

MRCs Communication skills stations

History taking

These stations there is 6 minutes for the history and then 3 minutes for some discussion surrounding differential diagnosis and immediate management.

- 1) Urology clinic asked to take history of impotence
- 2) Back pain history with urinary retention
- 3) Depression in post gastrectomy patient
- 4) Diarrhoea (IBD)
- 5) Pre-operative assessment of elective cholecystectomy and breathlessness.
- 6) Knee pain (OA)
- 7) RUQ pain ? biliary colic
- 8) Dysphagia
- 9) Acute abdo pain – jaundice, vomiting. Differentials. Turned out was pancreatitis (likely secondary to gallstones) – asked about ix.

Challenging communication

In this station there is no discussion with examiners

- 1) Discussion of DNAR with next of kin (daughter who was angry the decision had been made)
- 2) Speak to a man who was admitted with a splenic laceration following a fight. plan is to observe, repeat CT tomorrow and discharge if stable. he is adamant he wants to go today as he has a job interview tomorrow and wife has breast cancer. you have to try to convince him to stay.
- 3) A patient who is a Jehovahs Witness is about to have a colectomy. His wife comes to speak to you to persuade you to give him a blood transfusion if necessary in theatre (against his wishes – he has signed consent form and has capacity etc.)
- 4) Talk to mother of young boy having emergency splenectomy. Was with father when had injury and mother very angry as separated from father and issues with safety previously. Given notes to read through beforehand

Communicating with colleague

In this station there is no discussion with examiners

- 1) Call ITU registrar to book a bed for an ASA II/III patient
- 2) Telephone cardiothoracic consultant re: transfer pt involved in RTA with ?aortic rupture. CT scanner not working at own hospital. Summarise injuries and Mt. Given notes to read through beforehand.
- 3) ITU referral (telephone conversation) Given notes to review first for 9mins. You have an elderly lady with peritonitis your consultant has asked you to reserve a bed on ITU for this lady and discuss with SpR about perioperative optimisation. There is only one bed left on ITU so the SpR is reluctant to accept. You need to discuss the main clinically important details with the ITU SpR to convince him to accept your patient.