

Communication OSCEs

Communication – Triage

History: You are working in a busy ED and you note that the next five cards in the box have not been triaged appropriately.

1. Head injury with unequal pupil and GCS 15
2. Request for OCP
3. VIP with minor ailment, television crew present
4. 6 month old with D&V for 5 day no OBS, except high temp
5. 60 year old male with severe abdo pain and high BP

Task: Discuss with the senior sister your concerns and reassign triage

Marking Criteria

Approaches sister with respect and asks if can have a word

Discusses cases rationally and dispassionately

Non-judgemental of previous triage decisions

Correctly assigns triage categories with appropriate time frames

Makes alternative suggestions for management or appropriate next steps for all

Thinks of AAA in renal colic case

Asks for BP in both arms

Asks for ECG

Considers press attention for VIP may require being seen more quickly

Suggest side room

Security/hospital press relations informed

Suggests relevant allocation of medical staff

Correctly assigns lower triage category to head injury

Explains unequal pupils may be a normal finding

Recognises likelihood of sick baby

Request immediate vital check of baby

Recognises non-urgent nature of OCP script request

Suggest giving list of family planning clinics or alternative to patient

Agrees order of cases with the nurse

Overall responsible order of prioritisation

Remains calm and supportive

Recognises sister may be stressed and offers support

Global scores

Communication – NAI

History: A six old girl has attended with a spiral fracture to the left tibia after a trivial mechanism. She was seen last month with a head injury and allowed home. The family is on the SS register. An SHO has organised admission for investigation of NAI.

The sister on the paediatric ward has phoned and feels that the ED is over reacted, as she knows the family well and is sure there is no abuse going on.

Task: Discuss with the nurse the need for admission (notes and x-rays provided)

Marking Criteria

Clearly explains what they want the sister in charge to do

Identifies story doesn't fit injury or age of child

Identifies other injuries present and previous injury (bruises and head injury)

Identifies general issues about child that are worrisome (weight and manner)

Demonstrates listening skills

Deals with responses from sister and continues to argue their own case

Stands their ground but with professional behaviour

Agrees next steps

Does not get angry - remains polite and calm

Avoids judgemental behaviour toward the nurse

Avoids personal criticism of the nurse

Avoids collusion – doesn't agree that actually probable okey now they know the full picture

Achieves a clear conclusion to the interaction by the end of the station

Global score

Communication – the difficult referral

History: It is 3:00 a.m. on a Saturday morning. One of the SHO asks you for help. She has been treating a 76 year old woman who has lost her footing and fallen down the stairs. She is immobilized and the C-spine x-ray shows a fracture on the posterior body of C6. The patient has no neurology at present and the SHO has done a stellar job in the management of this patient. Unfortunately, the SpR in orthopaedics has refused to see this patient until a CT is performed and has asked the SHO to “sort it out”. He has also suggested that the patient be admitted to the CDU until the scan can be done.

Task: Refer this patient to the orthopaedic registrar

Marking criteria

Thanks SHO for management and understanding need for senior support

Asks for notes and x-rays

Asks to see the patient

Recognizes the need for orthopaedic referral and admission

Introduces self to orthopaedic SpR

Asks name of orthopaedic SpR

Make succinct referral

Demonstrates listening skills

Deals with responses from SpR and continues to argue their own case

Stands their ground but with professional behaviour

Suggests discussions with consultants from both departments

Does not get angry - remains polite and calm

Avoids judgemental behaviour toward the SpR

Avoids personal criticism of the SpR

Avoids collusion – doesn't agree that conservative therapy is only option

Achieves desired conclusion - gets SpR to come and assess the patient

Offers thanks and support in organizing transfer

Global score

Communication – Difficult parent

History: A 13 year old female presents with her mother. The mother is convinced that her daughter has cancer and is demanding to see the consultant. The teenager has developed a lump at the base of the skull.

Task: examine the patient and discuss the problem with the mother

Marking criteria

Introduction

Confirms identity of patient

Confirms identity of relative

Takes a brief history

Identifies mothers concerns (family member with CA prostate and cervical metastasis)

Shows understanding of parental concern

Reassures that this is a normal variant

Reassures that this is a normal condition appropriate with the age of her child

Confirms that this is not cancer

Utilises normal variant book to allay parental concerns (compares with x-ray)

Checks that the patient and parent are happy with explanation

Invites questions

Indicates intention to communicate with GP

Approaches patient and relative in a professional manner

Deals with request to see a consultant appropriately

Global score

Communication – Eclampsia

History: A 28 year old female who is 35 weeks pregnant has had a seizure. She has been diagnosed with eclampsia. She subsequently has been taken to theatre for an emergency caesarean section. FHS normal

Task: talk to the husband and explain the situation

Communication – Paracetamol overdose

History: A 20 year old female came after taking 15 tablets of Paracetamol 12 hours ago. Now she is regretful and wants to go home.

Task: tell her about the plan of management and discuss about future complications and effects of this over dose. Don't counsel her or assess risk

Communication – NAI

Task: explain to mother of child the need for admission after child found to have iron pattern burns to abdomen.

This lady is the mother of Georgia who is 6. Georgia came to the ED with an iron burn to her abdomen. You have discussed Georgia with the paediatricians who have recommended admission to exclude NAI.

	Not done	Partially done	Completed
Washed hands & alcohol gel			
Introduced self			
Checked identity of mother			
Explained concern about injuries			
Establishes what happened			
Who was supervising			
Need for admission, both medically & NAI			
Has anything like this ever happened before?			
Do you have any other children at home?			
Asks about domestic violence.			
Safe going home?			
Persuades mother to let child stay			

Communication - Organ donation and consent

Communication - Thrombolytics

Communication - febrile seizure

History: child has mild URTI

Task: Discuss with mother whose child had a febrile convulsion

Communication – DVT

History: 53 year old female with three day history of swollen left leg. Currently under investigation for uterine cancer

Task: categorise into risk group and discuss management

Communication - Breaking bad news

Marking criteria

Is it the right patient

All facts available

Ask what they know about the disease

What do they want to know about the disease?

Warning shot then give options (family present, late date)

Choose the right setting and the right moment, avoid distractions

Check that you are giving the right information, use of words

Ask about concerns now

Allow time for grief

Management plan and follow-up

Bereavement counseling

Speak to practice team

Communication – breaking bad news (from the college website)

Instructions for the candidate

You have been caring for an elderly (75) year old lady (Mrs Jones) who was found by her home help unconscious at home. The patient was GCS 3 on arrival, apnoeic, pulse 40, BP 220/110. You have intubated the patient and she is ventilated for the scan.

The CT shows a massive intracerebral bleed with midline shift and compressed ventricles. The neurosurgeons have confirmed there is an appalling prognosis and a 100% chance that the patient will die. There is no active treatment to be offered.

The daughter is present in the relatives' room within your department.

Task

Explain that further intervention is inappropriate and that there is no hope of recovery or indeed survival from the stroke. You need to reach an understanding with the daughter that you are going to cease resuscitation and active intervention and allow the patient to die naturally.

Asks if there is a nurse or other member of family/staff who can be present

Checks her relationship and name

Explains his/her role

Checks what she knows already

Explains clinical course so far

Explains what CT shows

Demonstrates CT

Explicitly explains prognosis

Checks understanding of condition and prognosis

Uses words such as die and non survivable

Does not indicate there is a choice

Does not ask relative to decide

Gives a suitable time period (days)

Explains they will ensure no pain/distress

Offers to ring others

Offers to arrange for her to see mother

Asks about help or support required

Allows silence

Uses appropriate body language

Closes interview

Global score (*please refer to global score grid*)

Score out of 5

Global score from role player (*please refer to global score grid*)

Score out of 5

Communication – Breaking bad news

Concerns of this 40 year old lady who had GOT Right mastectomy done 2 days back for CA Breast . I went in with confidence and came out without it , lost all in side that room . She was shouting at me all the while . asked me what are the side effects of chemo and radiotherapy . I just started with hairloss. and there she was Shouting again . SHE SAID. You have cut my breast and now you want to take my hair away . WHAT THE HELL . she fell short of hitting me . I looked towards the examiner for help but he too was least bothered . and I was just waiting for this 5 minutes to pass . she asked about her daughters getting breast CA . I started explaining that there is slight increase in risk but .and again she just did not let me speak . shouting again. and all this 5 minutes what I remember is that I was saying . I can understand your concerns . I can understand your concerns . but she was least bothered about my concerns. ahhh I was out in 5 minutes.

Communication – Breaking bad news

History: elderly patient died in resus

Task: discuss with son over phone (son at airport in London)

Communication – back pain

This patient attended with a history of back pain following an episode of lifting. There is no abnormal neurology or “red flag” symptoms or signs and no past history.

They have been seen, examined and discharged by a very able SHO who has made excellent notes of their attendance. However, the patient is very unhappy as they were not x-rayed and wishes to speak to a more senior doctor as they wish to complain...

- Wash hands / alcohol gel
- Introduce yourself
- Confirm identity of patient
- Consent
- Ensure comfortable – offer analgesia

- Establish patient’s understanding
- Establish facts / history
- Explain diagnosis and role of investigations
- Answers concerns
- Supports SHO if appropriate
- Offer to re-examine if cannot convince in discussion

- Offer prescription / TTO analgesia
- Appropriate discharge advice (cauda equina) +/- advice sheet
- Thank patient

Communication –fitting child

This parent's 2 year old son has had a febrile seizure. He was treated en route with rectal diazepam and is now in your resus room. He is slightly drowsy – ABCs stable. His BM is normal.

The parent is understandably concerned regarding the fit and has a series of questions. The parent is waiting to speak to you in the relative's room.

- Wash hands / alcohol gel
- Introduce yourself
- Confirm identity of parent
- Invite questions

- Clarify events and parent's understanding
- Explanation of condition
- Advice re. recurrence
- Advice re. epilepsy risk
- Advice re. cooling (general and pharmaceutical)

- Answers questions appropriately
- Empathetic
- Re-clarifies parent's understanding

- Thank parent
- Give opportunity to see child / make appropriate phone calls

Communication – unsurvivable injuries

This relative’s Mum was brought to the department 2 hours ago. She has suffered a spontaneous intracerebral bleed and is now in your resus room on a ventilator.

CT has shown a massive haemorrhage and it has been deemed to be an unsurvivable event. Together with the neurosurgical registrar you have made a decision for her to be extubated and kept comfortable in an A&E side room until she dies. SHE IS NOT FOR OPERATIVE INTERVENTION.

The relative has arrived, and is waiting in the relative’s room.

- Preparation – patient’s name, nature of relationship, ensure you are clean and presentable, wash hands / alcohol gel
- Nurse present
- Privacy
- Introduce yourself
- Confirm identity of relative
- Sit – at eye level

- Establish what relative knows
- Give brief history
- Warn the relative that bad news is coming
- Break the bad news – likely outcome and plan

- Offer chance for questions
- Explain about coroner
- Organ / tissue donation if appropriate
- Checks relative’s understanding

- Sensitive / empathic
- Thank patient
- Give opportunity for relative to see Mother / use phone

	Not done	Partially done	Completed
Washed hands & alcohol gel			
Introduced self			
Confirm identity of relative			
Warning shot			
Explained diagnosis			
Explained little prospect of recovery			
Explained ‘life support machine being turned off.’			
Allows patient to speak			
Asks for questions			
Anyone else we can contact for you?			
Offers for him to see father before death			
Sympathetically apologies			

Communication – post first fit

This is a 35 year old drug rep who has recovered from a tonic-clonic seizure. Plan is to send him home with outpatient follow up.

Patient is very anxious, and would prefer hospital admission.

- Wash hands / alcohol gel
- Introduce yourself
- Put patient at ease – eye level, open body language
- Confirm identity of patient
- Consent

- Clarifies history and patient understanding
- Invites questions
- Explains nature of seizures and causes
- Explains usual management and investigation
- Reassuring manner

- Ensures patient will be safe at home – adult supervision
- Discuss driving issues
- Advice re. swimming / bathing
- Re-clarifies patient understanding

- Thank patient

Communication – Angry medical SpR

An angry Medical SpR has just come down to the department. One of your SHOs sent a patient to MAU this morning with chest pain ? PE. His ECG demonstrated an acute inferior MI, but this was missed, and he is now more than 12 hours post onset of chest pain.

The Medical SpR is in the middle of the department shouting at Sister and the SHO involved.

- Non-aggressive / threatening manner
- Introduce yourself
- Suggest conversation conducted in private
- Ask Sister to get notes, SHO to go to coffee room

- Both sitting, eye level, non-threatening body language
- Confirm identity of Medical SpR
- Clarify events
- Look at notes
- Acknowledge anger
- Uncover underlying reason for anger
- Offer support / help
- Empathic

- Explain you will feedback to SHO
- Apologise to / thank Medical SpR

- Explain to examiner you will document events in notes, and feedback to / support SHO

Communication – Paediatric admission

This 40 year old woman has brought her 3 month old baby into the department. Mother has been out drinking tonight, leaving the baby in the care of her partner (baby's father). After she returned home she had an argument with her partner, who assaulted her while she was holding the baby. She is worried the baby might have been injured. The partner has been arrested by the police.

The baby is presently being fed by one of the nurses in another cubicle. You have seen the baby and there are no apparent external injuries, but you have decided to admit her hospital.

As you enter Mother's cubicle, she is sleeping (and smells of alcohol). Explain to her that you would like to admit the baby to hospital.

- Wash hands / alcohol gel
- Appropriate environment
- Female chaperone
- Introduce yourself
- Confirm Mother's identity
- Consent

- Brief history of events
- Asks about previous domestic violence or violence to baby
- Explains that you have seen baby – no apparent injuries
- Explains need for admission for further investigation
- Explains that there are no allegations against Mother
- Persuades her not to remove baby from department
- Allow Mother to see baby

- Check Mother's understanding

- Thank Mother

Communication – breaking bad news

You have just been involved in the unsuccessful resuscitation of a pub landlord who hanged himself in the pub cellar. He was found by his wife. He was asystolic at the scene. You have just pronounced him dead. His wife was present throughout the attempted resuscitation.

You are told by the floor manager that some relatives are on the phone in the central area, and would like to speak to the doctor who has been looking after the patient...

- Wash hands / alcohol gel
- Request that call is diverted to a private phone
- Introduce yourself
- Confirm identity of caller

- Identify what caller already knows
- Enquires as to whether caller is alone or if another adult available to support
- Inform them that patient is dead
- Explain that all possible resuscitation has been performed
- Sympathises with caller
- Advises caller to attend hospital
- Offers to see caller once arrived

- Checks caller's understanding of situation
- Invites questions
- Thanks caller

- Inform security

Communication – Day after pill

A 22 year old woman attends the ED wanting Emergency Contraception. Give her some relevant advice

	Not done	Partially done	Completed
Washed hands & alcohol gel			
Introduced self			
Checks patient's identity			
Obtains verbal consent for interview			
Assess need for Emergency Contraception			
Identifies burst condom			
Establishes it was from a one night stand			
Need to perform pregnancy test			
Advises to take 2 tablets stat			
If vomits within 3 hours to return			
If develops abdominal pain in next 2 months to return			
MAP will change timing of next period			
1% failure rate			
Need follow up pregnancy test with GP			
Advises barrier contraception until after next period			
Offers screening for STIs			
Any Questions?			
Thanks patient			
Offers to write prescription			

Communication – missed fracture

You are in review clinic. Your next patient is a 6 year old girl and her father who has been recalled after a distal radius greenstick fracture was missed by an SHO but was identified by the radiologist reporting the film.

The nurse assisting you in clinic says that he is very angry.

	Not done	Partially done	Completed
Washed hands & alcohol gel			
Introduced self			
Identifies who is present			
Reiterates why they have been recalled			
Let's father air his grievances			
Acknowledge father's concern			
Apologies that he feels that way			
Explains nature of radiological reporting			
Points out that delay in treatment will cause any long term problems			
Outlines treatment required now			
Any other worries?			

Communication – missed clinic

A father has come back to returns clinic. She is expecting to see the Orthopaedic consultant, but Fracture clinic have not heard of the patient (Jamie) and are refusing to see them. The patient has a suspected Scaphoid fracture but has had 2 lots of normal X-rays

	Not done	Partially done	Completed
Washed hands & alcohol gel			
Asks for notes and X-rays			
Introduced self			
Takes nurse for company			
Checks identity of patient and person accompanying them			
Listens to Dad's grievances			
Acknowledges his anger			
Explains there has been a mix up			
Asks about symptoms			
Offers to examine the patient			
Offers further analgesia			
Outlines subsequent management			
Asks any questions or concerns			
Arrange realistic follow up			
Thank them			

Communication - Police

A Police officer wants to discuss a case with you.....

	Not done	Partially done	Completed
Washed hands & alcohol gel			
Introduced self			
Obtains Identity of officer an rank			
Asks how can I help?			
Stresses needs consent from patient before able to discuss			
Officer says that it is relating to firearm offences			
Acknowledges that it is a serious arrestable offence			
Still refuses access to notes			
Explains needs to be Inspector			
Explains needs request in writing to consultant			
Can still only have demographic information			
Alternative is to apply for a court order			
Thanks officer			

