

## Management and Information Giving – Notes for Actor

### **Patient demographics:**

You are Winston Baggs, a 62-year-old male who has a long-term diagnosis of chronic obstructive pulmonary disease. You have come to the GP to discuss the possibility of long term oxygen therapy.

Your signs and symptoms: worsening breathlessness, green sputum production, poor exercise tolerance, swollen legs.

DO NOT REVEAL UNLESS ASKED: but you still smoke 20 cigarettes per day.

**Keep pressing your questions until you are satisfied with the answer from the student.**

### **Understanding of the condition:**

- Lung problem caused by smoking, but the damage is already done so I can't reverse it.

### **Concern 1:**

- "My son told me about this oxygen therapy thing, why haven't you given me that yet?"

### **Concern 2:**

- "I read that doctors give oxygen therapy if the patient has leg swelling, I've got that so why can't I have it?"

### **Concern 3:**

- "Is there anything else we can do because my shortness of breath is becoming even worse, I can't cope like this anymore"

## **Management and Information Giving – Notes for Candidate**

**Role: Foundation Year 1 doctor in a GP centre**

**This is Winston, a 62-year-old male who has represented to the GP with a long-term diagnosis of COPD.**

**You will need to establish the patient's understanding of the condition, provide practical advice regarding the condition and advice on lifestyle measures related to the specific condition.**

**The patient will also request a specific treatment related to the common condition. You will need to discuss this treatment, whether it is appropriate, and if so - how to administer it and the recognised side effects.**

**If the requested treatment is inappropriate, you should explain why.**

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

## Management and Information Giving – Examiner marksheet

- Good professionalism throughout
- 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 diagnosis – clear and accurate explanation of COPD – chronic lung disease caused predominantly by smoking, stops you clearing mucus from your airways and also causes them to collapse, all because of the damage from cigarette smoke. Because your lung tubes are narrower and full of mucus, the air can't get to where it needs to go so you get breathless and tired.
- CONCERN 1: explains that LTOT is an option, but only for certain patients. Goes on to correctly list some of the qualifying features for LTOT, such as cyanosis, low FEV1, peripheral oedema, raised JVP, sats below 92% on air, etc. Also talks about what LTOT involves, crucially, the fact that 15 hrs per day minimum LTOT is required as a minimum to achieve any sort of benefit.
- CONCERN 2: acknowledges the patient's point. *By this time if they have not worked out that the patient still smokes, they MUST ask.* States the contraindication of LTOT whilst still smoking, and instead focusses on lifestyle changes and stopping smoking. Discusses smoking cessation services and treatments for smoking cessation like nicotine patches.
- CONCERN 3: again talks about smoking cessation, and **pulmonary rehabilitation**. Telling the patient that if they manage to stop smoking completely then we can discuss LTOT in the future.

### **Global Impression:**

- Excellent
- Good
- Pass
- Borderline
- Fail

### **Patient Impression/comments:**