

PRACTICAL TIPS FOR OSCE MRCGIP/INTERNATIONAL SOUTH ASIA

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OSCE (MRCGP INT, Part 2)

Communication/Consultation Skills and Data Gathering

What to do?

- Meet and Greet with a pleasant smile (do not over do it).
- Good eye contact.
- Appropriate posture, movement of head and distance from the patient.
- Patient centered: Patient should be allowed to talk for at least 60% of the time.
- Start with open ended questions (patient-centered), followed by directional and close ended questions.

Ask relevant questions in the history

Ask relevant personal and psychosocial
questions + medication

If relevant, ask questions to exclude alarm
symptoms (red flags)

Summarize and clarify

Ask Ideas, Concerns & Expectations (ICE) at the end e.g. 'Is anything crossing your mind, what might be causing it?' 'Is there anything which is especially bothering you regarding the seriousness of your complaint?' 'This information may help me to address the problem to your satisfaction'

Be careful with your time management – practice, practice and practice.

Communication Skills and Data Gathering (Contd)

What not to do?

- Interrupt the patient inappropriately.
- Be abrupt and rude
- Become too tense and anxious.
- Talk too much and miss or ignore patient's cues
- Be doctor – centered most of the time
- Be hesitant or over confident.
- Avoid eye contact.
- Keep on writing.
- Forget summarizing .

What not to do ? (Contd)

- Appearing not to be actively seeking physical signs during examination
 - Not addressing patient's concerns
 - Not explaining the reasons for the investigations, f/u, or referral. Avoiding specific action e.g. admission
- Your questions and examination are NOT focused on patient's problems
- Asking too many opportunistic health promotion questions, if they are not directly relevant

What not to do? (Contd)

- Forget to clarify from the patient.
- Asking close ended questions from the beginning.
- Asking too many irrelevant questions.
- Be disorganized.
- Not taking specific actions for patients with serious diagnosis e.g. hospital admission
- No safety- netting at the conclusion of the consultation

EXAMINATION

Take appropriate permission e.g. "May I examine your back please".

"You may need to take your shirt off. I hope you do not mind"

"I shall try my best not to hurt you, but if by chance I do, please stop me"

Examination (Contd)

- Do not forget to thank the patient after completing your examination.
- Offer help to put the clothes back on.
- Only perform relevant examination practice – practice – practice (time management).

Examination

(Contd)

Areas usually asked:

- Focused Chest, Abdomen, CVS, CNS with relevant general examination; 5th and 7th cranial nerves
- Antenatal/postnatal check, knees, shoulders, elbows , wrist, back, foot, carpal tunnel and diabetic foot
- Neck and thyroid gland.

Intimate examinations (P/V, P/R), Ear and fundoscopy not required.

TIME MANAGEMENT

Time management is very important in a 10 minutes consultation :

When you have gathered enough information through the patient centered mode, shift into a moderately doctor centered approach

Identify the focus of a consultation quickly and do not spend time down blind alleys. Be more proficient at closing consultations

Making a Diagnosis

- A focused examination in response to the information gathered in the history may help in making an appropriate diagnosis and D/D, including selection of tests (if required)
- Make sure, you clearly explain to the patient what investigations you want to request and why?

Explaining the Diagnosis

- Three important principles :
 - Check what the patient already knows
 - Tailor the explanation to the individual patient
 - Check that the patient has understood your explanation. e.g. 'Is all that clear to you,-(Pause) or should I go over it again, as I may not have explained it properly'

Making a Management Plan

- Move from the most minimum interventions through to the most significant ones
- Explanation and reassurance – non pharmacological
- Pharmacological (prescribing)?
- Referral to a specialist or any other source?
- Follow up + safety- netting

- Hospital admission?

Involving the Patient

- Involve the patient in the decision making :Patient's preferences related to the management options:
 - Related to ICE
 - Related to investigations
 - Persuade the patient to accept an appropriate option if the condition is life threatening
 - Discuss the likely benefit of any treatment balanced by the potential harm of the treatment or of inaction

Your Attitude / Behavior

- A positive mental attitude is vital
 - Visualize clinical skills assessment as a challenge rather than as a threat
- Try to be as relaxed and natural as you can
- Concentrate entirely on the patient and ignore the examiner
 - Be nice to the patient and focus on solving his problem
 - Some stress is natural; it will improve your performance. You are not expected to pass at all the stations.

BOOKS for OSCE

- GET Through MRCGP: Clinical Skills Assessment Bruno Rushforth and Val Wass
- Clinical Skills for OSCEs Edited by Neel L Burton & Kuldip Birdi