

Ethics and Professionalism 1 – Notes for Candidate

ETHICS + PROFESSIONALISM: 8 minutes + 2 minutes questions

You are the FY1 on a busy HPB ward.

Jane Smith DOB 06/08/1991, 32 year old is admitted for the treatment of an acute flare up of pancreatitis. She has been symptomatic with pain, nausea and vomiting.

She has been unable to tolerate food for the past few days and has lost a significant amount of weight. The dietician has recommended NG feeds.

The consultant mentioned this to her in the ward round but she is not sure about this.

She would like to speak to someone about it.

Kindly speak to Jane about insertion of an NG tube – determine capacity.

Ethics and Professionalism 1 – Notes for Actor

You are a 32 year old woman who has had episodes of pancreatitis since you have been 15. The cause for this is unidentified. You have had multiple investigations which have all been unremarkable.

You are currently in hospital for an acute flare up of your pancreatitis. You experienced severe burning epigastric pain radiating to the back. 10/10 severity. Other symptoms: nausea and vomiting.

You know that this time is worse than all the others as you have been here 2 weeks now and still unable to tolerate much food. You vomit straight away every time you eat a little food. You feel that your energy levels are also very low. You get tired even when walking up the ward corridor. Your pain is better managed now so it's more of an ache. You have noticed you have lost a lot of weight as all your clothes are much looser,

You have tried pain relief and are on a full set of antiemetics but neither of those are helping you tolerate food.

Your response to doctor explaining NG tube feeds:

- you understand why the medical professionals think it will benefit you
- You understand this is happening because you are having a severe flare up of your pancreatitis
- You do not want NG tube and feeds via it (refuse to give consent)
- You want to trial a few more days without it
- You are going to try to eat smaller portions of food
- You fully understand the risks and benefits and would rather wait it out to see if your body is able to recover in its own

ICE: you know that the reason you feel nauseous is because of the pancreatitis, you know the lack of energy is because of a lack of nutrients that you are not receiving due to not being able to tolerate food. You are concerned that once the NG tube goes it will remain there and that your body will not fight on its own. You do not want a permanent NG tube and are scared of the procedure. You are expecting to be given a few days to try.

Ethics and Professionalism 1 – Examiner marksheet

MARKING RUBRIC	✓
Opening: <ul style="list-style-type: none"> • Introduce with full name and grade • Check patient identifiers • Set out the purpose of the conversation • Gain consent to proceed 	
Main Consultation <ul style="list-style-type: none"> • Clarify the situation thus far • Clarify patient symptoms • Clarify if patient has noticed that they have lost significant amount of weight • Explain their symptoms (why is she vomiting) -> (pancreas inflamed unable to produce digestive enzymes -> nausea/ vomiting -> low appetite) • Explain what an NG tube is (a tube that goes in through your nose down to your stomach) • Explain why this is being suggested (significant weight loss, body needs energy via food, risk of deficiencies such as Vit B12) • Explain what the process involves (a tube which is put in via your nose, while it is being inserted patient is asked to drink sips of water to help with direction) (CXR to determine position) • Explain benefits (able to commence feeding, increase in energy levels, less likely hood of throwing food as NG feeds are in a liquid form, can E+D as normal whilst this is in to build up diet) • Explain risks (uncomfortable procedure, risk of aspiration, tube can move out and need reinsertion) • Explain what would happen if they do not want NG tube (further weight loss, dip in energy levels, lack of concentration, prolonged admission) • Alternatives (wait and watch, eating food in very small amounts) • Check understanding • Ask if they have any questions • Ask them to tell you what the procedure is and it's risks and benefits • Ask them to deliver a decision (can be yes or no) • If patient declines it but is deemed to have capacity then their decision stands 	
Closing: <ul style="list-style-type: none"> • End consultation with a summary of the discussion and inform able to change mind anytime they want 	
Questions: <ol style="list-style-type: none"> 1) How is a person deemed to have capacity ? <ul style="list-style-type: none"> • By being able to understand, retain, weight up information and communicate a decision. 2) What are the 5 principles of capacity as per the MCA? <ul style="list-style-type: none"> • Assume a person has capacity until proven otherwise • Provide all information and help people make their own decisions • If a person makes an unwise decision that does not mean they lack capacity • If a decision is being made for someone who lacks capacity it must be in their best interests • Treatment and care provided to someone who lacks capacity should be the least restrictive 	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: