

Osce Express Session

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Disclaimer

This course has been designed to help final year students with practical OSCE exams and is an unofficial resource that covers themes present in the University of Leicester Final OSCEs. We have nonetheless made this course as applicable to other final year OSCEs as possible, but there may be discrepancies in your University's expectations.

OSCE Express sessions are peer-reviewed by junior doctors, but we take no responsibility in the accuracy of the content, and additionally our sessions do not represent medical advice. Please use our sessions as a learning aid, and if you note any errors, do not hesitate to message us at osce.express@gmail.com

Kind regards,

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Meet the Team



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Course Overview

Osce Express

1. 11 session guide to common OSCE finals stations
2. Delivered by Foundation Year 1 Doctors
3. Peer-Reviewed Cases + Video Guides provided to all participants (published on MedAll, osceace.com)
4. Preparation for OSCEs...
5. ...And also preparation to be a safe FY1

In Today's Session...

01

**Pre-Operative
Care**

02

Example Case

03

Q&A



01

Pre-Operative Care

Layout

Pre-operative Care

01

- Simulated Patient in pre-op assessment clinic

02

- 10 minutes to:
- Talk to patient about operation (Indication, risks, benefits)
- Pre-op history and investigations they require explaining why
- Medication pre-op management
- Post-op recovery (work, driving, follow ups)

03

You will be assessed on your:

- Communication skills
- Understanding of the indications, benefits and important risks of the proposed surgery
- Understanding of the likely recovery time including mobilisation, time in hospital, return to driving, return to work / normal activities
- Understanding of which pre-operative investigations are required and why
- Information provided to the patient regarding peri-operative management of medications, Nil By Mouth, analgesia etc.

Pre-Operative Patient in Clinic – mark scheme

Clarifies and explains the reason for attending the pre-op clinic Good understanding of the indications for surgery Understands the nature of the surgery
Clinical Reasoning (Pre-op Investigations) Understands what investigations need to be ordered (Bloods, CXR, ECG etc) Explains to the patient why the tests are necessary
Leading up to the surgery Addresses if any medication needs to be stopped and why Explains what will happen when the patient presents to the ward Explains about Nil By Mouth Explains about any further treatment that is required
Consultation Skills Demonstrates empathy and compassion, putting patient at ease Non-judgemental approach Explores patient's ideas and concerns Picks up on verbal and non-verbal cues

Excellent	<p>Skilled & fluent focussed history of symptoms. Excellent understanding of the indications for surgery and the likely benefits of this. Skilled explanation of the risks of surgery. Excellent interaction with patient – appears natural. No or only minor omissions. Skilled management of the patient's medical condition and medication peri-operatively, giving a full explanation. Assured answers to patient's questions with full explanation showing a deep level of understanding with no/minimal prompting required.</p>
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Approach

- Why Clinic?
- What Operation are they having?
- Discuss Risks and Benefits
- PMHx, DHx (allergies), SHx, FHx, previous surgeries (anaesthetic use, complications?)
- Medication changes
- On the day
- Recovery
- Investigations



Approach

Common Procedures (Just a few)

- Ortho (hip replacement, knee replacement, joint arthroscopy, ACL repair)
- Gen surg (Cholecystectomy, hernia repair, colectomy, splenectomy)
- Gynae (hysterectomy, prolapse repair)
- Urology (TURP, Prostatectomy)

Risks (How we will minimize)

- Bleeding
- Infection
- Pain – we will control
- Damage to nearby structures
- Lap to Open
- Anesthetic risk – throat, breathing problems...
- DVT
- Surgery-specific risks (e.g. bile leak)



Approach – Medications

COCP/HRT – 4 Weeks

Clopidogrel – 7 Days

Warfarin – 5 Days – bridge LMWH

DOAC – 48 hours

LMWH – 24 hours

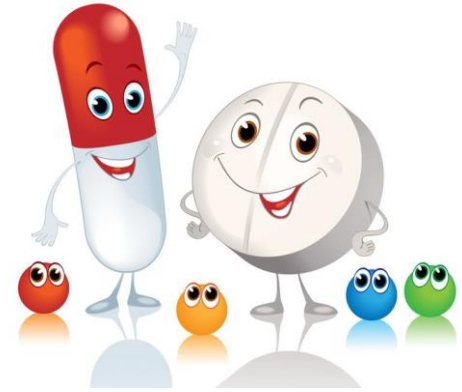
ACEi/ARB – 24 hours

Steroids – sick days

START – LMWH, TED stockings, antibiotic prophylaxis

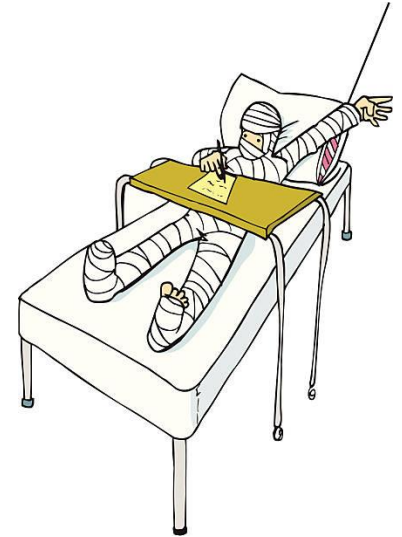
Diabetic – likely switched to VRIII if missing more than one meal

- Continue glitazones, gliptins and exenatide
- Stop gliclazide, gliflozin on day of surgery (if abnormal renal function stop metformin too)
- Once daily insulin – reduce doses day of and day before
- Twice daily – reduce dose day of
- Basal Bolus – omit short acting; continue long acting



Approach – On the day

- Arrival
- What to bring
- Anaesthetist and surgical team – lap/open
- NBM (6 hours and 2 hours), Bowel prep
- Recovery – staying over, day case
- Support at home
- Driving
- Return to work



Bowel Preparation

Patients having colorectal surgery may need **bowel preparation** (laxatives or enemas) to clear their colon pre-operatively (and there is some evidence to suggest it can improve peri-operative outcomes).

The exact protocol will vary between hospitals but a general guide is:

- **Upper GI, HPB, or small bowel surgery:** none required
- **Right hemi-colectomy or extended right hemi-colectomy:** none required
- **Left hemi-colectomy, sigmoid colectomy, or abdominal-perineal resection:** Phosphate enema on the morning of surgery
- **Anterior resection:** 2 sachets of picolax the day before surgery



Driving after surgery

The patient should be comfortable in the driving position and before driving a patient should be:

- free from the sedative effects of any painkillers
- freely able to work the controls
- able to wear the seatbelt comfortably
- freely able to make an emergency stop
- able to comfortably look over your shoulder to manoeuvre.

Approach – Investigations

- Be able to justify
- FBC – Anaemia?
- U&E – Renal function – fluids/analgesia
- LFT's and coag – Liver clotting?
- HBA1C/TFT's – specific
- Group and save cross match – Transfusion?

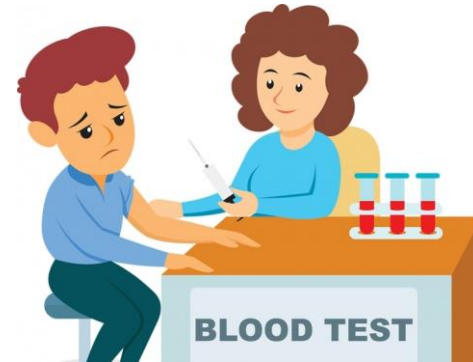
Cardiac history – ECG/ECHO

Respiratory – Spirometry/CXR

MRSA swab

Urinalysis – urology surgery / Pregnancy test

Cardiopulmonary testing – major surgery, high risk



WHO Pre-Op Checklist

Surgical Safety Checklist



World Health
Organization

Patient Safety

A World Alliance for Safer Health-Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes
 Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No
 Yes

Difficult airway or aspiration risk?

No
 Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No
 Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes
 Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?
 How long will the case take?
 What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?
 Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes
 Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure
 Completion of instrument, sponge and needle counts
 Specimen labelling (read specimen labels aloud, including patient name)
 Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009

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Top Tips

- Childbearing age – Ask if risk of pregnancy!
- Don't just talk about risks – talk about benefits
- Briefly go through risks – explain anaesthetist and surgeon will come on day can talk through procedure and answer any questions
- Make it personal – bring book, slippers, comfy clothes, waiting around...
- Check in as you go along – any questions after each section you cover
- When in doubt say you can look things up or find a leaflet 😊
- It's a lot to cover, try and be slick



Practise With Us – Case One

You are the FY1 you are meeting Charlotte a 23-year-old female who is attending pre-op assessment clinic prior to her tonsillectomy.

Approach

- Why Clinic?
- What Operation are they having?
- Discuss Risks and Benefits
- PMHx, DHx (allergies), SHx, FHx, previous surgeries (anaesthetic use, complications?)
- Medication changes
- On the day
- Recovery
- Investigations



Practise With Us – Case Two

You are the FY1 you are meeting Susie Ann a 52-year-old female who is attending pre-op assessment clinic prior to her hysterectomy.

Approach

- Why Clinic?
- What Operation are they having?
- Discuss Risks and Benefits
- PMHx, DHx (allergies), SHx, FHx, previous surgeries (anaesthetic use, complications?)
- Medication changes
- On the day
- Recovery
- Investigations



Practise With Us – Case Three

You are the FY1 you are meeting Darren a 63-year-old male who is attending pre-op assessment clinic prior to his knee replacement.

Approach

- Why Clinic?
- What Operation are they having?
- Discuss Risks and Benefits
- PMHx, DHx (allergies), SHx, FHx, previous surgeries (anaesthetic use, complications?)
- Medication changes
- On the day
- Recovery
- Investigations



Questions?



Next Session...

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TIMETABLE

- 1** 01/11/23
Ward Round Notes +
Examinations
- 2** 08/11/23
Referring Patients +
Prescribing Medications
- 3** 15/11/23
Post-Op care +
Surgical Complications
- 4** 22/11/23
Pre-Operative Care
- 5** 29/11/23
Difficult Conversations +
Ethics and Professionalism
- 6** 06/12/23
Ethics and Professionalism



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TIMETABLE

- 7** 13/12/23
Deteriorating Patients +
A-E stations
- 8** 10/01/24
Community Care
Planning
- 9** 17/01/24
Multi-morbidity and
polypharmacy + managing
uncertainty
- 10** 24/01/24
Handover and
Prioritisation
- 11** 31/01/24
Recap and Revision



Feedback



<https://app.medall.org/feedback/feedback-flow?keyword=28c9baeedb1bdb96b39db43c&organisation=osceexpress>

Thanks!

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