



Communication Skills Station 3

9 minutes with up to 1 minute for feedback

You are the SHO on call and are discussing a patient (Mr Alan Jones, aged 54) who has just had an urgent ERCP with the registrar who hands over the patient to you for the night.

He tells you about the problem and asks if you could have a look at him later on.

'The patient came in yesterday with presumed cholangitis and went down for an urgent ERCP this afternoon. (The ultrasound scan suggested biliary tree dilatation and showed gallstones in the gall bladder). Apparently they couldn't get into the bile duct to get the stone out. He's been a bit oliguric all day, but we've been trying to push fluids'.

You are caught up in theatre and can't attend the ward to see him until 23.15hrs, when a duty houseman had been asked to see him on account of the fact that his blood pressure and urine output have remained low.

You give substantial fluid challenge (1 litre crystalloid and 1 litre colloid over an hour and a half). The blood pressure rises to 97/60 but the urine output dwindles (12ml in the last two hours).

You insert a CVP line which confirms that the CVP is now +3. The patient proceeds to have a rigor, is deeply jaundiced and looks like he is heading for serious deterioration. It is now 01.10 hrs.

Blood tests the houseman took earlier are back and displayed in the table below. The observation and fluid charts are attached:

You elect to call the duty consultant surgeon, Mr Johnson.

You now have a period of 11 minutes to prepare, during which you can write any notes you need. Your task is then to call the duty consultant Mr Johnson for assistance.

Blood results:

Parameter	This mornings bloods	This evenings blood
White cell count (4-11 x10 ⁹ /L)	12	16
Haemoglobin (13-17g/dL)	13.6	11.6
Platelets (150-400 x10 ⁹ /L)	387	250
Sodium (135-145 mmo/L)	138	132
Potassium (3.5-5 mmol/L)	3.8	4.0
Urea (2-7 mmol/L)	7.4	15
Creatinine (50-130 µmol/L)	79	165
Bilirubin (3-17 µmol/L)	45	84
Alkaline phosphatase (30-120 iu/L)	190	230
Alanine Transaminase (3-35 iu/L)	47	58
C- related peptide (<5)	174	>250
Prothrombin Time (10-14s)	14.9	17.1
Activated Partial Thromboplastin Time (35-45s)	38	42

Observation chart – Figure 1**Fluid chart – Figure 2**

Communication Skills Station 3 – Phone call regarding acute cholangitis

Topics/ objectives

- **Organisation and objective Setting**
 - **Dealing with Seniors**
 - **Assertiveness**

Brief

The faculty member should be briefed to be unhelpful and sleepy ('What time is it?, Am I on call?, Is this my patient?', etc).

The patient clearly requires biliary drainage.

However, the faculty member might suggest

- a blood transfusion,
- that an anaesthetist be involved,
- that fluids are continued,
- that he calls in at 7.00 o'clock to see how the patient is doing

Or might simply misunderstand some of the things that the SHO is saying to indicate how sleepy he is.

Different faculty members have taken different approaches, but whatever is done should be realistic.

Discuss

In this case the candidate should have considered, before making the telephone call, what his objective was.

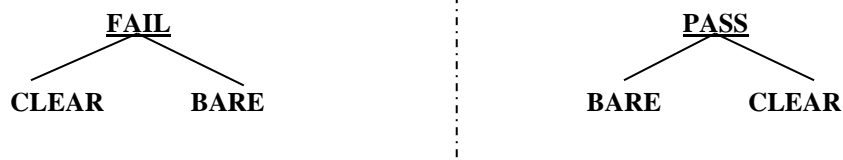
Most faculty members have suggested that this objective should be expressed at the beginning of the call. For example, it might be that the objective is:

- to inform the consultant that there is a problem,
- to ask the consultant for advice on management,
- to request the consultant to come in and carry out a procedure or assess the patient personally. In this case, the consultant should come in and the patient should be taken to theatre.

Most candidates will not have clarified their objective and will get lost fairly early in the telephone call.

Appropriate assertiveness is required to handle their consultant. They should most certainly not be aggressive, but they should manage to obtain the end required.

Overall impression of the candidate Please encircle your mark



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