

FFICM OSCE Example Questions

Question Number	ICM OSCE Example 4
Question Title	Communication

Candidate instructions:

This is a communication station.

Background information:

A 79-year-old man (John Smith) was admitted with bowel obstruction and underwent an emergency Hartmann's procedure last night. At surgery, a sigmoid cancer with peritoneal and liver spread was found. He was transferred to HDU from theatre and is currently drowsy. He has been confused since he woke from the anaesthetic (he was not confused preoperatively).

His observations are:

A - own

B - Resp rate 20, SpO₂ 96% on face mask oxygen 2L/min

C - P 100 regular, BP 130/50 on 0.1 mcg/kg/min noradrenaline infusion

D - GCS 14/15 drowsy, confused, intermittently agitated

You are required to update the daughter of a patient in the HDU, and to answer her questions. She has just arrived and has not seen her father since he was admitted to hospital.

Examiner Marking Guide	Show the candidate ECG A.	
	<ul style="list-style-type: none"> • Introduces self and purpose of conversation • Confirms relative identity • Asks what she knows already • Explains bowel obstruction and emergency operation • Explains monitoring in HDU and needing support for blood pressure (both for mark) • Explains colostomy • Colostomy would probably have been mentioned in pre-op consent as a possibility • Explains likely cancer (must indicate at least high likelihood for the mark) • Explains patient is confused at present (without being directly asked) • Says that we should explain findings to patient if he asks (that we should not actively withhold information if directly asked) • Explains that he can benefit from palliative care • Explores why his daughter does not want him to be told the potential cancer diagnosis • Declines to agree to daughter's request/wish for him not to be told if he asks, and says this to daughter • Enquires about what support is available for his daughter • Overall communication style (score 0-5) • (awarding marks for eye contact, body language, acknowledgement of concern/distress, use of lay language and avoidance of medical terms/jargon, explaining medical terms without prompting, overall clarity of conversation etc) 	

Set up of the OSCE station:

The station will be set up with the actor seated and a chair for the candidate, facing the actor.

The actor will be briefed thoroughly, including the questions they need to ask, and the timing. The actor will be able to see the clock during the station.

The candidate should be able to see the stop clock and a copy of the candidate instructions during the station.

The examiner will sit out of the candidate's line of vision, but able to hear what the candidate says.

As the candidate enters the station, the examiner will say "This is the patient's relative (indicate the actor). Please carry on and ignore me".

The actor and candidate will be allowed to talk without interruption.

If the candidate is still talking when the 7 minutes have elapsed, the examiner will stop them and move them on to the next station.

Notes for the actor:

You are Julie Parkinson, daughter of John Smith (age 79). You run a business and live 100 miles away so you see him every 1-2 weeks.

Your father lives alone. Your mother died 10 years ago after breast cancer which recurred and then she had a stroke-she was disabled for a year prior to her death. He is independent, walks to the shops, does his own cooking, like to go to the theatre, do the crossword etc.

His medical history includes high blood pressure for at least 20 years. He had pneumonia 3 year ago, and was hospitalised for 1 week, which he hated.

You were called by the hospital late last night. You were told he had been admitted with 'stomach' problems and needed an emergency operation. You have driven to the hospital this morning but not yet seen him. You know he is in the High Dependency ward (which sounds quite serious) but have not yet seen him.

The doctor is going to talk with you.

Ask:

What is wrong with your father?

Why is he in the High Dependency ward?

Why did it happen?

What operation has been done?

If 'bowel' is mentioned say –ask for details: **'what exactly have they done?' 'He hasn't got a 'bag', has he?'**

Look horrified at the idea. **'He wouldn't like that at all. I'm sure he wouldn't have agreed to that'. 'Was it really necessary?'**

If confusion is mentioned, look surprised. **'He's usually very alert and active- why is he confused now?'**

Press the doctor to explain why the operation was necessary, what caused the obstruction.

If tumour is mentioned ask **'what does that mean?'**

If cancer is mentioned looked shocked: **'That's terrible - he's been so well, he's very fit for his age. Are you sure?'** Let the doctor explain this.

Then **'does he know about the cancer?'**

When the doctor says no, say **'you mustn't tell him'** and **'the shock would kill him'**.

Try to persuade the doctor that you know best, and that the diagnosis of cancer should be kept from the patient. **'What purpose would it serve to tell him', 'it's not fair - he has enough'**

to deal with at present', 'he got so depressed in hospital a couple of years ago-he needs to keep fighting – he needs to think he'll get better from this'.

Be insistent. The doctor will probably try to persuade you otherwise or say that they can't keep the information from the patient. Say **'you don't know him like I do', 'that's not very caring is it', 'you don't seem to understand what I'm saying'** (be quite confrontational)

The overall tone of this conversation is you are quite shocked, and have strong opinions on what should be done, and are not used to not getting your own way.

NB: Any patient names and details used in these examples are fictitious