

# **Osce Express**

## **Session 5**

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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](http://osceace.com))
4. Preparation for OSCEs...
5. ...And also preparation to be a safe FY1

# 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](mailto:osce.express@gmail.com)

Kind regards,

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# In Today's Session...

**01**

**Difficult  
Conversations**

**02**

**Ethics &  
Professionalism**

**03**

**Q&A**



01

# Difficult Conversations

# Difficult Conversation

A 10-minute palliative conversation in ward/ clinic/ ED with patient/ relative/ another healthcare employee.

## Layout

01

0-4 mins:

- Establish what the patient already knows about their diagnosis.
- Explore the sequence of events leading to admission today.

02

4-10 mins:

- Explain the blood test results and other investigations.
- Explore patient concerns regarding their current symptom and discuss how to best manage this.
- Answer any questions the patient has.

**STATION TIME!**



# Jillian Smith, 72, S206012

You are the FY1 on an HPB ward.

You have been asked to speak to a patient called Jillian Smith regarding her pain management.

She presented to the triage area with increasing abdominal pain and jaundice a few days ago.

She has a background of hepatocellular carcinoma for which she underwent a hemi-hepatectomy operation 4 months ago.

A PET scan was performed during this admission which showed disease activity in the liver and bile ducts. A biopsy confirmed disease spread. Patient is aware of this. Palliative nurses have been to see her – their documentation is available for you to view.

Her case was discussed in the HPB MDT amongst the surgeons and another resection is not possible. This decision has not been communicated to her.

**Scan this link for further documentation.**



## Difficult Conversation – examiner’s mark scheme

<b>Opening the consultation</b> Introduces themselves and explains their grade. Establishes who they are talking to Finds out what they already know
<b>Explanation of events</b> Explains the sequence of events clearly Summarises the facts of the case Directly addresses the issue
<b>Explanation of further actions</b> Clearly explains what will happen next, in a manner the relative can understand
<b>Consultation skills</b> Person-centred approach [patient, next of kin – depending on station] Responds to cues, both verbal and non-verbal Treats the relative with sensitivity, compassion and empathy
<b>Responses to patient questions</b> Gives appropriate answers in the setting Explanations are clear, without inappropriate use of jargon

<b>Excellent</b>	<ul style="list-style-type: none"><li>• Demonstrates very high level of professionalism throughout.</li><li>• High level of empathy. Fully considers the needs of the patient throughout.</li><li>• Establishes full understanding of patient’s current knowledge before proceeding to break bad news.</li><li>• Skilled and fluent explanation of what has occurred. Communicates clearly, without use of jargon.</li><li>• Assured answers given to patient’s questions with full explanation.</li><li>• Gives accurate and sensitive explanation of what will happen next.</li><li>• Performance far-exceeding that expected of a new FY1 doctor.</li></ul>
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	SCORE	0	1	2	3
<b>Simulator Mark</b>					
Created trust and empathy					
Actively Listened and allowed opportunity for questions					
Structured answers with reassurance					
Professional Approach					

# How to manage Symptoms: Pain

**Cause:** Effects of tumour itself, treatment side effect, unrelated to cancer, only on movement,

**Conservatively:** Reassurance, Getting seen by someone from chaplaincy/ mosque, non-religious visitor.

**Medically:** WHO pain ladder

- **Medication:** Paracetamol, Codeine, Morphine + adjuvants etc (depends on the type of pain)
- **Route:** PO vs IV vs S/C vs patch (unable to swallow, personal preference )
- **Frequency:** Regular and PRN

**Other:** Acute pain team review in hospital, community pain team review



# How to manage symptoms:

## Breathlessness

**Cause** - Anxiety, direct cause (lung mets), SVCS, anaemia, PE, HF, COPD

**Conservatively:** Sit upright, hand held fan, oxygen (if maintaining stats no need for this), chest physio,

**Medically:** Low dose **opiate** or **Midazolam**, treat other medical causes, nebulisers.

**Other:** **Palliative care review** - if needed palliative care nurses can facilitate home oxygen.



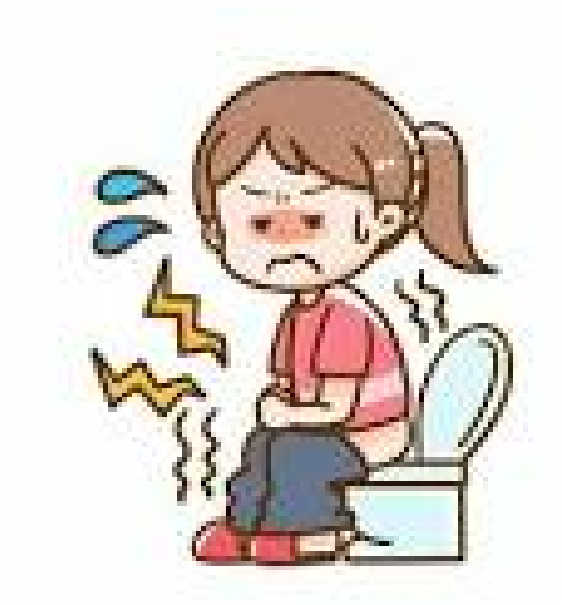
# How to manage symptoms: constipation

**Cause** - Opiates, dehydrating lack of privacy, suboptimal food intake, direct effect of tumour causing obstruction, hypercalcaemia.

**Conservatively:** Encourage oral fluids, commode easily available to them, side room, mobilise.

**Medically:** PR exam, Laxatives, Enema,

Top Tip: For all patients you are starting on opiates prescribe laxatives even if a simple admission.



# How to manage symptoms: N&V

**Cause:** opiates, cytotoxic drugs, gastric stasis, gastric outlet obstruction, delayed gastric emptying, anxiety,

**Conservatively:** Encourage oral fluids, food in small amounts, puréed food,

**Medically:** Anti-emetics, either single one or often for palliative patients a combination, evaluate cause of N&V, consider NG feed, TPN





# How to manage symptoms:

## Secretions

**Cause:** salivary secretions, chest infection, aspiration, gastric reflux

**Conservative:** Reposition to one side and elevating chest to allow for drainage.

**Medically:** Glycopyrronium Bromide, ABX (if due to an infection)



# How to manage symptoms:

## Agitation

**Cause:** Anxiety over impending end of life, living alone, dying alone without family

**Conservatively:** Reassurance, Chaplaincy Visits (religious or non-religious), CNS nurses, palliative nurses, hospital volunteers

**Medically:** Midazolam



# Anticipatory Medications

## **Pain/ Breathlessness**

- Morphine

## **Anxiety/ Agitation/ Seizures**

- Midazolam

## **Nausea, Vomiting, Hallucinations**

- Levomepromazine

## **Respiratory Secretions**

- Glycopyrronium Bromide

# Top Tips

- 1) This is not a medical station - you are allowed to say you do not know exact management, doses etc
- 2) Pick up on verbal cues/ be empathetic - simulator marks!!
- 3) PRACTICE
- 4) Lots of reading material - systematically scan and summarise.



02

# **Ethics and Professionalism Part 1: (patient-focused)**

# Example Stations

- **Confidentiality** (The Caldicott Principles, Gillick Competence and Frazer guidelines)
- **Consent and mental Capacity** (4 principles of capacity)
- **Duty of candour** (medical error whilst prescribing, equipment left inside patient during surgery)
- **Safeguarding** (child abuse, domestic violence, vulnerable adult, DoLS)
  
- **Conflict of interest** (financial, providing care to people you know)
- **Raising and Acting on Concerns** (Datix, colleague not contributing enough at work / late, freedom to speak up guardians)

# Layout

## Complications in Surgical Patients

01

0- 8 minutes

- Consultation with simulator.
- - A conversation testing any of the Ethical issues according to GMC GMP.

02

- 8-10 minutes
- Questions from the examiner.

**STATION TIME!**





First 8 minutes

# Duty of Candour

You are the FY1 working in HPB triage on Monday morning. It has been a very busy morning and your registrar just got called to theatre half an hour ago.

A nurse comes up to you and says the family member of a patient would like to talk to a doctor.

The patient is a 55 year old woman who has come in with abdominal pain and a high temperature.

US scan showed gall bladder wall oedema, sludge in the gallbladder and gallstones.

She was diagnosed with acute cholecystitis.

As part of the treatment the registrar administered Co-Amoxiclav 1.2 g IV. A few minutes later the patient broke out in a rash over her entire body, was itchy and hypotensive.

Adrenaline and chlorphenamine were delivered promptly. Patient is now doing well.

Their daughter has asked the nurse if they can speak to the doctor responsible. You know the registrar will take a few hours to return from the surgery so you decide to speak to the daughter.

# Questions from the examiner?

- 1) What is duty of candour?
- 2) What systems are in place to ensure an error such as this does not happen again?
- 3) What is a DATIX?

# Mark Scheme

## Station 14: Ethics and Professionalism (Sample Marking scheme)

	SCORE	0	1	2	3	4	5
<b>Opening the consultation</b>							
Introduces themselves with full name and grade							
Checks details (relative's full name)							
Sets out the purpose of the discussion							
<b>Baseline understanding</b>							
Ascertains relative's understanding of the patient's condition							
Ascertains relative's understanding of events							
Ascertains the relative's main concerns							
<b>Information giving</b>							
States that a medication error has occurred							
Explains where the error occurred							
Apologises for the medication error							
Explains that the patient is currently well , and the allergic reaction was treated							
Explains that the patient is not critically unwell							
<b>Next steps</b>							
Acknowledges relative's anger and demonstrates empathy							
Provides reassurance to the daughter							
Explains that a formal report will be made (DATIX)							
Signposts relative to facility to make a formal complaint							
Checks understanding							
<b>Identification and management of ethical issue</b>							
Demonstrates an appropriate awareness of the ethical or professionalism issue raised							
Responses to patient and examiner questions are ethically and professionally appropriate							

<b>Excellent</b>	<p><b>Skilled and fluent opening of consultation with no significant omissions.</b></p> <p><b>Elicits a detailed baseline understanding of both the patients condition and pattern of events</b></p> <p><b>Requires no additional prompting from simulator to pick up on cues.</b></p> <p><b>Reacts with great sensitivity and empathy to concerns and requests</b></p> <p><b>Gives assured answers to the examiner's questions with full explanation, showing a deep level of understanding of the ethical issue raised by the case.</b></p> <p><b>Demonstrates an excellent example of reflective practice</b></p> <p><b>Extremely good performance that could serve as a role model for other new FY1 doctors.</b></p>
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# Duty of candour

- To be open and honest with people in your care if something has gone wrong with their treatment or care.
- 1) Tell the patient when something has gone wrong.
- 2) Apologise
- 3) Remedy it / support to put matters right.
- 4) Explain the short and long term effects.

# Datix

- A risk management information system designed to collect and manage data on adverse events.
- Incident reporting (a way to identify incidents/ near misses to learn from them - not blaming anyone)
  - Any staff member can do it.
- Some examples: : injury to patient, failure of equipment, failure to follow trust procedure (steroid step down), delay (tasks not being done by day team), abuse towards staff
  - Gets reviewed and actioned by managers, / risk governance team.
  - Outcome = incident closed or further investigation (serious incident).
  - Action/ learning/ outstanding actions in Quality and governance report.

# Top Tips

1. Good Medical Practice in action scenarios
2. Practice - very similar template to tackle most of these cases.
3. Gather your information before hand - prep for station.
4. You are allowed to say sorry, say that you do not know, you will speak to a senior etc.

# SPIKES

Embrace a Patient-first Approach to Advance Care Planning Conversations



**S**

## Setting

Choose a private, comfortable, non-threatening setting



**P**

## Perception

Uncover what patient & family think is happening



**I**

## Invitation

Ask patient what they would like to know



**K**

## Knowledge

Explain disease and care options in plain language



**E**

## Emotion

Respect feelings, respond with empathy



**S**

## Summarize

Recap and decide what's next



## **Next Session...**

**Details coming soon, potential session  
cancellation next week.**

# Feedback



<https://app.medall.org/feedback/feedback-flow?keyword=1dc28740cfc2cd196f72ad2a&organisation=osceexpress>

# Thanks!

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