Communication station 1

Instructions before entering:

You are the Senior House Officer in Accident and Emergency. Your next patient has been waiting a long time to see you. She has presented with chest pain. Please take a history, ask for relevant examination and investigation findings, and explain the diagnosis and treatment to the patient. You will be stopped at half time.

History

You are a 23 year old female who has had sharp pain under her left breast, which has worsened overnight. Paracetamol does not relieve the pain. The pain is worse on taking a deep breath. You have coughed up some fresh blood this morning. You are a smoker and are on the oral contraceptive pill (do not state unless specifically asked). You have never had a PE or DVT before. Your mum had a 'blood clot in her lungs'. You are not pregnant. No recent travel/surgery/fracture.

Examination

Chest – clear

Heart sounds normal

Respiratory rate 32

Heart rate 120

96% on air

Temp 37.0

Left calf – red and painful

Investigations

Chest x-ray – normal

ECG – normal

Troponin – negative

D-dimer – positive

CTPA – shows PE

Second half of scenario

Stop candidate. Scenario moves forward 3 days. Patient has been admitted to hospital for treatment of her PE. She has now written a formal letter of complaint as she feels that there was been poor communication with her.

Mark scheme for Communication Station 1

Introduces self and grade	/2
Listens to patient ideas, concerns and expectations	/2
History taking • Symptoms • Risk factors for VTE	/4
Examination • Observations • Chest exam • Leg exam	/3
Investigations • Chest x-ray • Bloods including D-dimer • ECG • CTPA/VQ scan	/3
Management • Offers analgesia and oxygen • Treatment dose LMWH while awaiting investigations • Need for long term warfarin	/3
Breaking bad news • Asks patient what she knows • Breaks news gently • Explains diagnosis in simple terms	/2
Managing an angry patient and complaint • Listens to patient's concern • Apologises to patient • Explores events with patient • Empathises with concerns • Offers patient opportunity to talk to a senior • Offers patient opportunity to make formal complaint with PALS	/4
Patient score	/3
Examiner score	/4
Overall score	**/30**

Communication station 2

Instructions before entering:

You are the Senior House Officer in Accident and Emergency. Your next patient has presented with lower abdominal pain. Please take a history, ask for relevant examination and investigation findings, and explain the diagnosis and treatment to the patient. You will be stopped at half time.

History

You are a 19 year old female who has a history of lower abdominal pain. This has been ongoing for several months, but has become unbearable over the past 24 hours. You have purulent vaginal discharge but no nausea or vomiting. Normal bowel habit. No dysuria. You broke up with your long term partner a month ago, and had had sexual intercourse with a new partner without using a condom. You find have deep dyspareunia. Periods are irregular. LMP 3 weeks ago. You have never been pregnant.

Examination

Chest – clear

Heart sounds normal

Abdomen – diffuse lower abdominal tenderness

Respiratory rate 16

Heart rate 106

100% on air

Temp 38.5

Cervical excitation and bilateral adnexal tenderness

Investigations

Urine BHCG – negative

Bloods – raised WCC and CRP, otherwise normal

Intracervical swab - chlamydia

Second half of scenario

Stop candidate. Scenario moves forward 4 weeks. The patient has returned to hospital. You are a different doctor. She is concerned that she believes the doctor she saw previously was rude, and led her to believe she will be infertile.

Communication station 2 – Mark Scheme

Introduces self and grade	/2
Listens to patient ideas, concerns and expectations	/2
History taking • Symptoms • Sexual history	/4
Examination • Observations • Abdominal examination • Pelvic examination	/3
Investigations • bHCG • FBC, CRP, • Swabs	/3
Management • Asks patient what she knows • Breaks news gently • Explains diagnosis in simple terms • Explains importance of contact tracing • Explains importance of barrier contraception to reduce further risk • Explains possible long term effects (subfertility, ectopic pregnancy, chronic pain)	/3
Managing an angry patient and complaint • Listens to patient's concern • Apologises to patient • Explores events with patient • Empathises with concerns • Offers patient opportunity to talk to a senior • Offers patient opportunity to make formal complaint with PALS	/6
Patient score	/3
Examiner score	/4
Overall score	**/30**
Feedback	

Communication Station 3

Instructions before entering:

You are the Senior House Officer in A and E. Your next patient has presented with severe fatigue. Please take a history, ask for relevant examination and investigation findings, and explain the diagnosis and treatment to the patient.

History

You are a 35 year old female who has been feeling tired all the time for the past few months. You have also been feeling short of breath on exertion. You have heavy periods, changing your pad up to every hour during the first few days, with clots and flooding. You have a thirty day regular cycle with seven days of bleeding. You use condoms for contraception, and do not think you could be pregnant. You have no other past medical history. Your smear tests are up to date and normal.

Examination

Respiratory rate 16

Heart rate 104

Saturations - 99% on air

Temp 37.2

Chest – clear

Heart sounds – normal

Abdomen – soft but with a palpable fibroid uterus

Investigations

BHCG - negative

Hb – 65g/L

Communication station 3 – Mark Scheme

Introduces self and grade	/2
Listens to patient ideas, concerns and expectations	/2
History taking • Symptoms of anaemia • Symptoms suggestive of cause of anaemia (GI bleed – hematemesis or malaena, haematological malignancy – night sweats, weight loss, swollen glands) • Menorrhagia history including regularity of menstrual cycle, amount of bleeding, smear history, sexual history including contraception, obstetric history	/4
Examination • Observations • Abdominal examination	/3
Investigations • bHCG • FBC • Group and save	/3
Management • Discusses need for management of HMB – USS • Discusses need for management of anaemia in the acute situation (see below)	/3
Consent for a blood transfusion • Explains reason for transfusion • Explains benefits of a blood transfusion • Explains risks of a blood transfusion (infection, allergic reaction, anaphylaxis) • Explains alternatives to blood transfusion (ferrous sulphate tablets and infusion) • Explains what blood transfusion will involve (staying in hospital, cannula, close observation) • Asks if patient has any questions • Offers written information and time to make a decision	/6
Patient score	/3
Examiner score	/4
Overall score	**/30**
Feedback	

Communication station 4

Instructions before entering:

You are the Senior House Officer in Gynaecology. Your next patient has presented with heavy PV bleeding. Please take a history, ask for relevant examination and investigation findings, and explain the diagnosis and treatment to the patient.

History

You are a 28 year old female with a 4 hour history of heavy PV bleeding and associated mild lower abdominal crampy pain. You are 10 weeks pregnant. You have been changing pad every 15-30 minutes and the bleeding is getting heavier. You are feeling very weak. You have had 1 previous termination of pregnancy. No history of STDs. You have not had an ultrasound this pregnancy. You have no other past medical history.

Examination

Respiratory rate 20

Heart rate 120

BP 90/70

99% on air

Temp 37.0

Chest – clear

Heart sounds normal

Abdominal exam – soft, non-tender

Speculum – cervical os open with heavy pv bleeding

VE – mild cervical excitation

Investigations

BHCG - positive

Hb – 80g/L (previously 120g/L)

Communication station 3 – Mark Scheme

Introduces self and grade	/2
Listens to patient ideas, concerns and expectations	/2
History taking • Symptoms • Assess severity of bleeding • Risk factors for ectopic (STIs, smoking, pregnancy on contraception) • Dizziness/SOB	/4
Examination • Observations • Abdominal examination • PV exam/speculum	/2
Investigations • Haemoglobin • Group and save/cross match	/2
Management • Resuscitate (cannula, iv fluids) • Senior support	/2
Breaking bad news • Explains to patient that she is miscarrying • Breaks news gently • Explains in simple terms	/3
Consent for ERPC • Explains what procedure is • Explains how the procedure is performed • Explains reason for procedure • Explains risks of procedure i. General (bleeding and need for blood transfusion, infection, pain) ii. Specific (uterine perforation and damage to nearby structures (plus mins laparoscopy/laparotomy and repair of damage), need for repeat procedure) • Asks if patient has any questions	/6
Patient score	/3
Examiner score	/4
Overall score	**/30**
Feedback	