



Communication Skills Station 2

9 minutes with up to 1 minute for feedback

You are an SHO on a colorectal firm, and have been asked by a nurse to speak to the husband of one of your patients, who is due to come in tomorrow for an elective right hemicolectomy.

The patient is a Jehovah's witness and, after significant discussion with your consultant, has signed a consent form, stating that she would not want to receive any blood product under any circumstances, and is aware that her decision may lead to her death. The patient is very clear and consistent regarding her wishes.

Your task is to speak to Mrs Smith's husband, and manage any questions/concerns he may have appropriately.

Once your conversation has ended, there will be no questioning from the examiner, nor will you be expected to present anything.

Communication Skills Station 2: Jehovah's witness

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

Satisfactory: No Yes

General Features

- a) Introduction and develops rapport with relative ←—————→
b) Establishes purpose of interview ←—————→

Gathering Information

- c) Picks up and responds to cues ←—————→
d) Listens actively and offers support ←—————→
e) Uses open and closed questions appropriately ←—————→
f) Uses empathy to show appreciation of feelings/situation ←—————→
g) Does not influence patient with personal belief/non-judgmental ←—————→
h) Summarises and indicates next steps ←—————→
i) Uses appropriate body language ←—————→

Explanation and discussion

- j) Ascertains relatives ideas, concerns and experience ←—————→
k) Addresses the patients concerns appropriately ←—————→
l) Gives information in chunks and checks understanding ←—————→
m) Explains the legal aspects of the request in a caring manner ←—————→
n) Uses language relative understands ←—————→
o) Does not provide false hope regarding transfusion ←—————→
p) Reassures that everything will be done to prevent the need for blood ←—————→
q) Uses appropriate body language ←—————→

Ending consultation

- r) Summarises consultation, signposting its completion ←—————→
s) Ensures relative is content with the discussion ←—————→

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.