



The College of Emergency Medicine

Patron: HRH The Princess Royal

7-9 Breams Buildings
London
EC4A 1DT

Tel +44 (0)207 404 1999
Fax +44 (0)207 067 1267
www.collemergencymed.ac.uk

Developing Generic Clinical Behaviours and Skills - Checklist

Task descriptors

The Emergency Physician (EP) is required to undertake a number of different focused tasks in the course of a day in an emergency department. These tasks are often combined as a complex multifaceted interaction with patients and colleagues. However, the College believes that describing the constituent behaviours will enable the trainee and trainer to understand the individual behaviours required.

These lists of behaviours can conveniently be seen as generic templates useful to prepare for workplace based assessment and for OSCE examinations.

They include the nontechnical skills which contribute to good communication and patient safety. Together they start to form a description of the basis of professional practice for emergency physicians. Professional practice encompasses the assessment and treatment of patients, effective communication with patients, relatives and the multidisciplinary team, teaching other members of the team and leading small and large teams in the clinical environment.

Throughout this document we have indicated where skills are complementary and where the emergency physician (EP) is expected to be anticipating the next step or competence required in the full patient encounter (i.e. in history taking- identifying key components of the examination that will help confirm the diagnosis).

Comments on this document are welcomed. It is intended for support for new emergency physicians and to encourage debate and development as well as being a handy tool for preparation for our professional examinations.

History taking

This is not a skill often used in isolation on the shop floor but the description here indicates the constituent competences required to establish the full history of a patient presentation.

Similarly no EP would elicit a history without at the same time formulating the focus of the anticipated examination – identifying what specific aspects of the examination would be sought to confirm or refute the putative diagnosis.

Likewise the EP would be developing a management plan that would be conveyed to the patient.

General introduction, identification of relevant parties and clarification of purpose
Detailed history of symptoms relating to presenting complaint
Focussed acquisition of PMH, Drugs, Allergies, Social History appropriate to patient and presenting condition
Asks questions clearly, using a combination of open and closed questions
Deduces an appropriate differential diagnosis
Identifies important elements of clinical examination required to identify important positive and negative findings
Describes appropriate management plan
Has a structured approach, applied appropriately to the clinical scenario
Invites and deals with questions from the patient

Patient examination

No physician would expect to examine a patient without speaking to the patient to confirm key aspects of the history.

In addition the EP would be formulating the management plan to be conveyed to the patient.

General introduction, identification of relevant parties and clarification of purpose
Ensures privacy, patient comfort, and appropriate positioning. Identifies factors that may limit ability to undertake examination adequately (e.g. pain). Identifies if chaperone required
Brief enquiry to clarify history
Undertakes appropriately detailed examination to identify all important clinical signs
Reports important positive and negative findings in a structured manner
Deduces an appropriate differential diagnosis
Describes an appropriate management plan
Has a structured approach, applied appropriately to the clinical scenario
Invites and deals with questions from the patient

Communication - breaking bad news

This skill, an essential part of any EP work, requires empathy, appropriate timing but may also require focused questioning to inform the next steps and provide context to the news.

Appropriate language and listening skills are also key.

Prepares appropriately, ensures has necessary information
General introduction and identifies other individuals present
Ensures environment appropriate to task
Establishes information currently known
Describes clearly and unambiguously current clinical condition, using appropriate language
Gives a clear description of events as known
Paces explanation appropriately, allowing silence, tears etc. as appropriate
Describes clearly the next steps, including need for post mortem, coroner (or equivalent) as appropriate
Summarises discussion and checks understanding
Invites questions and deals with them appropriately
Recognises and appropriately deals with cultural and religious issues
Enquires if wish to see patient, contact other relatives etc.
Remains empathic but professional
Has a structured approach, applied appropriately to the clinical scenario

Communication – conflict

Conflict is common in high pressure situations and the EP must be able to deal with conflict and minimise the effect on good communication and decision making.

Resolution of the situation depends on clear understanding of the other person's point of view and identification of the common ground and compromise behaviour.

Prepares appropriately, ensures has necessary information
General introduction, identifies other individuals present, clarification of purpose
Establishes current understanding of issues
Asks questions to clarify issues
Gives a clear description of background and issues
Clearly states own position on issues relating to area of conflict
Invites other party to explain their position and respond to issues raised
Responds appropriately to issues raised
Agrees plan, compromising where appropriate
Remains calm and professional. Does not become angry or collude
Uses appropriate language, with balance of technical and non-technical terms as required
Explains further options for complaint if resolution not achieved
Approach is coherent and fluid, responding to evolving situation

Practical skills

Procedural skills are core to the delivery of care – but the EP must be able to continue to communicate with the patient at the same time.

This complex psychomotor skill is key to patient safety and quality care.

Ensures procedure is appropriate and patient consent is obtained
Checks all required equipment is available and functioning
Ensures patient positioned correctly and comfortably, monitoring in place as required
Identifies analgesia, anaesthesia, asepsis as required
Ensures safety of patient, self and others (needlestick etc.)
Demonstrates landmarks for procedure (if relevant)
Demonstrates practical skill
Maintains contact with patient, identifying non-verbal cues of discomfort, explains procedure and next stages as required. Deals with patient questions appropriately
Provides information on post procedure care and possible complications
Completes task in a logical and systematic way
Ensures that equipment is cleared away or disposed of appropriately

Teaching

Whilst structured teaching format such as used in ATLS is beneficial, the skills is described as a more flexible approach and takes into account the principles of adult experiential learning.

General introduction and clarifies purpose. Ensures patient consent as appropriate
Identifies current level of knowledge, prior experience
Ensures correct understanding of the clinical context for the teaching episode
Demonstrates and explains the condition/procedure using language appropriate to the learner
Discusses complications or important clinical associations
Invites questions and deals with them appropriately
Checks understanding by asking questions or asking person to demonstrate skill
Identifies future steps for learner
Undertakes teaching in a logical and structured manner

Resuscitation of the sick or injured patient (adult or child) with a small team (leadership not main focus)

The EP may be a team member as well as a team leader.

Being flexible in the activity within a team, understanding the skill level and optimising the outcome for the patient is key.

Such team working may require many leadership skills to be demonstrated as well as skills of diagnosis, procedural skills and management planning.

Identifies self and other team members. Checks competence and equipment, identifies if others required based on any prior information (e.g. trauma team)
Undertakes a rapid, focussed initial assessment
Undertakes immediate interventions as required based on initial assessment
Identifies changes in clinical condition and changes management plan in response
Identifies diagnosis or steps required to establish definitive diagnosis
Manages distractions safely and effectively
Gathers information dynamically as clinical situation evolves
Develops a clear plan for further management
Uses team appropriately throughout
Undertakes task in a logical, structured manner
Provides leadership

Resus – team leadership focus

Where the EP is required to act as a team leader there are specific and different activities to that of the team member.

The direction, supervision and monitoring of the activities of the member become more important and the information analysis and processing is key.

Identifies self and other team members. Checks competence and equipment,
Identifies if others required based on any prior information (e.g. trauma team).
Identifies clearly own role as team leader
Ensures team aware any pre-hospital information and of individual specific roles on patient arrival. Anticipates likely issues and agrees plan with team
Ensures rapid focussed initial assessment is undertaken and reported to team leader
Ensures that appropriate immediate management of problems identified is undertaken quickly, correctly and safely
Ensures appropriate monitoring is in place
Gathers and assimilates and shares information to develop management plan
Manages team and other resources appropriately
Keeps the team updated
Has situational awareness to pre-empt problems and ensure patient and team safety
Uses appropriate levels of assertiveness to ensure safety of patient when necessary
Manages distractions and interruptions effectively
Demonstrates appropriate decision making in stressful circumstances
Prioritises management steps appropriately
Communicates effectively with team, other services and relatives
Ensures definitive plan is agreed by team, managing conflicting views as necessary
Ensures team has a shared understanding of situation, priorities and goals
Reviews diagnosis and plan in the light of new information
Undertakes task in a logical clinically appropriate sequence

Published: November 2013

Author: Director of Examinations