

CLINICAL SKILLS: TIPS FOR EXPLANATION AND COMMUNICATION STATIONS

Communication skills are a vital part of medical school and life as a doctor. One of the commonest reasons for patients to be frustrated with their care is when they receive inadequate or insensitive explanations about their diagnosis, or when they feel they aren't involved in decisions about their care.

There are a few 'Ground Rules' for all communication stations in OSCEs, and we have tried to go through these below. Please be aware that there are many more 'Ground Rules' when considering difficult topics such as breaking bad news, ethical challenges and consent, but these tips are a good starting point. Make sure you take all opportunities to practice your communications skills in medical school under supervision, as this will help you in your first few months as a junior doctor.

Use these tips below in conjunction with our specific 'explaining' OSCE proformas.

Before the consultation

- Consider the layout of the room – ideally avoid directly facing them face on, and avoid having objects between you such as a desk. Also avoid having your chairs situated too near (or too far) from one another
- Ensure the space you are meeting is quiet
- Ensure you have enough time available to discuss the investigation, treatment, diagnosis or result
- Always make sure you turn your phone onto silent, and if you will be discussing bad news or sensitive topics then try to ask another team member to hold your bleep during the discussion.

Starting the consultation

- Always make sure you introduce yourself and consent the patient when you first meet
- E.g.: 'Hello Mrs Evans, my name is Dr Lakra. I am one of the doctors in this practice. I understand you have come in to talk about your blood test results. Is this correct? Would you mind if I discussed them with you today?'
- Consider giving '**warning shots**' if you are going to be giving important test results, or any bad news
- E.g.: "We have received some results for you today which are not good news"
- After a 'warning shot' give the patient time to take this in before moving on.

Giving a patient the information

- Be clear when giving a patient information, whilst still avoiding jargon
- E.g.: "I have reviewed your results today. Your blood tests and x rays show you have a condition called rheumatoid arthritis."
- Before explaining what the investigation/treatment/diagnosis/result means or entails, ask the patient what they know about it first
- E.g.: "Can you please tell me what you know about rheumatoid arthritis?"
- You can then build on their knowledge in your explanation
- Make sure you give information in 'bite sized chunks'. Between each chunk, check the patient's understanding before moving on.
- Give them *realistic* opportunities to ask questions.

Closing the consultation

- Before closing, check a patient's understanding. A good way to do this is to ask the patient to tell you what they have understood from your discussion so far
- Ask them if they have any questions
- Provide them with relevant leaflets and the website addresses of appropriate support groups/charities, in order to consolidate their knowledge
- Acknowledge that it is sometimes a lot of information to take in, and suggest that they go and discuss the information with their family or next of kin and book another appointment to discuss any further questions that they might have.