

Pre-operative Care 4 – Notes for Candidate

Role: Foundation Year 1 doctor in a Pre-operative Clinic

This is Pamela Jane, a 62-year-old female who has been diagnosed with Osteoarthritis of the Right hip She has presented to the pre-operative clinic prior to her Hip replacement.

She has a history of OA, Polymyalgia rheumatica and previous TIA. She is currently taking prednisolone, clopidogrel, atorvastatin and lansoprazole.

You will need to discuss the Indication for the operation and explain the risks as well as benefits. Take a pre-operative history and discuss any pre-operative investigations that may be required, explaining why. Explain how their medication will be altered prior to their operation.

The station will last 10 minutes but you will be notified by an invigilator at 8 minutes.

Pre-operative Care 4 – Notes for Actor

Patient Script:

You are Pamela Jane, a 62 year-old female who has been diagnosed with Osteoarthritis of the Right Hip. You have come to the pre-operative assessment clinic to discuss your hip replacement.

Your signs and symptoms: Pain in Right groin area, stiffness and reduced mobility

Medication: Clopidogrel, atorvastatin, Prednisolone, Lanzoprazole

PMHx: Osteoarthritis, Previous TIA, polymyalgia Rheumatica

SHx: Lives with Partner and dog, Ex -smoker 15 pack years, Retired – worked in cafe

Pre-Operative Care 4 – Examiner marksheet

MARKING RUBRIC	✓
Opening: <ul style="list-style-type: none"> • Introduces themselves. • Confirms Patient demographics. • Explains and gains consent from patient about consultation. 	
Main Consultation: <ul style="list-style-type: none"> • Good professionalism throughout • Explains the reason for attending the pre-operative clinic, with good knowledge of the surgery. • Understands what investigations are needed prior to the surgery and explains to the patient why. • Explains what changes of medications are needed prior to the surgery. Explains what will happen on the day and recovery. • Open and non-judgemental communication, natural flow to the conversation • Shows empathy at appropriate times, doesn't come across as forced or unnatural. • Explores the patient's understanding of the operation and their Idea's and Concerns Total hip replacement specifics <ul style="list-style-type: none"> • Spinal or General anaesthetic, NBM 6 hours prior (solids), 2 hours (water) • Home after a few days • Complications – Infection, bleeding, DVT/PE (Ted stockings), wear, dislocation • Driving – 6 weeks • Clopidogrel – stop 7 days. • Prednisolone – sick day rules • Start ted stockings. • Investigations: FBC, U&E, G&S, MRSA swab, x-ray of hip 	
Ending consultation: <ul style="list-style-type: none"> • Summaries and clarifies any points. • Thanks Patient 	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: