation**
- **Emotions**
- **Strategy and Summary**

Vignette 5 – Intraductal Papilloma Breast

Junior doctor in clinic. A 50 YEAR OLD female comes in for her results. Previously, she had mammography done, which showed some calcification. Therefore, a biopsy was ordered. You received the biopsy that shows intraductal carcinoma in-situ.

Explain the results to the patient and address her concerns.

- **Setting and Initial Approach**
- **Perception**
- **Invitation**
- **Emotions**
- **Strategy and Summary**

Vignette 6 – HIV Test Results

Junior in the Genitourinary clinic. A 34-year-old man who has been referred to the GUM clinic by the FAMILY PHYSICIAN CLINIC. He had presented to the FAMILY PHYSICIAN CLINIC with lymphadenopathy, and he had investigations done.

FBC, LFT, U&E = Normal

Blood culture = Normal

HIV 1 and 2 positive

Chlamydia test is negative

Talk to the patient, discuss test results with him, and address his concerns.

- **Setting and Initial Approach**
- **Perception**
- **Invitation**
- **Emotions**
- **Strategy and Summary**

Vignette 7 – Post-OP Stroke

You are a junior doctor in a neurosurgery department. Jean Wind, an 83-year-old lady who had brain operation for a space-occupying lesion. While in the recovery room, they noticed that she is not able to move one part of her body. CT scan of the brain was done which showed ischemic stroke. She is now in the intensive care unit. She is waiting to be reviewed by the stroke specialist.

Talk to the son and address his concerns.

- **Setting and Initial Approach**
- **Perception**

- **Invitation**
- **Emotions**
- **Strategy and Summary**

Vignette 8 – Intracerebral Hemorrhage – Telephone Conversation

73 YEAR OLD male collapsed at home and brought to the hospital in an ambulance. The neurosurgeons have assessed the patient and classified his condition as terminal. They feel that an operation will not benefit in any way. A CT scan was done which showed a massive intracerebral bleed (SAH). The patient is lying unconscious.

Talk to the son over the phone and give him information about his father.

- **Pick up the phone** – May I speak to Mr. Name.
- **Use GRIPS** – Confirm identity and relationship to the patient. Can you confirm your address, please? I have to talk about your father, is there anyone around you? Take your time before you pick up the phone.
- **Data Gathering** – Name? Age? Any problem? Tone is important.
- **Give Information** – The reason I am calling is to let you know that your father, unfortunately, has been admitted to the hospital and is quite unwell. *Check whether the son would like to visit the hospital for further discussion or is it okay on the phone.* If he says yes, schedule an appointment and tell him to bring someone with him. He will ask is my dad in the hospital? Unfortunately, your dad collapsed at home and was brought to the hospital by the ambulance. Say everything that happened and discuss what the neurosurgeons concluded.
- **Offer Palliative Care** – Explain it.
- **Any Questions?**

MEDICAL ERRORS

Protocol – CONES

When you have to tell medical error, sudden deterioration, talking to the family about a sudden death.

C – Context

- Prepare for what to say.
- Anticipate the patient/family reaction.
- Quiet, undisturbed area
- Sit at the same level.
- Maintain eye contact.
- Have tissues available.
- Have open and relaxed body language.

O – Opening Shot

- Alert the patient/family member of important news.

N – Narrative Approach

- Explain the chronological sequence of events.
- Avoid blaming or defending anyone.
- Do not make up excuses.
- Offer clear apology.
- Emphasize that you are investigating how the error occurred.
- Do not feel pressured to answer.
- It is not about you.
- You are on the side of the patient.

E – Emotions

- Offer empathic responses.
- Use EVE protocol
- Beware of being pushed into making promises you cannot deliver.
- Avoid false reassurance.

S – Strategy and Summary

1. Reassure – let them know the situation is a priority and the hospital take these incidences serious.
2. Fill in the incidence report.
3. Significance event analysis meeting
4. Will investigate the cause of the error.
5. Review the guidelines and protocols.
6. Make changes to the guidelines and make sure it does not happen again.
7. Involve seniors.
8. PALS (Patient Advice Liaison Service) = complaint department = feedback department (in FAMILY PHYSICIAN CLINIC =Practice manager)

Finish the consultation – Summarize – Expectations.

Vignette 1 – Missed MI

You are working as a junior doctor in Coronary Care Unit. Your next patient is Paul, a 50-year old man who was admitted to the hospital with myocardial infarction 2 weeks ago and was diagnosed with myocardial infarction. 3 days before this admission, he had come to the Emergency Department with chest pain. One of the Emergency doctors who performed an ECG that was reported as normal saw him.

The blood tests were done but the patient was discharged home based on normal ECG before the Troponin results were checked. He was discharged home with a diagnosis of musculoskeletal pain. The cardiologist has reviewed the ECG and blood tests, which were performed in the emergency department. ECG shows T-wave inversion, and the troponins are positive.

Explain the medical error to the patient, assess for any complications, address his concerns, and discuss further management.

- **Context and Initial Approach**
- **Opening Shot**
- **Narrative Approach**
- **Emotions**
- **Strategy and Summary**

Vignette 2 – Child with Rash

You are a doctor in the pediatric unit. Julie is a 35-year-old lady who had brought her 4-year-old child Ellie to the emergency department with a chest infection. The child was prescribed amoxicillin and discharged home. After taking amoxicillin, the child developed a rash all over his body. The mother has come back to the hospital.

Talk to her mum and address her concerns.

- **Context and Initial Approach**
- **Opening Shot**
- **Narrative Approach**
- **Emotions**
- **Strategy and Summary**

Vignette 3 – Antibiotic Error in a Child

Junior doctor in pediatrics.

A 5 YEAR OLD child, Karl, has a chest infection. He has been prescribed IV Augmentin. While the nurse was trying to give him the antibiotic, the mother stopped her saying that her child is allergic. Subsequently, the antibiotic was changed to a different one and the child is responding to the treatment. The mother, however, is upset that her child was about to be given an allergic medication.

Talk to the mother and address her concerns.

- **Context and Initial Approach**
- **Opening Shot**
- **Narrative Approach**
- **Emotions**
- **Strategy and Summary**

Vignette 4 – Antibiotics to the Wrong Patient

You are a doctor in OPD medical unit. A 54 YEAR OLD male, Mr. Sam, has come for a follow-up. He was admitted to the hospital 6 weeks back with cough for 2 days and discharged home. He was treated for pneumonia with amoxicillin based on a chest X-ray. Later, it was found that he was treated on someone else's chest X-ray. His actual X-ray was found to be normal.

Talk to the patient about the medical error and address his concerns.

- **Context and Initial Approach**
- **Opening Shot**
- **Narrative Approach**
- **Emotions**
- **Strategy and Summary**

Vignette 5 – Lost Renal Biopsy

You are a doctor in the surgical unit. A 19 YEAR OLD male, Mr. Alex, underwent a renal biopsy for suspected glomerulonephritis 2 days ago. You called the lab this morning and were informed that the specimen was not received. They have searched thoroughly but the specimen was not found. Talk to the patient, explain what happened, and address his concerns.

- **Context and Initial Approach**
- **Opening Shot**
- **Narrative Approach**
- **Emotions**
- **Strategy and Summary**

Vignette 6 – Missed Fracture in a Child

You are a doctor at the emergency department. James is a 7-year-old child who was brought to the hospital by his father 2 days ago with pain in his right arm following a fall at home. When he was brought to the hospital, he had an x-ray done which was reported as normal. Today the radiologist has reviewed the x-ray and found that there is a hairline fracture of the radius. The father has been called to bring the child to the hospital and he has now brought the child to the hospital. Your consultant had reviewed the x-ray. He agrees with the radiologist about the hairline fracture. The orthopedic consultant has advised you to place a plaster cast and arrange to follow up in 2 weeks. Explain the medical error. Discuss the management with the father and address his concerns.

- **Context and Initial Approach**
- **Opening Shot**
- **Narrative Approach**
- **Emotions**
- **Strategy and Summary**

ANGRY PATIENT

Vignette 1 – Post-Op Wound Infection

You are a doctor in the surgical unit. Ellie is a 31 year old lady who has been re-admitted with a postoperative wound infection. She had a cyst removal 3 weeks ago on her left leg. She was discharged home but 3 days ago she was admitted with wound infection. She has been treated with IV antibiotics and she is now fine. The patient is not happy that she has developed the infection. Please talk to the patient and address concerns. You do not have the patient's previous notes.

- **GRIPS** - Smile. Shake hands. Know the name. Be loud and maintain eye contact.
- **Paraphrase Vignette** - Check how she is doing. How are you doing in terms of skin infection?
- **Invite questions** - Is there anything you wanted to discuss today? Demonstrate empathy for the fact that she has developed a wound infection.
- **Take history** - When did you have the operation? When did you notice the infection? When they were removing the cyst, did they tell you if it was infected? Have you been changing the dressing properly? Were you taught how to change the dressing? Do you have any medical problems like HTN, DM? Do you take any regular medications? Do you smoke? What advice did they give you after the operation? I am sorry that no one explained to you how to change the dressings.
- **Explain** - that infection is one of the complications in surgery, unfortunately. Did anyone explain to you about the complications of this particular surgery?
- **Why was I not prescribed antibiotics?** - Explain that we do not routinely prescribe antibiotics unless there is a very high risk of infection after surgery. Explain that her operation probably had a low risk of infection therefore she was not prescribed antibiotics.
- **Was your cyst infected before it was removed?** If not, then routine antibiotics after surgery are not usually recommended. However, I will have a look into the notes to see if there was anything else I do not know which could have warranted antibiotics.
- **Complete with empathy** - I am sorry that this has happened to you. Is there anything else I can help you with?
- **Offer leaflets** - About post-operative wound infection.

Vignette 2 – Heart Failure – Talk to the son

Junior doctor in the medical ward. An 83 YEAR OLD woman, Mrs. Nelly, who has been managed for heart failure for the past 2 weeks. Her son has come to the hospital and asked to talk to a doctor. Talk to the person and address her concerns.

- **GRIPS**
- **Check how the patient is doing** – How is your mother coping up with her heart problem? Has it improved?
- **Invite Questions** – Is there anything in particular that you would like to discuss?
- **Demonstrate Empathy** – Use EVE. I am deeply sorry for what your mother is going through. I can understand your mother's condition.
- **Take History** – Complete history about heart failure. What? When? Where? How? What happened next? How was it managed?
- **Answer Questions** – Make sure there is time left for questions as the patient is angry. Answer all questions appropriately.
- **Expectations** – I am sorry that this happened to you. Is there anything else that I can help you with?

- **Offer Leaflet**

Vignette 3 – Medication Changed

Doctor in clinic. A 61 YEAR OLD woman is brought to the hospital who has dementia. She has hypothyroidism and blood test shows that TSH is low, T4 is very high. Following the blood test, the FAMILY PHYSICIAN CLINIC has reduced the dose of levothyroxine to 50ug. The next day, the daughter has called the hospital and is angry about the changes made to medications, as she was not informed. Talk to the daughter and discuss why the medication was reduced.

- **GRIPS**
- **Check how the patient is doing.**
- **Invite Questions**
- **Demonstrate Empathy**
- **Take History**
- **Answer Questions**
- **Expectations**
- **Offer Leaflet**

Questions to ask daughter - Did you know about the condition of your mom before medication change? Do you have a lasting power of attorney? Is your mom able to make her own decisions? How often do you see your mom? Since when has she been in the nursing home?

Discuss options for how to notify the daughter of her mother's treatment details? If we are not able to get a hold of you, would it be okay to write you a letter?

Vignette 4 – Blocked Cannula

You are working as a junior doctor in the acute medical unit. Your next patient is Sandy, a 34-year-old woman who was admitted yesterday following an insect bite on his arm. She has been receiving antibiotics for the past 24 hours. The consultant has reviewed her this morning and has decided that the patient should receive one dose of Intravenous antibiotics today at 10:00 am and then can go home. One of the nurses went to administer antibiotics at 10 am but the intravenous cannula was blocked, and she could not administer the antibiotics. One of the doctors, Dr. William had seen the patient 2 hours ago and promised to come back and insert a new cannula, but it is 2 hours now and she has not returned to see the patient. The patient is upset about the situation and wants to lodge a complaint. Please talk to Sandy and address her concerns.

Patient Questions - Why did your colleague not come back? Can you just tell me what happened? If the doctor offers you to go and find the other doctor so that she can come to apologize to you reply, "I do not want to see that female doctor again." What are you going to do now? Are you going to talk to your colleague or attend to me? Can you give me oral antibiotics and I can go home?

- **Use GRIPS**
- **Check how the patient is doing.**
- **Invite Questions**
- **Demonstrate Empathy**
- **Take History**

- **Answer Questions** – I am sorry that this happened. I am not aware why the other doctor did not come but I will find out and let you know. Explain – we can change the cannula and give you the required antibiotics. We can also check the wound and see if there is any kind of damage, however, this is very unlikely. Explain that oral antibiotics might work but your dose of IV antibiotic is not complete, and it is more convenient to complete this dose as the oral antibiotics will last longer potentially leading to other problems.
- **Expectations**
- **Offer Leaflet**

Vignette 5 – Clindamycin Allergy

A college teacher. He was admitted with cellulitis, and he was treated with antibiotics. On the 4th day of treatment, he developed diarrhea and abdominal pain. His stool sample was taken, and it came positive for clostridium difficile. His discharge from the hospital was delayed for 7 days. Answer his questions and address his concerns.

Patient Questions - Why did you give me these antibiotics? Why was my discharge delayed? What are you going to do about it? My employers are not happy with my absence? Can I get compensation for my losses? Where can I complain about this? Where will my complaints end up? You almost killed me, doctor. Was there no other way to treat this infection? Why did you spread the infection, I only had it on my foot?

- **Use GRIPS**
- **Check how the patient is doing.**
- **Invite Questions**
- **Demonstrate Empathy**
- **Take History**
- **Answer Questions**
- **Expectations**
- **Offer Leaflet**

Vignette 6 – Clindamycin Adverse Effect

Doctor in clinic. 66 YEAR OLD male, Mr. Nelly, who came for a follow-up. He had come to Family physician clinic 4 weeks ago for cellulitis. He was prescribed clindamycin but later he developed severe abdominal pain and diarrhea. He was admitted to the hospital for pain. While in the hospital, his stool sample was taken which tested positive for clostridium toxin. He was treated with intravenous fluids and metronidazole.

You will find a discharge sheet from the hospital inside the cubicle. Reason for admission – admitted for GI symptoms. All the symptoms were acute. Diagnosis – Adverse effect of clindamycin given for cellulitis treatment.

Patient Questions – Why was I given these medications when you knew it would cause diarrhea? Where can I complain about this? Can I be compensated for my losses?

Compensation answer – I am not fully aware of that, or I am not sure about what kind of compensation you are eligible, but I can refer you to the practice manager or PALS where you will get all the information you need about this.

- **Use GRIPS**
- **Check how she is doing.**

- **Invite Questions** – Is there anything particular that you would like to discuss?
- **Demonstrate Empathy**
- **Take History** – can you tell me when you had this infection on the foot? What did you do about it? What sort of treatment were you given for this? So, when did you develop diarrhea? Did anyone inform you about this complication? What were you told about your diarrhea? How long did you have this diarrhea and how long were you admitted? What investigations and treatments were done?
- **Answer Questions** – Explain what happened. Explain pseudomembranous colitis – we have normal bacteria and harmful bacteria. Normally the good bacteria keep control of the harmful bacteria. When someone takes antibiotics for a long time, the good bacteria are killed and let the bad bacteria to cause their harmful effect. This is what has happened in your case. This is a particular bacterium called clostridium difficile which has caused these symptoms. Unfortunately, this is a side effect of this necessary medication, and I am sorry that this was not explained to you or this has happened to you. Answer further questions. Explain that these are the best antibiotics to treat cellulitis and are according to the guidelines. Tell him about PALS.
- **Expectations**
- **Offer Leaflet**

Vignette 7 – IV Cannula in a Child

14 YEAR OLD boy with cerebral palsy is managed for a chest infection. Given treatment for pneumonia and this is the 2nd time that his IV cannula is blocked. The medical team has tried setting in a cannula but failed. Now the mother is refusing for any further attempt to insert the cannula. The child is tachycardic and running a fever.

Talk to the mother about the importance of inserting the IV line and address her concerns.

OR

14 YEAR OLD boy having scoliosis and cannot walk properly. His father takes him to school. Same cannula problems and the mother is upset about different people pricking him again.

Talk to the mother and address her concerns.

Patient Questions – Why can't you put a cannula that lasts long? Can you give him something for the pain? Isn't there any other way the medication can be given? Can't you give syrups or tablets? What will you do for the pain? Why is my child getting repeated infections?

- **Use GRIPS** – Use initial approach 3.
- **Check how the patient is doing now.**
- **Invite Questions** - Is there anything particular that you would like to discuss?
- **Demonstrate Empathy**
- **Take History** – not required as he is an admitted patient, and you know the condition.
- **Answer Questions** – Unfortunately, your child had suffered a chest infection due to which he required IV antibiotics. However, the cannula was blocked so we were not able to give the antibiotics. I understand your concern, but I want you to realize that the antibiotics are important to administer the antibiotics for the original infection. She would deny so you have to keep answering questions and explain everything but follow EVE protocol. Explain – the child is still running a fever, as the infection has not been treated until now. I am sorry that this has happened, but it is very important to treat this infection and the best way to do it is by giving strong

antibiotics. These strong forms come in liquid form, which can only be given through an IV line. We can try oral antibiotics but according to the guidelines, the most suitable way is through the IV line. Can ask for the senior-most doctor and so you should say we can ask the most senior doctor to come and get it done in the first try. I know it is very painful for you to see your child in this condition and I am very sorry that you feel this way. Just convince her for the cannula. If she does not agree, ask her if she would like to talk to a senior as our only concern is that the antibiotics are being delayed and the infection might be spreading. Explain once the active infection has decreased and if indicated, we can change to oral antibiotics. Explain as your child has cerebral palsy, there might be a few weak muscles in the throat, which makes him prone to a condition aspiration pneumonia. Explain aspiration pneumonia. Explain once the infection is resolved, we can refer him to a physiotherapist, who can tell us if anything can be done to prevent this.

- **Expectations**
- **Offer Leaflet**



UNHAPPY WITH HOSPITAL MANAGEMENT

Vignette 1 – IVDU Self-Discharge

You are junior doctor in the medical unit, your patient is a 23-year-old female who wants to leave the hospital, the patient was admitted 5 days ago with IE, she is on Iv antibiotics, the nurses are advising her to stay in the hospital, but she is reluctant. Nurses have asked you to talk to her. When she sees you, she will say finally the doctor is here and she will say can I go home. You do not know anything about the needle exchange program, you smoke and drink alcohol, you feel the nurses do not have a good opinion about you. If you do not drink alcohol, you develop symptoms like shaking, anxiety, etc. You work at a bar, you do not like anything at the hospital, you want to leave the hospital, she knows that she has IE, are you going to let mesmoke at least, can I leave the hospital. You are anxious, fidgeting. You use methadone and it was started when you were in the hospital.

- **GRIPS** - I understand you have some concerns you would like to talk about, anything in particular, how are you feeling in general, are you feeling better, why don't you want to stay in the hospital, if emotions use EVE, is there anything you want to do at home, do you use alcohol (then take alcohol history and drug history), I understand that you use recreational drugs (what kind and when did you use it last time),
- **Take CAGETW** - So you use methadone, and it was started in the hospital, other than this have you taken it before?
- **Check mental capacity when she refuses treatment:** Do you understand what would happen if you stop your treatment, they have mental capacity and can refuse but need to sign some papers.
- **MAFTOSA**
- **ICE**
- **Management:** You do understand what's wrong with you and you have full capacity to make your own decision, you have the right to refuse your treatment, but we do not recommend that and advise receiving appropriate treatment in the hospital, let us review the dose of methadone you are receiving because you might need more medication as you have withdrawal symptoms, I can speak to my seniors and we can review the medication dose and I can talk to them about your smoking and will see if it is possible for you to go down and smoke (smoking areas). Nevertheless, if you want to leave, you will have to sign papers that you are leaving the hospital against medical advice, I hope you can understand the seriousness of this condition as it is life-threatening and we would advise you to continue the antibiotics. Are you happy with me looking for arrangements for your smoking?

Vignette 2 – Premature Baby

You are doctor in the pediatric unit, Your patient is a 34-year-old lady, you had a delivery of your baby 5 days ago, the baby was born at 25 weeks of gestation, she's been kept in an incubator, talk to Emily and address her concerns.

Patient Information: You had your baby 5 days ago, the child is currently nursed in an incubator, you came to see your child today and you found out she was covered in poo, she asks you why no one has changed her nappy, you are worried that she might have an infection, why can't you put one nurse to look after my baby, how will you make sure this would not happen again.

- **GRIPS**
- **Listen to concerns and apply EVE protocol.**
- **Incident history**
- **Ask about the baby and if he has had any problems in the last 5 days and other histories.**

- **Apologize for her experience:** I will discuss it with the nurse in charge, explain to her about the concern, and make sure in the future your baby's nappy is changed on time and whatever needs to be done will be done on time.
- **Is there anything else?**
- **Separate nurse:** I'm afraid that is difficult as nurses have different shifts and they keep on rotating and I'm not sure about the exact rotations, but I can reassure you that all nurses have the same standard of care that they provide, sometimes we also have local nurses, if someone calls sick, they replace their duties.
- **How can you make sure this does not happen again:** You can leave your feedback at PALS? However, we will also speak to the head nurse, she will investigate, and if anything needs to be done in terms of how we operate, it will be changed.
- **I want to change my child to a private hospital:** No need to take her to a private hospital and we will make sure she gets the best care, the same as a private hospital.

Vignette 3 – MRSA

You are a doctor in the acute medical unit and a 50-year-old was admitted with acute exacerbation of COPD which has been treated. A swab was taken from his nose which has now come back to be MRSA positive. The patient has been isolated. Please speak to his wife and address her concerns. Permission has been taken from the patient to take to his wife.

Patient Information: Be angry and ask the doctor what is happening. My husband has been shifted to a separate room and you are treating him as if he has leprosy because everyone is wearing masks, aprons, and gloves. Your husband has been admitted with COPD and you are concerned that he has some serious condition now. He was okay when you saw him last time and you are aware that your husband has been treated successfully for the COPD. You think he has an infection. You do not understand that there is a difference between MRSA colonization and infection, and you do know that MRSA has been found on your husband's nose.

Questions: Why are you treating him as if he has leprosy? Why everyone wearing funny clothes like is masks aprons and gloves? Where did he get these bugs? Did he get them from the doctors and/or nurses? Can you treat it? Can he go home? I heard this MRSA infection kills everyone it infects.

- **GRIPS**
- **Confirm Relationship**
- **EVE** – apologize for not explaining this earlier.
- **Paraphrase** - COPD and current situation and ask about swab at the end.
- **ICE** – what have you been told and what is your understanding about MRSA: You mentioned leprosy- do you know about leprosy.
- **Explain:** We perform this swab test as a normal usual procedure, which we did on your husband, which unfortunately came back as positive. When someone is found to do this, we treat him or her. The patient will as you how he got this infection. Respond: I am sorry I did not bring this up earlier, your husband does not have this infection yet, and he just has them on his body. However, the concern is that this MRSA can cause an infection in the future. There is a fear of the spread of these bugs to others that is why everyone has put on protective gear while we treat it with antiseptics that the nurses apply 3 to 4 times a day with daily change of clothing and beddings. This is also, why we have kept him in a separate place because there are many other patients here with weak immune systems and different types of conditions to which MRSA can cause serious disease. Unfortunately, MRSA can cause infection in your husband, but it is not common. 1 in 3 people carry MRSA but hardly anyone gets an infection. You can visit him but with all the gear that we wear until he has been treated. We will have to test you as well as you have been living with him. We will arrange that for you with your FAMILY PHYSICIAN CLINIC. Is there anyone else at home? We will need

to test everyone from your household. MRSA on the skin should not prevent him from going home because this can be treated at home as well, but it would be better if we keep him here for the next 5 days and take another swab to make sure he does not have MRSA anymore on his skin. If the patient asks if she can get an infection from him? Well, he does not have an infection, but he does have the bug. Since you live with him, you may have the bugs as well. How are MRSA infections? Unfortunately, MRSA infections are quite serious, but we do have good treatment options and a specially designed drug called Vancomycin to treat MRSA infections. Where did he get this? From the hospital? MRSA infections can be acquired from anywhere, not necessarily hospitals. Will MRSA kill him? Because of his COPD, we are concerned that MRSA infections can be serious and difficult to treat in your husband.

Vignette 4 – Clostridium Difficile

In general medicine. Your patient, an 85 YEAR OLDman, developed diarrhea 2 days ago as he was being treated for a chest infection and the stool sample tested positive for clostridium difficile. He has now been shifted to a different ward with a patient having similar symptoms. He is receiving IV fluids and antibiotics.

Talk to his son and address his concerns.

Patient Questions – Why has my father been shifted to this ward? Why are you spreading infections in the hospital? Why is my father having diarrhea? Does it have anything to do with the food here? Is this something that happens in this hospital often? How will you make sure it does not spread in the hospital? My dad came with a chest infection, and you gave him another infection?

- **Use GRIPS** – Type 1 or 3 according to the situation. Confirm relation.
- **Check how the patient is doing.**
- **Invite questions** – Is there something particular that you would like to discuss? I understand that you want to discuss something with me.
- **Take history** – Can you tell me more about your father's infection? Like short history.
- **Answer questions** – Explain what happened and answer questions as he asks. As your father had an infection, he was given antibiotics, which caused these symptoms. Explain pseudomembranous colitis. Explain as he is an elder, he has a weak immune system and is, thus, prone to this infection. Explain that he has been shifted to this ward to prevent the spread of this infection to other patients. This ward specifically been equipped to manage this condition. Explain that I understand your concern about the food quality, but we do not think that is the cause of the infection. This infection can spread by contaminated food, but I assure you that the food is prepared hygienically in the hospital and food poisoning usually presents with another set of symptoms. It is difficult to say how long your dad will stay here but it should not be long.
- **Expectations**
- **Leaflet**

Vignette 5 – Cerebral Palsy

Emergency department. Your patient, 17 YEAR OLDboy, fell and sustained an ankle injury. This happened after falling from the wheelchair. When he came to the hospital 1 week ago, he had an ankle bruise but there was no bone tenderness. He was admitted to the emergency department and discharged home without an X-ray. The child still has the bruise, and the father has brought back the child. Talk to the father, assess the situation, and address the concerns.

Patient Questions – My child has cerebral palsy, was he treated differently, or should he not get any special treatment?

- **Use GRIPS**

- **Ask about previous visit details** – How did this happen? What happened when you came to the ED? What investigations and treatments were done?
- **Check how he is doing now** – How is he doing now? Can he bear weight on his leg?
- **Invite questions.**
- **Answer questions** – There is no need to expose patients to unnecessary radiation. Explain that we do not treat separate people differently; rather similar effective guidelines are used for all patients with the same symptoms. So, there is no discrimination between patients.
- **Expectations**
- **Leaflets**

Vignette 6 – Post-MI Physiotherapy

66 YEAR OLDman. He was admitted 3 days ago with chest pain. He was diagnosed with MI. The physiotherapistasked her to move around a bit, but the patient did not like the way she talked to him. The patient is upset and refuses to talk to the physiotherapist. Talk to the patient and address her concerns.

Patient questions –

- **Use GRIPS**
- **Check how he is doing.**
- **Invite questions** – I understand you are upset and want to talk about the situation.
- **Data gathering** – what happened? How? When? What is the reason you do not want to continue with the physiotherapist?
- **Answer questions** – Explain that when someone has a heart attack, we ask them to rest so it helps in healing and reducing symptoms. However, after some time we need to mobilize you to achieve better recovery by slowly putting little stress on the heart and continue increasing it gradually.
- **Expectations**
- **Leaflet**

Vignette 7 – Post Herniorrhaphy Wound Infection

36 YEAR OLDmale. Now presents with discharge, swelling, oozing, and redness at the site of infection. He had herniorrhaphy 3 weeks ago and 5 days ago, he noticed the wound is swollen. The wound is opened, and a greenish discharge is noted. Talk to the patient and address his concerns.

Patient questions – Do I have an infection? Why did it happen? Did I get it from the hospital? What are you going to do about this?

- **Use GRIPS** and ask – how may I help you.
- **Listen carefully.**
- **Take a short history** – discharge? Oozing? Bleeding? Swelling? Pain? Fever? Abdominal pain? Check for risk factors? Smoking? Diabetes? Blood pressure? Wound hygiene? Lack of rest? Obesity? Weightlifting?
- **Answer questions** – Explain that this is a common complication of this type of operation, and youare sorry that this happened to him. Explain all risk factors. Smoking delays wound healing. Diabetes delays wound healing. Weightlifting causes pressure on the wound. Obesity causes pressure effects.
- **Expectations**
- **Leaflet**

PALLIATIVE CARE

Vignette 1 – Dementia

You are a doctor in the Acute Medical Unit. Mrs. William aged 77 has been admitted to hospital because of weight loss. She has been suffering from dementia in the last 3 years and she is not taking any food for 4 weeks. All the investigations including blood tests, ECG, X-ray, US, and CT abdomen are normal. The nurse gave her a sip of water and she tolerated to take it. She is very weak, but she has been medically managed. Palliative care has been decided by the consultant. It has been decided any further invasive or aggressive management not appropriate. The patient is not available to talk. Please talk to daughter Mrs. William and take a relevant history, explain her mother's present health status, talk about the further plan of management, and address her concern. The weight loss is only due to dementia.

Patient Questions - Do you mean she is dying? So, what are the signs of dying? Will she become better if I take her home? I brought her here because she is not eating and drinking properly? Can you just please give her food through her tummy? Will I be able to take her home? What can I do for my mum now?

Why can't you place her on NGT? If the candidate fails to mention it is terminal – then keep asking 'is she ever going to get better.'

- **GRIPS:** Smile, shake the hand, be loud, maintain eye contact. Speak clear, concise to the point but sensitive.
- **Demonstrate empathy:** Use the words unfortunately, I am sorry. I am afraid etc. Use appropriate tone of voice.
- **Paraphrase the Vignette:** I understand that you are here to talk your mum was admitted to hospital because she has not been well. Can you tell me what is your understanding about your mum's condition at the moment? How much do you know about what is happening with your mum at the moment? So, you know how has she been suffering from dementia?
- **Explain what has been done while she has been in the hospital.** Blood tests and CT scan of the brain were done, and all came back normal. Explain that the team looked for all other possible causes of weight and nothing else has been found after extensive investigations and examinations. Explain that she has been losing weight due to lack of eating and that lack of eating is due to dementia. Is it clear so far? Any questions?
- **Ask how much does she know about dementia?** - Did you know that dementia can cause stop someone from eating and can cause weight loss.
- **Take history** - I just need to ask you a few questions about how she is normally at home? How much can she tolerate food or drink? What about her mobility? Is she bed bound? Is she incontinent of urine? Can she communicate with you? Does she need help with eating or drinking? Any other medical problems? Any regular medications?
- **Social History** - How are you coping in looking after your mum? Who else is at home? Is she the full caregiver? Does she have any other dependents? Does she feel like she needs help in looking after your mum? How do you generally feel yourself?
- **Explanations** - Explain that dementia is a chronic and progressive condition and with time dementia can affect people to stop eating and drinking which may lead to weight loss. Explain that she has been reviewed and assessed by her medical team and we have come to conclude that her mum would not benefit from any active or aggressive treatment like assisted feeding or intravenous fluids or feed. Unfortunately, dementia in your mum's situation has now progressed to advanced or end-stage. Things are unlikely to get better unfortunately because unfortunately, the condition is likely to continue progressing. Unfortunately, treatment is very limited because

dementia is an irreversible condition. Unfortunately, NGT tube or tubes into the stomach are unlikely to help and they are more likely to cause more harm than good.

- **PALLIATIVE THERAPY:** Your mum has been referred for palliative therapy which is usually very helpful at this stage of her condition. Do you understand what palliative therapy is? Palliative therapy focuses on managing pain and any other symptoms like nausea or in distress. This is just to make sure that she is comfortable. Palliative therapy is offered by a team of doctors, nurses, social, and health care professionals. The palliative team can provide you with specialist advice on how to manage the symptoms and how to provide basic care. They can also provide emotional support to patients as well, as to you in coping with the illness of your mum.
- **Can I take my mum home?** - I am sure you can take your mum home; we just need to make sure that you have the necessary help to look after your mum on a day-to-day basis. I need to speak to my seniors just to make sure how we can make that possible and appropriate.
- **Can I ask a few questions about your home circumstances?** - Are you the sole caregiver of your mum? Do you have anybody else to help? Is your mum bed bound? Does she need help with eating and drinking? Does she need help in getting into and out of the bed? What do you do for your living? Does she need help with bathing? We can offer you some help in looking after your mum in terms of day-to-day care as well as someone to support you emotionally: Is it something you would be interested in?
- **Doctor, it is so frustrating sometimes** - Before my mum used to talk to me but now, she does not talk to me. I am sorry to hear what you are going through. As dementia progresses, it becomes difficult for someone with dementia to express themselves verbally. But you can continue to talk to her. She can hear you, but it is difficult for her to reply to you.
- **When I was young, my mum used to look after me, so I want to look after her. I want to look after my mum** - It is good that you want to look after your mum. You can continue doing what you have been doing until now, helping her with day-to-day needs. However, I feel that you may benefit from hospice or social care. Would you like to know more about this? (See information about social and hospice care below)
- **Sometimes she shouts and yells at me** - Unfortunately, this usually happens with dementia if it has reached an advanced stage. Shouting and yelling can be a form of communication. Therefore, if she is shouting and yelling, we need to check she is comfortable, that she is not in pain or any form of discomfort.
- **Is she bed bound?** We need to check that her beddings are not wet, and she is lying comfortably.
- **She does not even know my name most of the time:** Unfortunately, dementia affects memory and in advanced stage dementia which your mum has, it would be difficult for her to remember your name most of the time. Because dementia mainly affects memory. Solution: Try to take a break e.g., for 10-15 minutes and then you can come back. You must have enough help so that you do not become exhausted.
- **What can I do for my mum now?** - Help her stay in a quiet environment. Being around her. Try to talk to her even if she is not responding she listens to you. Play soft music if you know the music she used to like. Talk to her. Hold her hand. Moisten her mouth with a straw and water. Help her with feed or give her a drink as much as she can tolerate. The nurse has assessed her, and she can tolerate some fluids.
- **How can you help me?** We have different help. This is a lot of work for you to handle on your own. You need help so that you do not become exhausted. You also need help from someone who has knowledge and experience to help you understand what type of problems you may encounter as your mum's dementia progresses and what to do when you face those problems.
- **Social Services:** We can refer you to social services that can help provide some caregiver who can come to your home and help you look after your mum.
- **Hospice:** There is another type of care that you might find very helpful. It is called hospice. Hospice care is just like palliative therapy, but it can be offered at home, as a day case or in an

inpatient unit. It can allow you to be seen by the doctors, nurses, social, and health care professionals without being admitted to the hospital.

- **Caregiver support:** They can give you hand in looking after your mum which may give a break from physical work and prevent you from getting exhausted. They may offer emotional support on how to cope with feelings. They can offer practical and care lessons and preparation for the progression of the disease and also information about what to expect when she will be coming towards the end of her life. This can help you cope better when you know what to expect. With hospice care, you can have somebody to talk to about your feelings because you can go through a lot while looking after somebody with dementia.
- **Progression:** Unfortunately, dementia is a progressive disease which means your mum is unlikely to improve from this condition. As the condition progresses your mum may start getting more and more sleepy, talking, and communicating less. She may spend most of her time sleeping and opening eyes very less. Eating and drinking may become more and more difficult. If she is feeding a little bit, you can try and keep giving some nutrients. You can try and play her favorite music.
- **Sometimes my mum shouts at me** - I am sorry to hear about what you and your mum are going through. Try to apologize when you feel that your mum is irritated. Unfortunately, sometimes with dementia, you can lose the ability to communicate, and shouting or yelling can be a form of communication. If that happens, try to check that she is comfortable, not in pain or distress. Is your mum bed bound? she is incontinent of urine or bowels? In such cases, it is important to check that the bed sheets are not wet. Looking after some with dementia can be challenging and exhausting. You must take breaks of you to feel that you are tired. It is important to take a break 10-15 minutes and then you can come back.
- **Sometimes my mum does not recognize me** - Unfortunately, dementia usually affects memory, and people with dementia have good days and bad days. Some days they can have good memory be able to recognize and unfortunately some days their memory can be bad. If you experience that, try to remind her name. The hospice is very important in helping you get a break from caring for your mum so that you feel refreshed. Besides, they can as well give you emotional support regarding the feelings you support.

Vignette 2 – Bilateral Stroke

78 YEAR OLD male. He has suffered from a stroke 2 weeks ago. He was recovering but he suffered from another stroke and is currently in a coma.

Talk to the daughter and address her concerns.

Same protocol as above.

ETHICS

First, go through the following **Ethical principles**.

- The principle of *autonomy* – Self-rule that is I rule myself. The patient has the final right to decide what he wants.
- Principal for *beneficence* – Promoting the best interest of the patient. As doctors, we always need to do what is best for the patient.
- The principle of *non-maleficence* – Do not do any harm. If something would harm a patient, refuse the procedure.
- The principle of *justice* – Being fair with the resources without any discrimination.

THE FOUR C'S:

1. **Confidentiality** – Maintain the trust of the patient.

Information Sharing

- Have consent – Task must say permission has been taken from the patient or you have talked to the parent.
- In the best interest of the patient – Not able to take a consent that is no capacity, confused patient, severe dementia, unconscious patient.
- In the best interest of the public or an individual - driving despite being told not to (TIA, Seizures,, etc.), share with social services (Non-accidental injury or drug abuse, etc.), HIV patient refusing to tell the wife (Medical professional's duty to inform the wife but you as a junior doctor cannot say I will inform your wife, say we are legally obliged and information can be disclosed to your wife).

Questions

- Who to share information with? – DVLA, Police, Child Protective Services, Public Health (Mandatory Notifiable diseases, TB, meningitis, food poisoning, etc.
- What information do you share? Only what is needed (He had a TIA or Seizures but do not tell anyone any point in history).
- How do you do it? First, tell the patient before breaching confidentiality, encourage the patient to do it himself, if a junior doctor, then involve your seniors.

2. **Capacity** – The ability to make a decision. It has four components.

- The patient should be able to **understand** the information.
- The patient should be able to **use** the information.
- The patient should be able to **retain** the information.
- The patient should be able to **communicate** the information.

When do you assess capacity? If the patient is confused about the information in any way. Or if the patient is under 16. Or Patient is refusing treatment. Anyone who is 16 years and above, we assume he/she has capacity.

How to assess capacity?

- First, you ask for information to check for understanding – What have you been told so far about your condition? Do you know why you need this treatment? Do you know what would happen if you do not receive this treatment?
- Does the patient know the answer to the questions? – If yes, it means he has the capacity. If no it means capacity is in question, you need to assess the capacity. So,
- You give him the information he needs to know. What condition? What treatment is required? Benefits of treatment? Side effects or complications of the treatment? What happens if the patient does not take the treatment? Are there any other options?

- Assessing understanding and retaining the information – I have realized that I have given you so much information; can you please tell me what have you understood so far? Which part do you want me to explain again? Is there anything that you did not understand? Do you want me to explain something again?

- Assess weighing the information – How do you feel about the treatment or about having an operation now that we have talked or discussed it?

- Understanding and retaining evaluation – If he was able to demonstrate the information then he has capacity. If he was not able to demonstrate, he does not have the capacity. If he has the capacity, you ask about the decision.

- Communicating the decision – Would you like to go ahead with the operation? Are you happy to go ahead with the treatment?

- If he has the capacity and still goes against medical advice, you need to negotiate.

- If a patient has the capacity and refuses treatment, you must respect the decision (Principal of Autonomy). Before that, you must promote his best interest (Beneficence)

How to negotiate – Stick or Coward Approach

- Coward Approach – State advantages to support the best interest. If this does not work then,

- Stick Approach – Negativity that is you tell disadvantages directly (Savage). If you do not stop smoking, you will have a stroke and either die or lay in bed for the rest of your life.

Mental Capacity Act of 2005

- Take advanced decisions - Lasting Power of Attorney (medical, welfare, and monetary decisions only if the patient himself loses capacity) or Appointment of the deputy (only monetary decisions).

- If there was no advanced decision made, then the court will appoint an independent mental capacity advocate (only welfare and monetary).

- If you lose capacity and have no Lasting Power of Attorney, then medical decisions are made by the doctor in the best interest of the patient.

- Parents make decisions for children until 16 years of age (not above).

Capacity in Minors -

- 16 years and above, they have the capacity.

- Lesser than 16, assess capacity.

- Lesser than 16 and has the capacity, they are Gillick competent (Right to consent but no right to refuse treatment. Also has the right to confidentiality from parents).

- Parents can make decisions for their children and children cannot refuse the treatment.

3. Consent

- Written (procedure, operation, endoscopy)

- Verbal (IV cannulas, examination etc.)

4. Children

- Safeguarding issues - NAI, abuse.

- Care - Relatives or friends? – Temporary accommodation. Services from the government.

Approach To Communication

- A key issue in the task (In ethics you will only know this when you talk to the patient)
- Individuals involved.
- Four ethical principles and which of these applies in this Vignette.
- The opinion of the individuals involved.
- Your solution to the problem
- Seniors – Do you need seniors?
- Finishing the consultation (Summarize, questions, and expectation)

PROFESSIONALISM, BOUNDARIES, MORALS AND LEGAL OBLIGATIONS

- **Professionalism** – Living to the expectation of your profession and public.
- **Professional obligation** – Code of conduct of your profession (You do not go to jail, but you will lose your license) (Honest, respect, good morals...)
- **Legal Obligation** – If your breach this, you go to jail (forged the reference, writing a fake diagnosis, negligence)
- **Morals** – Subjective
- **Saying no to a patient – Words to use**
 - **Morals** – Personally, I do not feel comfortable.
 - **I have a professional obligation** - As a doctor to inform the social services or to be honest or make sure things are done correctly or make what I say or write is the truth. So, I am monitored, and I could lose my license.
 - **Legal obligation** – I could go to jail for this, this is a serious offense, it is a criminal offense.
- **How do you say No?**
 - Have a clear message that the answer is NO.
 - You need an assertive behavior – Sit comfortably and firmly, make eye contact, and be confident.
 - Do not hurt the patient emotionally.
 - Give a reason for your NO.
 - Use an empathic response.
 - Apologize – I am sorry that I cannot help you with this.
 - Suggest another solution to their problems if possible.

Vignette 1 – Ankle Sprain

You are a doctor in the Emergency Department. Mrs. Alina has come to the hospital with an ankle injury. She fell at home after stepping on wet grass. You have seen Alina Jones 30 minutes ago and examined her. She has bruising, swelling, and tenderness on the left malleoli. You sent her for an ankle X-ray. She is now back from an X-ray department. Discuss X-ray findings, address her concerns, and discuss management with the patient.

Patient information:

Vignette A - You slipped while walking on wet grass at home. You fell on your left ankle. You fell at home, but you want the doctor to change the notes to say you fell at work. You have bruising, swelling, and tenderness of left malleoli. You are not entitled to sick leave benefits. You are a single mother with a 5-year-old. You have a child at home, and you are struggling financially. (Refer for financial benefit). Works as a cleaner at a school. Comments: After the doctor has finished explaining the management of ankle sprain, make the following comments. Doctor, I would like to ask for a favor. You have been very nice so far! Is it possible if you can change my notes? "In the morning, I told you that I fell at home, actually I fell at work." If the doctor says "But why did not you tell him/her when you first met, say that you were in severe pain and you got confused. Now you remember that you fell at work. Keep persisting and comment, "Doctor, you are very clever, you should be able to help with this." "Okay, can you refer me to your senior, maybe they can help?" You are just a junior doctor.

Questions: I want you to change the notes so that I can get the benefit. However, that would not give me money; it will just give me sick leave without pay? Can I see what you wrote in the notes? Can you change the notes so that I can get benefits? You have a child at home, and you are struggling with finance.

“Doctor, no one else would know. My little one and I are struggling. I am a single mother.” Do you have children? Then you will know how difficult it is. Okay, doctor, it is ok. I do not want you to lose your job. It is quite a stressful job at work. Doctor, it says on your notes that I fell on wet grass, can you change it as if I fell on the wet floor at my workplace? My lawyer told me that if you add that I fell at work, I might get compensation.

- **GRIPS** - Introduce themselves as you have met before. Give me a few seconds so that I can have a look at the X-ray.
- **Explain** - X-ray, ask for a few seconds to have a look at the XRAY. Advise the patient that x-ray around the ankle joint looks normal and there are no fractures, but the radiologist will review the x-ray and if he sees, anything, which you could not see now you, would then call them and advise them what needs to be done.
- **Diagnosis:** ankle sprain- over-stretching of the ligaments around your ankle
- **Management of ankle sprain (PRICE)** P = Painkillers. Ask for allergies. Rest = offer crutches to use to avoid further damage to the ligaments. Ice = Apply 15-30 minutes. >30 minutes can cause damage to the skin. If applied <15 minutes, it may not be effective. Compression bandage to support the sprain. Elevation when sitting down place the leg on the chair to elevate and reduce the swelling. Ask for any concerns. Patient: “Doctor, but no one would know?” Even myself I just do not feel right to add something, which did not happen. Ask why she wants to change notes. Add to the existing notes if the information is true but do not change the notes if the information is not true, do not add to the notes but explain nicely to the patient. Do not damage the patient-doctor relationship. Explain that you are not allowed to add information to the notes if it is not true: “you are regulated by the medical council of the country and you are not allowed to add any false information to the notes.” I could lose my license if found to do so. “I am sorry it’s something I just cannot do.” You can see your notes; however, you need to apply to the information department for seeing the notes, with a written request. I am not allowed as a medical professional to give notes directly to you, because there is a department that does this. I can guide you on how to go there. Unfortunately, we cannot write anything that can help you get compensation if it is not true. Nevertheless, we will write down everything we have found on X-ray, other examinations, and investigations. Advise checking if there are any benefits she may be entitled to. Explain that you can write a letter if that helps to say she was in the hospital. Demonstration of empathy on the fact that she and her son are struggling.

Vignette 2 – Sexual Relationship with a Doctor

You are at the FAMILY PHYSICIAN CLINIC, speak to the patient, and address her concerns.

Patient Information: You have depression and initially treated with sertraline, and she was regular at follow-up. Which has been beneficial, your husband passed away 3 years ago and last year you stopped your medication. However, you have continued to see the psychiatrist. Today you have come to change your psychiatrist if you ask her why you will reply because I saw him with another lady. If you ask her more, you will reply that we had a sort of relationship. It started with him touching you and then he started putting his arm around you and it led to kissing. Now you think the lady you saw him with could be his wife or girlfriend, so you do not feel like seeing him anymore. So, you want to change your psychiatrist to a female one and you do not want him to get into trouble. Did I get him into trouble? Is everything I tell you going to be between us?

- **GRIPS**
- **Ask her history** (if reluctant tell her of confidentiality) then ask her of the incident history. Is it okay if I can ask you more about the incident...?
What kind of relationship?
Do you feel he abused you?

Do you feel he forced you?
Did he verbally abuse you?
Have you tried to contact him?

- **Apologize (EVE)**, then ask about depression.
What sort of treatment, has it been helpful, symptoms improved? Ask about mood. Any anxiety or feeling low, any suicidal tendencies, or self-harm tendencies.
- **Main discussion:** What we can do for you is that we can arrange a different counselor, we are going to report this incidence as doctors are not supposed to have any sort of relationship with patients. We have clear set professional boundaries and when we come to know of something like this, we are supposed to inform our practice manager. If she says she has made a mistake by telling you and of coming here, tell her she has done the right thing of telling you, and what he has done is not right and check if he has involved anyone else. You can also report to other organizations as well, such as police and medical council of the country.
- **What will happen to him:** He will be suspended, and the incident would be investigated, his license to practice would be canceled and he might face criminal charges. If doctors have relationships with patients, they will lose trust and that is why we have professional boundaries set.
- **Have you lost trust** in all-male doctors?

Vignette 3 – Whiplash Malingering

37 YEAR OLD female presented with some concerns about an incident that occurred 2 weeks ago. The police called the ambulance, which drove her to the hospital. She was examined and all the examinations were normal. Talk to the patient and address her concerns.

Patient Information - You had an accident two weeks ago. You went out on Friday and had 3 glasses of wine before the accident. You were driving a small car and hit the tree. After the accident, the police check your breath for alcohol. You were banned from driving for 3 years. You work as a medical rep; your employers have told you that as you cannot drive you cannot do your job. Today, you have come to see the doctors to get a sick note indicating that you have a whiplash injury. You have 2 children, and you are the only person working. You were examined 2 weeks ago. You pay your taxes and always help people in the street, so why can't you help me, doctor? Can't you just write it for me? Can your seniors help me?

- **GRIPS** – How can I help you?
- **Ask about the accident** – When did this happen? How? Where? Any confusion? Head injury? Loss of consciousness? Neck pain or stiffness? What happened after the accident? Can you tell me more about the incident?
- **Mention the examination** – **Examine will say it's normal.**
- **Explain why you cannot do this -**

CONFIDENTIALITY

Vignette 1 – Concerned Parents

FAMILY PHYSICIAN CLINIC practice, your patient is 56 year old, her husband and daughter have all been registered with the FAMILY PHYSICIAN CLINIC for 15 years. Today they have come with a few concerns. Please talk to Mrs. Leland and address her concerns.

Patient Information: You have come to the FAMILY PHYSICIAN CLINIC practice to ask about Emily, your daughter. You were cleaning her room where you found contraceptive pills, you are worried she may be sexually active with one of her friends. You feel her friends might not be a good influence and she drinks alcohol too. You're worried Emily might be going out with someone older than her. You are worried about STI, you feel that doctors should help. You do not believe in sexual relations before marriage, this is against her religion, you feel that doctors are encouraging children to be sexually active by prescribing contraceptives.

- **GRIPS (Type1)**
- My daughter has been to this practice. You should ask why you are concerned and take the history of the event. Did you ask your daughter about the pills? Yes, she got angry and said it was her friend. First, I am not sure whether your daughter has been here or not, we cannot reveal any patients detail as it is confidential. I can see that you are worried and concerned, what I can do is explain to you what we do when a young person like somebody of Emily's age asks for contraception. We check their understanding and ask questions about why they need it and what will happen if they do not. After considering their best interest and to prevent teenage pregnancies we tend to prescribe. Doctor, she might be going out with someone older. So, you will answer we do check their partners and whether they are in an abusive relationship or a relationship with an adult. Also, if we find out something is not right, we take appropriate action. Dr. I am worried about STIs, what we do is advise them about safe sex and have regular checks and screening for STIs. Doctor, we are Roman Catholics, and it is against our religion to have sex before marriage. I do understand your point, we respect all religions and beliefs and unfortunately, we have little control over what sort of advice we can give about religion. She will say surely it is an illegal activity as she is a kid. You will explain well if someone is above 13 and if they are having sex with one of their peers, it is not illegal. If it were your daughter, what would you do? I will make her comfortable, discuss it with her, and talk to her about it.

Vignette 2 – Cancer Talk to the Surgeon

72-year-old lady, who was at a nursing home and suffers from weight loss, was brought to the department, her CT scan of the abdomen was done, and suspicion of malignancy was found in the ascending colon. Talk to the son and address his concerns.

Patient Information - Her son is a surgeon consultant in a different hospital. You that your mum has CT (someone at the nursing home told you). He is suspecting that his mum has colonic cancer.

Setup - He will be wearing a suit and he will be standing there. The moment you walk in he will do the GRIPS instead and ask how my mum and CT scan result is.

- **Introduce yourself:** ask how I can help you. He will ask you about her mother's CT result. (Trying to breach confidentiality). Can we check a few details before we continue and ask him to sit down? He will not sit down so you also remain standing. Then he will ask about her results, reassure him that you will discuss it, but you need to check a few more details.

Does your mum know you are here? Unfortunately, we do not have permission from your mum to discuss her information with you. What other information did you collect from your mum's nursing home? (Ask more information). What is the reason for her to be admitted to the nursing home? I would like to give you info about her condition, but we have a problem because we do not have any consent from your mum to discuss it with you. I know that most likely your mum would not mind, you are a doctor, and you understand more. But unfortunately, I need to protect her confidentiality. I need to take permission first as part of our formalities to avoid breaking confidentiality. I am deeply sorry I know this is important for you and I can see that it is important for you to know about your mum (USE EVE). Ask him if he is worried about anything particular. If he says cancer, ask about her symptoms.

- Then ask him about his hospital, job, normal chat, etc.





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