Communication Skills Station 1

9 minutes with up to 1 minutes for feedback

You are an SHO in a general surgery outpatient clinic. Your consultant has asked you to take a history from the next patient, and to then come back and present your findings.

You have 7 minutes to take the history, followed by 2 minutes for presenting your findings and answering some questions on your management plan.

You will not be penalised for not completing the history in the designated time.

The GP referral letter is provided:

The GP Practice

Drs G Jones and S Williams
17 High Street

The Consultant Surgeon
St Vincent's Hospital
Pintown

Re: Paula Meeking, 69 Elm Lane, Pintown

Dear Doctor

Please see this 39 year old lady who presents with a recent history of rectal bleeding and change of bowel habit. I would be grateful for your opinion.

Yours sincerely

Simon Williams

Communication Skills Station 1: Rectal Bleeding

Use the linear analogue scale to note level of achievement in each facet

Satisfactory: *No* *Yes*

General Features

a) Introduction ⟷

b) Establishes purpose of interview ⟷

Gathering Information

c) Picks up and responds to cues ⟷

d) Listens actively ⟷

e) Uses open and closed questions appropriately ⟷

f) Gives information in chunks and checks understanding ⟷

g) Uses empathy to show appreciation of feelings/situation ⟷

h) Offers support ⟷

i) Does not influence patient with personal belief/non-judgmental ⟷

j) Allows control of interview to alternate ⟷

k) Sign posts changes of direction ⟷

l) Summarises and indicates next steps ⟷

m) Uses language patient/relative understands ⟷

n) Uses appropriate body language ⟷

Information Gathering

o) Ascertains patients ideas, concerns and experience ⟷

p) Points of concern ⟷

Main Point of Concern

Chronological history of rectal bleeding ⟷

Subsidiary Points

Differentiates new pain from IBS symptoms ⟷

Change in bowel habit including mucus ⟷

Background Points

Weight loss ⟷

Tiredness ⟷

Family history of cancer and patient's concern ⟷

Candidate is asked to present the history

Presentation

q) Methodical ⟷

r) Comprehensive/succinct ⟷

s) Appropriate language ⟷

t) Significant points ⟷

What is your differential diagnosis?

- Inflammatory bowel disease
- Infective diarrhoea
- Anal pathology less likely due to bowel habit changes – haemorrhoids, fissure
- Diverticular disease
- Colorectal carcinoma

How would you investigate this patient?

- Examine the patients abdomen
- Digital rectal examination +/1 proctoscopy +/- rigid sigmoidoscopy
- Blood tests: FBC, U+E, CRP, ESR
- Stool culture and assessment for ova, cysts and parasites
- Flexible sigmoidoscopy / colonoscopy + biopsy for histology

Overall impression of the candidate Please encircle your mark

FAIL **BORDERLINE FAIL** **BORDERLINE PASS** **PASS**

If you have any specific comments about this candidate please write them in the box.

Explanatory Notes to Type 2 Marksheet

A good candidate should cover the following:

a) Introduction

- Gives name and explains role; checks patient's name
- Gives greeting appropriate to cultural environment (handshake not always appropriate)
- Non-verbal behaviour appropriate to culture (eye contact?)
- Re-arranges chairs if appropriate

b) Establishes purpose of interview

- Clarifies why interview is taking place:
  - from patient's perspective
  - from own perspective
- Checks that patient is happy to proceed
- Establishes desired outcome of interview

[It is essential that points a-c are performed well; it would be very difficult for a candidate to pass if this part was badly done.]

c) Picks up and responds to cues

Acknowledges and responds appropriately to verbal and non-verbal indications from the patient/relative about their thoughts/feelings/questions.

d) Listens actively

Makes it clear that s/he is listening through body language, encouragement to patient/relative to tell their 'story' and appropriate responses.

e) Uses open and closed questions appropriately

Uses open questions to establish information non-directively and allow patient to take charge of interview, but uses closed questions when appropriate. E.g. when a yes/no answer is required or to take back control of interview in order to cover essential points in limited time.

f) 'Chunks and checks'

Gives out information in small, digestible pieces and checks that each has been understood before moving on.

g) Uses empathy

Shows empathy for patient's/relative's feelings and/or situation through what s/he says and body language.

h) Offers support

Makes supportive statements about the patient's/relative's feelings/situation and offers practical support such as details of counselling services, appropriate literature.

i) Doesn't influence/non judgemental

- Doesn't allow personal views to override patient's wishes e.g. where a patient with a serious condition opts for no treatment.
- Does not express personal beliefs on controversial matters e.g. in treatment of patients from other cultures/religions.

j) Allows control of interview to alternative
Allows patient to take control of interview periods and does not only follow own agenda, but ensures that s/he takes back control to cover essential points.

k) Signposts change of direction
Helps patient to follow changes in subject matter/purpose of interview by clearly indicating new topic. E.g. "Now I need to ask you about ……."

l) Summarises/indicates next steps
Gives a summary of main points at end of interview and lets patient/relative know what will happen next and/or where they can get further information.

m) Uses language patient/relative understands
Avoids medical jargon and uses language appropriate to the patient's/relative's level of understanding, perhaps adopting terms they have used themselves. Picks up on cues that patient/relative has not understood and offers further explanation. May use drawings as an aid where explaining.

n) Uses appropriate body language
Uses body language that conveys attention, empathy and respect but is not over-familiar. E.g. does not invade personal space. Respects cultural differences over use of eye contact and touching.

o) Information gathering
Discovers the patient's 'story' through open questions and refines it through closed questions.

p) Points of concern
Specific points of concern are elicited.

q) Methodical
The candidate's presentation should be logical, but no single method is preferable to another.

r) Comprehensive/succinct
The candidates should cover all the salient points but omit inconsequential ones, keeping to the 5 minute time limit.

s) Appropriate language
The candidate should switch to technical medical terminology.

t) Significant points
The history should be appropriate to a surgical context.