



Communication Skill Scenarios

6

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6.1 Explaining a Diagnosis to Patients/Parents

6.1.1 Scenario 1

- Re: Mr Steven Shaw, aged 55 years
- Mr Shaw has primary open angle glaucoma in both his eyes. He has raised intraocular pressure in both eyes and cupped optic discs with correlating visual field defects.
- Your task is to explain the diagnosis, addressing his concerns

6.1.1.1 Approach

- Introduce yourself and confirm the patient's identity

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- Take any relevant history from the patient that has not been provided:
 - Driving status
 - Occupation
 - Family history of glaucoma
- Clarify the task in your mind. Begin discussing the diagnosis:
 - “Your examination and test results show that you have glaucoma”
- Establish what the patient already knows about the diagnosis:
 - “Have you heard of the condition glaucoma before?”
 - “I wonder if you know anything about this condition before we start?”
- Tell the patient that you are going to start giving them some information (“I am going to tell you some information now, so please feel free to stop me at any point if there is anything you don't understand”)
- Order the explanation — possible discussion points include:
 - What is glaucoma (“a disease of the optic nerve, which is a long cable at the back of the eye”)
 - Why glaucoma occurs (“multiple reasons why it can occur including genetic factors and the presence of high pressures in the eye”)

- Likely history of glaucoma with and without treatment (“*if the pressures in the eyes remain persistently high then you will lose vision permanently over time. With treatment to lower the pressures in your eyes, you can slow the progression of the condition*”)
- Treatment options (“*the aim of treatment is to lower the eye pressure. Initial options include drops or laser*”)
- Follow-up (“*we will need to see you again in clinic in*”)
- Driving regulations (“*you will need to inform the DVLA as you have glaucoma in both your eyes*”)
- Check that the patient is following your explanation and encourage patient feedback and questions:
 - “*Are you happy with everything I have said so far?*”
 - “*Do you have any questions so far?*”
 - “*I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?*”
- Provide a summary of the main points of the discussion to provide the patient with any key take home messages (“*To summarise our discussion.....*”)
- Provide the patient with a point of contact should he have any questions or concerns
- General points:
 - Keep your explanations clear without using any complex medical jargon. Ensure you use language that the patient will understand (without being patronising!)
 - Throughout your explanation, take into account any ideas, concerns or expectations you elicit from the patient
 - Be prepared to admit uncertainty if the patient asks you something you don’t know (assure the patient that you will find the answer and let them know)

6.1.2 Scenario 2

- Re: Master Simon Baines, aged 2 years
- A GP has referred a 2-year-old child with a white pupillary reflex. You have seen the child in your clinic and have seen a large white, round retinal mass on clinical examination. Ultrasonography shows intralesional calcification with high internal reflectivity, confirming a diagnosis of retinoblastoma. The mother of the child is present.
- Your task is to explain the diagnosis to his mother, possible prognosis, and propose referral to a specialist retinoblastoma treatment centre

6.1.2.1 Approach

- Introduce yourself and confirm the patient’s and mother’s identity
- Take any relevant history from the mother that has not been provided
 - Other children in family
 - Health status of other children in family
 - Any medical problems that run in the family
 - Identify mother’s support system (family/ friends) (“*who is at home with you?*”)
- Establish what the patient’s mother already knows (“*Do you know why your son was referred by your GP to the hospital?*”)
- Give a warning shot to the mother (“*I am afraid that I have some bad news*”). Give the mother time to digest the warning shot. They may signal that more information is wanted or that they want some time before further information is wanted.
- Be open, honest and informative to the mother (“*the examination and ultrasound result show that your son has a type of eye cancer called a retinoblastoma*”)

- Acknowledge distress and support ventilation of feelings from the mother (“*I understand that this is very hard and its normal to be upset*”) — offer tissues if the mother becomes teary
- Check if mother has had previous experience/ know relatives or friends with the same condition (“*do you know anyone else with the same condition to your son?*”)
- Establish what the mother wants to know (“*before I provide you with further information, I just wanted to know whether you are you the type of person who likes to know everything about your sons condition?*”)
- Prioritise and identify any concerns from the mother before providing the mother with information (“*what are the particular things you are thinking about?*”)
- Provide information — possible discussion points (depending on the mother’s earlier responses) include
 - Causes (“*40% of cases is caused by a faulty gene. The faulty gene may be inherited from a parent or a change to the gene occurred at an early stage of the child’s development in the womb. Unknown what causes the remaining 60% of cases*”)
 - Incidence (“*about 45 children per year are diagnosed with retinoblastoma in the UK*”)
 - Referral (“*Your child will need to be referred to a specialist retinoblastoma team at either The Royal London Hospital or Birmingham Children’s hospital. Do you any preference?*”)
 - Treatment (“*depends on the stage of the cancer. Further details will be provided by the specialist retinoblastoma team you will be referring the child too*”)
 - Prognosis (“*over 90% cure rate with appropriate treatment if the cancer has not spread beyond the eyeball*”)
- Check that you have provided the mother with all her information needs (“*do you have anything else you want to ask me about?*”)
- Provide contact details so that the mother can contact you if she or her relatives/friends have any questions. Make clear to the mother that

she can be seen any time if she wishes to discuss any issues or concerns

- Offer to provide contact details about the Childhood Eye Cancer Trust that can give the mother further information about retinoblastoma
- Provide a summary of the main points of the discussion to provide the patient with any key take home messages (“*To summarise our discussion.....*”)

6.2 Discussing Management with Patients/Parents

6.2.1 Scenario 1

- Re: Mrs Anna Smith, aged 56 years
- Mrs Smith has been referred by her GP for possible cataract surgery as the patient has noticed a reduction in her vision in her right eye. She had a breast mastectomy for breast cancer 5 years ago. On examination, you see a visually insignificant cataract, but found an elevated mass at her right macula.
- Your task is to explain your findings to the patient, possible diagnoses and your proposed management plan

6.2.1.1 Approach

- Introduce yourself and confirm the patient’s identity
- Take any relevant history from the patient that has not been provided
 - Ask if she was given the all clear from her breast cancer since her mastectomy and whether she has been discharged from oncology
- Establish what the patient already knows (“*can you tell me what you understand about the problem with your eye?*”)
- Give a warning shot (“*I am afraid that it is not a cataract that is causing the reduction in your vision*”). Give the patient time to digest

the warning shot. They may signal that more information is required

- Be open, honest and informative to the patient (“*there is a lump in the back of your eye that is causing a reduction in your vision*”)
- Outline the possibilities (“*There are several causes for a lump to appear in the back of the eye. Some are serious and others are not so serious. At this stage, I am not certain of the cause of your lump. However, given your previous history of breast cancer, there is a possibility that the lump in the back of the eye is cancerous*”)
- Acknowledge distress and support ventilation of feelings from the patient (“*I understand that this is very hard and its normal to be upset*”)—offer tissues if the patient becomes teary
- Explain to the patient that you will be urgently referring her to a specialist centre (“*I will be urgently referring you to a specialist center to investigate the cause of the lump in the back of your eye. This will be at Liverpool, Sheffield or London. Do you have a preference?*”)
- Check that the patient is following your explanation and encourage patient feedback and questions (“*I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?*”)
- Provide contact details so that the patient can contact you if she or her relatives/friends have any questions. Make clear to the patient that she can be seen any time if she wishes to discuss any issues or concerns
- Identify patient support systems (“*who do you live at home with?*”)
- Provide a summary of the main points of the discussion to provide the patient with any key take home messages (“*To summarise our discussion.....*”)

6.2.2 Scenario 2

- Re: Miss Tina Carter, aged 30 years
- You are seeing Mrs Carter in the outpatient’s clinic. She was seen in Eye Casualty 6 weeks previously with pain on eye movements and loss of vision in her left eye (VA HM). Her right eye was unaffected. She presents to you today in clinic with the vision in her left eye remaining poor at 6/60 and her vision in her right eye has now dropped to 6/36. On examination, both optic nerves are pale.
- Your task is to address her questions and to talk about management

6.2.2.1 Approach

- Introduce yourself and confirm the patient’s identity
- Take any relevant history from the patient that has not been provided
 - Presence of paraesthesia, weakness of limbs, bowel and bladder incontinence
 - Any recent infections or vaccinations
 - Past medical history (autoimmune disorders, lymphoproliferative diseases, connective tissue disorders)
 - Concurrent or recent treatments
 - Driving status
 - Occupation
- Establish what the patient already knows (“*can you tell me what you understand about the problem with your eyes?*”/“*have you thought about any possibilities for the cause of your symptoms?*”)
- Prioritise and identify any concerns from the patient before providing the patient with information (“*what are the particular things you are thinking about?*”)
- Provide information (be open and honest)—possible discussion points (depending on the patient’s earlier responses)

- Reason for the patient’s symptoms (*“In the back of each eye there is a bright long yellow cable called the optic nerve, which contains lots of wires that enable us to see well with our eyes. In your eyes, your optic nerves are pale, which is why your vision is reduced in both of your eyes. At this point I am not sure what has caused this”*)
- Outline the possible causes (*“There are several different causes of pale optic nerves which requires investigations with tests. Would you like to know all the possibilities?”*)
- Outline the tests you want (*“I would advise blood tests, a chest x-ray, and an MRI scan of the brain to investigate possible causes for your pale disc”*)
- Follow-up (*“we will see you in clinic again in”*)
- Driving (*“your current level of vision does not meet the legal requirements for driving and you must inform the DVLA”*)
- Check that the patient is following your explanation and encourage patient feedback and questions (*“I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?”*)
- Provide contact details so that the patient can contact you if she or her relatives/friends have any questions. Make clear to the patient that she can be seen any time if she wishes to discuss any issues or concerns
- Provide a summary of the main points of the discussion to provide the patient with any key take home messages (*“To summarise our discussion.....”*)

6.2.3 Scenario 3

- Re: Master Robert Gale, aged 5 years
- Robert is a 5-year-old boy who you have been seeing regularly in clinic. He is currently under treatment with patching for amblyopia secondary to a squint. His mother is insisting on squint surgery.
- Your tasks are to explore her reasons for wanting squint surgery, addressing her concerns

6.2.3.1 Approach

- Introduce yourself and confirm the patient’s and mother’s identity
- Establish what the mother already knows (*“can you tell me what you understand about the problem with the eyes of your son?”*)
- Explore the reasons for why the mother wants squint surgery (*“you have expressed that you are keen for your son to have squint surgery. What are your reasons for this?”*)
- Counter any misunderstandings (*“squint surgery will not improve the vision in your child’s eyes. It will only improve the cosmetic appearance. The patching is necessary to try to maximise the vision in your child’s eyes”*)
- Explore whether compliance with patching is an issue (*“how are you finding the patching regimen for your son?”*). If patching compliance is an issue then advise on possible solutions (e.g. possible reward for son by letting him put a sticker on a calendar for each day they wear the patch)
- Check that the mother is following your explanation and encourage feedback and questions from the mother (*“I appreciate that I have*

given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?”)

- Agree a way forward (“*at present we need to try to maximise the vision in your child’s eyes with patching. Once we have achieved this then squint surgery can be an option in the future if the cosmetic appearance becomes an issue*”) and ensure appropriate follow up arrangements are in place
- Provide a summary of the main points of the discussion to provide the mother with any key take home messages (“*To summarise our discussion.....*”)
- Provide the mother with a point of contact should she have any questions or concerns

6.2.4 Scenario 4

- Re: Mr Jackson Francis, aged 72 years
- Mr Francis was referred by his optician, for evaluation of possible diagnosis of age-related macular degeneration (AMD). On clinical examination, he has a dry disciform macular scar in both eyes with a visual acuity of CF in his right eye and 6/60 in his left eye.
- Your task is to consult and advise on appropriate management, addressing his concerns

6.2.4.1 Approach

- Introduce yourself and confirm the patient’s identity
- Take any relevant history from the patient that has not been provided
 - Smoking history
 - Past medical history: hypertension
 - Family history of AMD
 - Driving status
 - Identify patients support system (“*Who is at home with you*”)
- Establish what the patient already knows (“*can you tell me what you understand about the problem with your eyes?*”)
 - Clarify the task in your mind. Begin discussing the diagnosis:
 - “*Your examination shows that you have age-related macular degeneration*”
 - Establish what the patient already knows about the diagnosis:
 - “*Have you heard of the condition age-related macular degeneration before?*”
 - “*I wonder if you know anything about this condition before we start?*”
 - Prioritise and identify any concerns from the patient before providing the patient with information (“*what are the particular things you are thinking about?*”)
 - Order the explanation (be open, honest and informative) — possible discussion points (depending on the patient’s earlier responses)
 - What is AMD (“*age-related macular degeneration is a common condition that affects the central part of your vision*”)
 - What is the cause of AMD (“*the exact cause is unknown; it has been linked to smoking, high blood pressure and genetic factors*”)
 - Types of AMD (“*there are 2 forms of age-related macular degeneration: a dry form and a wet form*”)
 - Treatment options (“*unfortunately you have the dry form of AMD. This form of AMD has no treatment to help improve your vision*”)
 - Support for the patient (“*to help reduce the effect on your life, we can refer you to our low visual aids team who can provide you with useful advice and practical support such as providing you with magnifying lenses and suggest changes you can make to your home. I can also register you today as severely sight impaired. This will make it easier for you to claim financial benefits, such as help with health costs. I will also provide you today with an amsler grid, which you can use to detect any future changes in your eyesight*”)
 - Promote healthy living (“*try to eat a balanced diet, exercise regularly, stop smoking*”)
 - Driving (“*your current level of vision does not meet the legal requirements for driving and you must inform the DVLA*”)

- Check that the patient is following your explanation and encourage patient feedback and questions (“*I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?*”)
- Provide a summary of the main points of the discussion to provide the patient with any key take home messages (“*To summarise our discussion.....*”)
- Provide the patient with a point of contact should he have any questions or concerns

6.3 Explaining Surgical Complications

6.3.1 Scenario

- Re: Mr Andrew Taylor, aged 72 years
- You have just performed a cataract operation on Mr Taylor that did not go according to plan. You ruptured the posterior capsule and dropped the lens into the vitreous during the operation. You have left the patient aphakic.
- Your task is to explain the complication to Mr Taylor, addressing his concerns

6.3.1.1 Approach

- Introduce yourself to the patient as the surgeon who performed the operation
- Explain that you had a problem during the surgery and apologise that it occurred (“*I had some trouble with the thin capsule that surrounds the lens. This thin capsule tore during the operation, and the lens fell into the back of the eye and I was unable to put an artificial lens into your eye. You will need another operation to remove the lens that has dropped into the back of your eye and at the same time we will insert a new artificial lens into your eye. I am so sorry this has happened*”)
- Inform the patient that you are working on the next steps and that you have a plan to take

them safely forward (“*I will have to follow you more closely and I would like to see you again tomorrow in clinic to make sure that the pressure in the eye is ok. In the meantime, I will also arrange for you to see my retinal specialist colleague who will be performing your second operation*”)

- Check that the patient is following your explanation and encourage patient feedback and questions (“*I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?*”)
- Reassure the patient that his vision will be poor until after his second operation (“*Your vision will be poor when I see you in clinic tomorrow as you don’t have an artificial lens in place. The vision will improve once the second operation has been performed. I know this is an inconvenience and difficult for you*”)
- Reassure patient that you are going to be with them all the way and that you will stay in touch with them following their second operation
- Provide a summary of the main points of the discussion to provide the patient with any key take home messages (“*To summarise our discussion.....*”)
- Provide the patient with a point of contact should he have any questions or concerns

6.4 Explaining Surgical Errors

6.4.1 Scenario

- Re: Master Craig Burton, aged 3 years
- You have just finished a routine squint operation on a 3-year old boy before you realised that you have operated on the wrong muscle in the wrong eye. His mother is in the waiting room and wants an update on how things went during the operation.
- Your task is to explain the surgical error to the mother, addressing her concerns

6.4.1.1 Approach

- Introduce yourself to the mother as the surgeon who performed the operation
- Explain that you had an incident during the surgery and apologise that it occurred (*“after I finished the operation on your child, which was routine, I realised that I had operated on the wrong muscle in the wrong eye. I am so sorry this has happened”*)
- Identify any concerns from the mother (*“I know that there must be some concerns on your part as a result of this incident, and I would like to find out what is worrying you the most”*). Listen and acknowledge any concerns from the mother. Allow her to say what she wants to, without interruption before addressing the concerns
- Inform the mother that you are keen to follow up on her son but would understand if she wanted you to refer her son to one of your colleagues for further care (*“Going forwards, I would like to follow up your son closely in clinic to see how his eyes are doing. However, given what has happened I would understand if you would prefer one of my colleagues to look after your son in the future”*)
- Inform the mother that you are working on the next steps and that you have a plan to take them safely forward (*“your son will need to be seen more closely in clinic by our orthoptists to determine how his eyes are recovering from the operation. This will help us determine what the best course of action going forwards would be”*)
- Give an assurance of further action in relation to the incident (*“the incident will be reported as a never event to the risk management team, who will investigate it further to determine why the event occurred and decide what actions might be taken to prevent this event from happening again”*)
- Invite further questions from the patient’s mother and provide further information if required
- Provide an opportunity for the mother to make a complaint (*“if you wish you can lodge a written complaint with our PALS department and it will be taken seriously”*)
- Provide a summary of the main points of the discussion to provide the mother with any key take home messages (*“To summarise our discussion.....”*)
- Provide the mother with a point of contact should she have any questions or concerns

6.5 Consent for Treatment

6.5.1 Scenario 1

- Re: Mrs Susan Spencer, aged 60 years
- Mrs Spencer has noticed a reduction in her vision and distortion in her left eye for 6 months. Clinical examination and OCT scan revealed an idiopathic stage 4 full thickness macular hole.
- Your task is to explain the diagnosis and to counsel her for surgery

6.5.1.1 Approach

- Introduce yourself and confirm the patient’s identity
- Take any relevant history from the patient that has not been provided
 - Driving status
 - Occupation
- Establish what the patient already knows (*“can you tell me what you understand about the problem with your eyes?”*)
- Begin explaining the diagnosis (*“your eye examination and tests shows that you have a hole in the back of your left eye”*)
- Explain the best way forward and explain any possible alternatives (*“the best way to close the hole and to try to improve your vision in the left eye would be to perform an operation called a vitrectomy. Without an operation the hole is very unlikely to close”*)
- Explain the nature of the operation (*“a vitrectomy is where we surgically remove the jelly at the back of the eye. Following a vitrectomy, a thin layer of tissue surrounding the hole will be peeled. At the end of the operation, we will be injecting a temporary gas bubble into the*

back of your eye. You may need to spend several hours during the day face down after the operation for up to 5 days and will not be able to fly whilst the gas bubble is in the eye. The operation can be performed either with you awake where you will be given a local anaesthetic injection or with you asleep under a general anaesthetic”)

- Explain the risks and benefits of the operation (“*the operation is successful in closing the hole in 9 out of 10 people who have had the hole for less than 6 months, and 6 out of 10 people who have had the hole for a year or longer. Complications include the development of a cataract, failure of the hole to close and requiring a second operation, retinal detachment and much more rarely serious complications such as an infection and bleeding in the back of the eye*”)
- Driving: if the patient drives then inform her that she will not be able to drive for 6 to 8 weeks after her operation while the gas bubble is present in her eye
- Work: if patient is still working then she will need some time off work — she will be provided with a sick note after the operation
- Check that the patient is following your explanation and encourage patient feedback and questions (“*I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?*”)
- Seek permission to proceed (“*Would you like to proceed with the operation? Local or general anaesthetic?*”)
- Provide the patient with a point of contact should she have any questions or concerns

6.5.2 Scenario 2

- Re: Colin Kent, aged 40 years
- Mr Kent presents to clinic with a macular on rhegmatogenous retinal detachment in his right eye. He has previously lost all vision in his left eye from a previously unsuccessful retinal detachment

repair. Mr Kent works fulltime in a sales job and drives regularly. He suffers from anxiety and depression. He is due to go abroad on a holiday of a lifetime in a week’s time.

- Your task is to explain the diagnosis and counsel the patient for surgery

6.5.2.1 Approach

- Introduce yourself and confirm the patient’s identity
- Establish what the patient already knows (“*can you tell me what you understand about the problem with your right eye?*”)
- Begin explaining the diagnosis (“*examination of your right eye shows a retinal detachment from a retinal tear*”)
- Explain the best way forward and explain any possible alternatives (“*similar to your left eye, you will need an operation in the right eye called a vitrectomy to fix the retinal detachment. Without an operation, you will eventually lose the vision in your right eye*”)
- Explain the nature of the operation (“*a vitrectomy is where we surgically remove the jelly at the back of the eye. Following a vitrectomy, any retinal tears will be closed with a freezing therapy. At the end of the operation, we will be either injecting a temporary gas bubble into the back of your eye or inserting silicone oil into the back of your eye*”)
- Explain the risks and benefits of the operation (“*the operation is intended to repair the retinal detachment in your right eye. Complications include re-detachment with the need for further operations, cataract formation, high pressures in the eye and much more rarely serious complications such as infection or bleeding in the back of the eye*”)
- Discuss patients upcoming holiday (“*if we insert gas into the eye then you will not be able to fly after the operation. If we insert silicone oil into the eye then you can still fly but you will require a second operation to remove the oil in the future*”)
- Address patients driving (“*you will not be able to drive for 6 to 8 weeks after the operation*”)

while the gas bubble is present in the eye”/“you will not be able to drive after the operation until the oil has been removed from your eye and your vision has improved”)

- Work (“you will need some time off work after the operation and you will be provided with a sick note after the operation”)
- Check that the patient is following your explanation and encourage patient feedback and questions (“I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?”)
- Seek permission to proceed (“Would you like to proceed with the operation? local or general anaesthetic? silicone oil or gas?”)
- Provide the patient with a point of contact should he have any questions or concerns

6.6 Encouraging Compliance with Treatment

6.6.1 Scenario

- Re: Mr Mark Davis, aged 70 years
- Mr Davis has primary open angle glaucoma in both eyes. His IOPs were previously stabilised on Latanoprost once a night in both eyes and Brinzolamide twice a day in both eyes. His intraocular pressures were 14 mmHg in both eyes 6 months ago, but today in clinic his IOPs were 32 mmHg in both eyes. His visual fields today showed increased field loss in both eyes. He had mentioned to the visual field technician that he had not been taking his drops because he felt his eyes have been well.
- Your task is to discuss ways to improve his intraocular pressure control

6.6.1.1 Approach

- Introduce yourself and confirm the patient’s identity
- Explain to the patient that his intraocular pressures today are not well controlled and that his visual fields today show progression. Make it

clear that achieving better control of his IOP’s is the aim of the discussion (“I am afraid to say that the pressures in your eyes today is very high and your field test shows that your glaucoma has progressed. We need to try to achieve lower pressures in your eyes”)

- Explore whether poor compliance could be a problem (“how are you getting on with the current drops? do you take the drops regularly?”)
- Explore reasons for poor compliance (“do you experience any problems with the drops?”)
- Counter misunderstandings (“some drops can cause”)
- Explain the importance of drop compliance and the risk of uncontrolled IOP (“it is important to take your drops regularly as it keeps the pressure in your eyes under control. Without the drops, the pressures in your eyes will be very high which can lead to permanent loss of vision in your eyes”)
- Offer an alternative solution (“if you find taking your drops difficult then we could perform a laser treatment or an operation as an alternative method to reduce the pressures in your eyes”)
- Check that the patient is following your explanation and encourage patient feedback and questions (“I appreciate that I have given you a lot of information. Would you like me to go over anything again or do you have any questions that you would like to ask me?”)
- Agree a way forward, ensure follow-up arrangements are in place and reassure him that you will be happy to review him sooner if there are questions or concerns

6.7 Communicating with Angry Parents

- Re: Master Thomas Edwards, aged 1 year
- You suspect NAI in a 1-year old boy, who was brought to the hospital by his mother. The child has multiple unexplained bruises. The paediatrician is not onsite until tomorrow and in the interest of the child, you had recommended

admission for ‘observation’ despite the fact you are not doing anything active in terms of treatment of the eye. The mother is very angry at you for detaining the child for ‘observation’ and would like to take the child home.

- Your tasks are to discuss with the mother, addressing any concerns

6.7.1 Scenario

6.7.1.1 Approach

- Introduce yourself and confirm the patient’s and mother’s identity
- Explain you will need a chaperone (nurse or health care assistant) present
- Establish what the mother already knows (“*can you tell me what you understand about why your son has been brought into hospital today?*”)
- Take any relevant history from the mother that has not been provided
 - History of events (“*when did you notice the bruises? how did the bruises occur? Any other witnesses around at the time?*”)
 - *Who normally looks after the child at home?*
 - *Who is in the house? Do you have any other children? Where are your other children at present?*
- Be open and honest to the mother about your reasons for wanting admission. Be non-judgemental (“*I have some concerns that some of the bruises found on your son may have occurred in a non-accidental manner. I am not here to judge but when I find injuries like this then it is mandatory for me to ask a paediatrician to examine your child. This examination is performed nationwide in an effort to safeguard children and is a requested as part of a national guidance. Unfortunately, the paediatrician is not available until tomorrow and therefore the hospital protocol is to have your son admitted into hospital for observation*”)
- Explore the mothers understanding and concerns (“*I appreciate that I have given you a lot* of information. *Would you like me to go over anything again or do you have any questions that you would like to ask me?*”)
- Explain that admission is mandatory and not optional (“*I understand why you are feeling upset/angry by this and I know that this will be an inconvenience to you, but your son will have to be admitted into hospital today as unfortunately the paediatrician is not available today to examine your son*”)
- Explain possible consequences of refusal if the mother is insistent on leaving the hospital with her son despite your best efforts to convince her otherwise (“*My priority is to make sure your son is well and safe. If you decide to leave the hospital with your son then I won’t restrain you. However, the police will be called immediately and they will then initiate a police protection order to admit your son to hospital*”)
- Allow the mother time to think about what has been discussed and invite questions
- Agree a way forward

6.8 Breaching Confidentiality in the Public Interest

6.8.1 Scenario

- Re: Mrs Emma Smith, aged 65 years
- Mrs Smith is a patient you have been seeing regularly in clinic for her advanced primary open angle glaucoma in both eyes. You performed an Estermann visual field test which she failed. Mrs Smith is keen to continue to drive no matter what.
- Your task is to explain to the patient that she should not be driving

6.8.1.1 Approach

- Introduce yourself and confirm the patient’s identity
- Explain the test result (“*the visual field you performed today shows that you have lost a large proportion of your peripheral vision.*”)

Your visual fields do not meet the legal requirements for driving”). Allow the patient time to digest this information

- Explore patient understanding and concerns (“*how do you feel about that?*”)
- Explore the patient’s reasons for not wanting to adhere to advice
- Explain the risks of continuing to drive and possible alternatives (“*With the amount of visual field you have lost, if you continue driving you will be at a high risk of threatening your own life as well as the lives of others. Would public transport work for you as an alternative method of getting around?*”)
- Explain possible consequences of refusal (“*I find myself with a dilemma of interests.*”)

Whilst my first concern is for you, I am concerned that should you continue driving, you would be at risk personally as well as a risk to other on the road. If you continue to drive despite my best efforts to dissuade you, then I may have to inform the DVLA’s medical advisor”)

- Offer a second opinion (“*I am happy to refer you to my colleague for a second opinion if that would help you. Please do not drive in the meantime*”)
- Allow the patient time to think about what has been discussed and invite questions
- Agree a way forward together