

You are seeing a 32 year old lady with asthma.
Demonstrate how you would measure her PEFr, using the peak flow meter provided.

You decide she is fit for discharge. Show how you would assess her inhaler technique.

After assessing her inhaler technique, you feel she may benefit from using a spacer device. Give her appropriate advice regarding use of a spacer.

- **PEFR**
- Wash hands / alcohol gel
- Introduce and confirm patient's identity
- Ensure comfortable
- ? previous use peak flow meter
- Explain technique – sitting/standing up, maximal inspiration, forceful exhalation
- Use clean mouthpiece
- Best of 3 attempts
- ? patient's previous / normal PEFr
- Advice re. present PEFr
- Check understanding / any Qs?
- Thank patient

- **Inhaler technique**
- (Assume introduction already made)
- ? used inhaler before / previous knowledge
- Explain indications and technique
- Shake inhaler
- Maximal exhalation
- Breathe in deeply and simultaneously activate inhaler
- Close mouth and hold breath 10 seconds
- Repeat prn
- Check patient's understanding
- Any Qs?
- Thank patient

- **Spacer**
- Essentially as for MDI – activate inhaler while inhaling, hold breath 10 seconds, repeat prn
- Other discharge advice – ensure adequate supply inhaler, ? adult supervision, ? able to return if required, 2C GP within 48 hours, return if worsening wheeze or SOB

You are about to examine a 20 year old man with otalgia.

You have a medical student with you. The medical student would like you to show her how you perform Rinne's and Weber's tests, and how to use an auroscope.

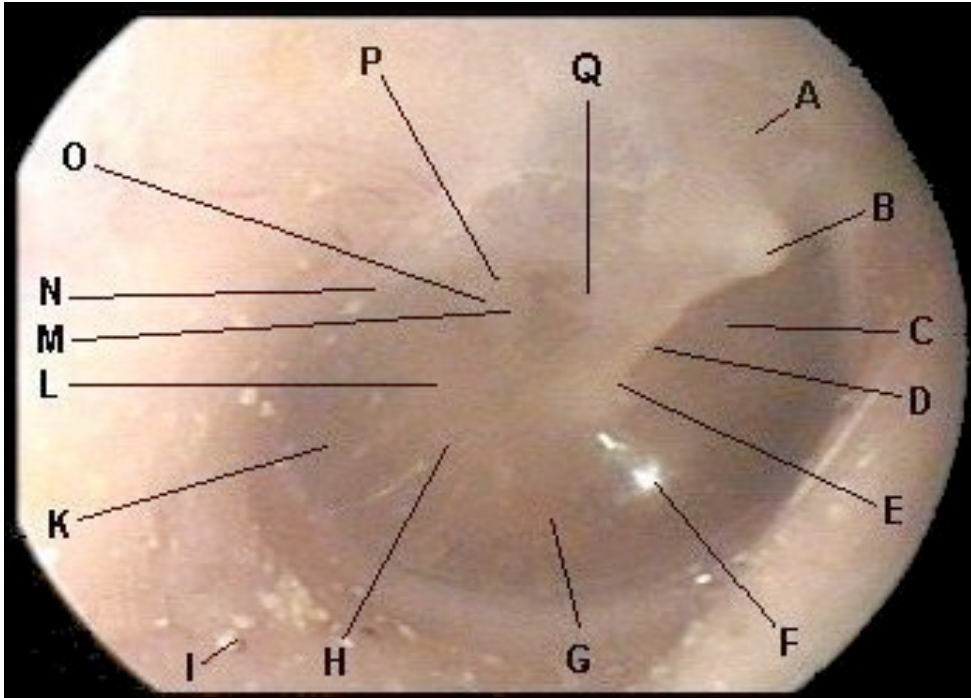
- Wash hands / alcohol gel / gloves
- Introduce yourself
- Confirm identity of patient
- Introduce medical student
- Consent for exam and student presence

- **Rinne's test**
- Technique
- Interpretation of result

- **Weber's test**
- Technique
- Interpretation of result

- **Auroscopy**
- Pinna – scars, deformities
- Scars behind ears
- LNs – pre-auricular, post-auricular, infra-auricular
- Inspect ear canal and tympanic membrane

- Thank patient
- Check understanding of medical student, ? any Qs



Label A, B, F and G

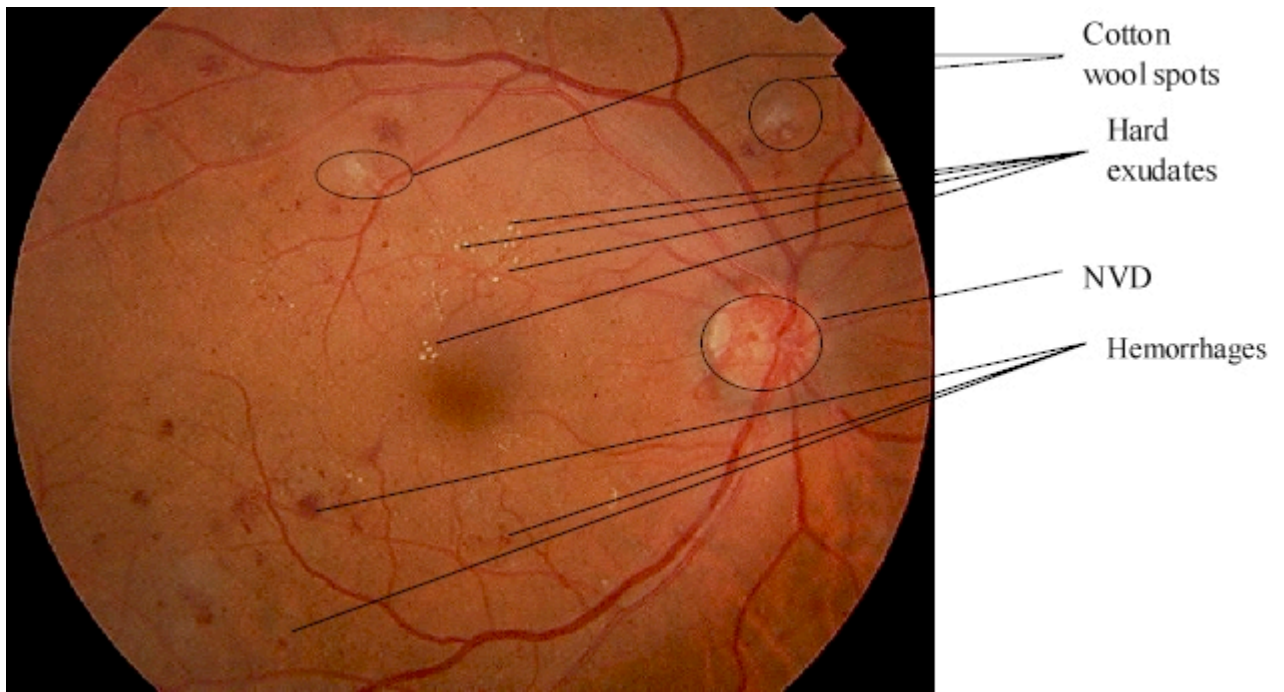
- A Pars flaccida (attic)
- B Malleus
- F Light reflex
- G Pars tensa

This is a patient that is in the eye room of your department. Demonstrate to a third year medical student how to use an ophthalmoscope.

- Wash hands / alcohol gel / gloves
- Introduce yourself
- Confirm identity of patient
- Consent for exam and student presence
- Ensure comfortable

- Ophthalmoscope – basic functions
- Dim lights
- Right eye to right eye
- Red reflex
- Fundoscopy – optic nerve, vessels, macula

- Thank patient
- Check student understanding, any Qs?



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

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

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

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

A medical student is in the department. He asks you to show him how to interpret this ECG.

- Wash hands / alcohol gel
- Introduce yourself
- Confirm identity of medical student – ask to see his ID badge
- Ensure patient is receiving appropriate treatment

- Open and friendly manner
- Clarifies student's prior knowledge

- Explains basic electrophysiology – P waves, QRS
- Explains sinus rhythm / SA node
- Q waves
- ST elevation
- Coronary territories – inferior, anterior, lateral MIs
- Axis

- Clarifies student's understanding

- Thank student
- Dispose of student appropriately

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