1 Communication

LIST OF SCENARIOS FOR COMMUNICATION STATIONS

CARDIOLOGY

1. Discussion about limited exercise tolerance in hypertrophic obstructive cardiomyopathy [Level 2]
2. Explaining a clinical diagnosis of atrial septal defect in a child [Level 1]
3. Explaining a diagnosis of supraventricular tachycardia (SVT) associated with Wolff-Parkinson-White (WPW) syndrome [Level 1]

CONFLICT RESOLUTION

4. Discussion amongst professional colleagues with difference in opinion regarding management of a neonate with weight loss [Level 1]

DERMATOLOGY

5. Eczema management with recurrent flare-ups [Level 1]

GASTROENTEROLOGY

6. Nasogastric tube insertion for Exclusive Enteral Feeding in Crohn's disease [Level 1]
7. Crohn's disease–Nasogastric tube insertion for Exclusive Enteral Feeding versus treatment with steroids [Level 2]
8. Coeliac disease in a teenager non-adherent to gluten-free diet [Level 1]
9. Disimpaction therapy in a child with idiopathic constipation–delay in initiating treatment [Level 1]

GENERAL PAEDIATRICS

10. Speaking to an anxious mother of a child with gastroenteritis [Level 1]
11. Recurrent vulvovaginitis in a young girl [Level 1]
12. Managing obesity in a child [Level 1]
13. Request for circumcision from the general practitioner [Level 1]
14. Discharge planning for a child with gastroenteritis with another child in the family with cancer [Level 1]
15. Contraception and sexually transmitted diseases [Level 2]
16. Infant with faltering growth admitted for nutritional rehabilitation [Level 1]
17. Delayed diagnosis of developmental dysplasia of the hip (DDH) [Level 1]
18. Managing a case of Toddler's diarrhoea [Level 1]

INFECTIOUS DISEASES

19. Managing latent tuberculosis [Level 2]
20. Chickenpox immunoprophylaxis in a patient on active steroid treatment for nephrotic syndrome [Level 1]
21. Paediatric multisystem inflammatory syndrome in a child [Level 2]
22. Obtaining consent for blood tests following needle stick injury in a staff member [Level 1]
23. Chemoprophylaxis for suspected Invasive Meningococcal Disease [Level 1]
24. Unscheduled COVID-19 vaccination [Level 2]

MEDICOLEGAL

25. Altering medical notes by a junior doctor [Level 2]
26. Perceived delay by parents in delivery of their newborn baby [Level 1]
27. Error in checking and administering dexamethasone–drug error [Level 2]
28. Discussion with a trainee regarding General Medical Council's guidance about safe prescribing [Level 2]
29. Attending work after smoking cannabis [Level 2]

30. Blood transfusion in Jehovah's witnesses [Level 2]
31. Wrong medication administered to a child–Haloperidol instead of Allopurinol [Level 1]
32. Deliberate self harm in a Fraser competent young person [Level 2]
33. Intentional food avoidance behaviour in a Fraser competent young person [Level 1]

NEONATOLOGY

34. Dealing with birth injuries–humerus fracture [Level 2]
35. Error in administration of expressed breast milk from a different mother [Level 2]
36. Formula milk inadvertently fed to a newborn baby [Level 2]
37. Exchange transfusion for ABO-incompatibility [Level 2]
38. Using donor expressed breast milk from a relative [Level 1]
39. Parental reluctance for use of antibiotics in a premature neonate with suspected late onset sepsis [Level 1]
40. Discussion with parents about findings of retinopathy of prematurity detected on screening [Level 2]
41. Planning management of a premature unborn baby [Level 1]
42. Managing maternal expectation of formula milk erroneously given to her newborn baby which may cause social embarrassment [Level 1]
43. Antenatal discussion with a pregnant lady about managing her baby's cleft lip and palate [Level 2]

NEPHROLOGY

44. Haemolytic uremic syndrome–transfer to a nephrology centre [Level 2]
45. Steroid treatment for relapse of nephrotic syndrome [Level 1]

NEUROBEHAVIOURAL PAEDIATRICS

46. Usefulness of ADHD diagnosis in a child whose parents are reluctant about the label [Level 2]

NEUROLOGY

47. Head injury management and discussion about need for prophylactic phenytoin [Level 2]
48. Poor adherence to anti-epileptic medication in a young person leading to breakthrough seizures [Level 1]
49. Lifestyle modifications in a child with new diagnosis of epilepsy [Level 1]
50. Discussion regarding need for screening for suspected NF-1 [Level 1]

ONCOLOGY

51. Febrile neutropenia management [Level 1]
52. Breaking bad news—new diagnosis of leukaemia [Level 1]
53. Blood transfusion in acute lymphoblastic leukaemia [Level 1]
54. Sharing bad news with a young person in leukaemia—focus on psychosocial aspects of illness [Level 2]

RESPIRATORY

55. Management of parental expectations in a child with laryngomalacia [Level 1]
56. Sail sign misinterpreted as pneumonia on CXR [Level 1]
57. Management of bronchial asthma in a child who developed clinical signs of salbutamol toxicity [Level 2]
58. Reluctance for use of intravenous antibiotics in a child with community acquired pneumonia [Level 1]
59. Management plan for pulmonary tuberculosis [Level 2]

SAFEGUARDING

60. Child safeguarding concerns in a child with skull fracture [Level 2]
61. Coincidental findings of rib fractures in an infant with bronchiolitis [Level 2]
62. Safeguarding concerns in a child presenting with a scald injury [Level 1]

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63. Transfer of a child to surgical centre with intussusceptions after rotavirus infection [Level 1]

TEACHING AND TRAINING

64. Supporting and educating a new trainee on hand hygiene and documentation in medical notes [Level 1]
65. Educating a trainee about febrile convulsions in childhood [Level 2]
66. Discussion about the importance of a chaperone with a trainee [Level 2]
67. Discussion about audit and research with a medical student [Level 1]
68. Discussion with a junior doctor regarding evidence based medicine in managing diarrhoea and vomiting [Level 1]
69. Discussion with a student nurse about withdrawal of life support in premature neonates [Level 3]
70. Discussion with a junior doctor regarding management of purpuric rashes [Level 1]
71. Clarifying role of platelet transfusion in dengue fever [Level 2]
72. Discussing with a physician associate about autism and sensory processing disorder [Level 2]
73. Discussing with a nursing student regarding not resuscitating a premature neonate with Edward syndrome and associated complex congenital heart disease [Level 2]
74. Discussion on behavioural issues in children and how ADHD gets diagnosed [Level 1]
75. Discussion on diagnosis and management of juvenile myoclonic epilepsy [Level 2]

Communication for the MRCPCH Clinical Exams

Introduction to Communication

Communication is the process of sharing information with an aim to increase the understanding between people or groups. It is a vital skill for a paediatrician and becomes necessary in many different situations on a working day and may it be communicating with medical colleagues, children and young people, parents, other healthcare professionals, or other stakeholders involved in supporting children's services. Communication is a vital part of the doctor's work, important in the assessment of children and in being able to give information to families in a way that is easy for them to understand.

Effective communication is the central theme in building a therapeutic doctor–patient relationship, which is the heart and art of medicine. This is important in the delivery of high-quality health care. In most cases, patient dissatisfaction and significant number of complaints arise from breakdown in communication.

Communicating with Young People

Communicating with young people needs slightly different approach and set of skills as to how the information is received and processed, may not be exactly same as is expected in adult conversations. A few useful pointers how one may be able to communicate better with young people could be:

- Offer the opportunity to receive email or message regarding their questions prior to the appointment so they can structure their thoughts better, do not forget what needs to be discussed. At times the young person may be apprehensive to ask questions, it is for us to facilitate the process.
- The information should be delivered in a way that they understand and do not have to ask their parents/carers about the situation.
- Building trust with young people may be easier if during the initial conversation something of their interest is talked about first, e.g. what sports they play, who is their best friend in school, what their hobbies are, etc. It may work as an icebreaker.

What is the RCPCH trying to assess through the Communication Scenarios?

Communication scenarios are an integral part of the MRCPCH clinical exams. The aim of the communication scenario is to test the candidate's ability to communicate appropriately and provide factually correct information in an effective manner within the context of the clinical setting. The communication station will have a role player

with a set script who is unlikely to provide information beyond the scope of what is available to them. The role-player may simulate the role of a parent, an adolescent, a health professional or a member of the public. Candidates may be asked to conduct a telephone conversation, a video consultation or a face-to-face consultation.

There are six main themes of communication scenarios that the candidate may expect to find in the MRCPCH clinical exams:

1. Information giving
2. Breaking bad news
3. Obtaining consent for a procedure or a treatment
4. Critical incident arising out of a therapeutic or iatrogenic error, colleague's actions, etc.
5. Explaining ethics and addressing scenarios arising out of these circumstances
6. Educating a junior colleague or an allied health professional

It is important to bear in mind that some scenarios may have two or three interlinked components. The candidate will be guided by the role player in the direction that they want the consultation to proceed. The scenario may also need you to explain the use of a common medical device either to a parent, young person or a colleague.

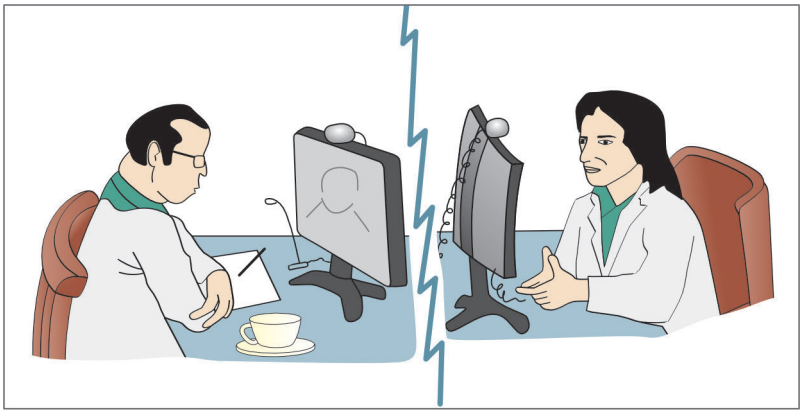
Practical Tips for Preparing for the Communication Stations

There is no foolproof system that will work in every scenario; however, it is important to follow a structure while preparing for communication station. We found the following approach to be useful:

- While approaching a challenging consultation, it may be helpful to verbally acknowledge that the role player is anxious at the start of the consultation and this may help to proceed with the consultation on actual medical issues better.
- Make an attempt to gain an understanding how the role player is feeling through their words and behaviour.
- Give ample time and opportunity to the role player to speak and express their concerns and allow them to guide the flow of the conversation.
- Listening carefully and checking the role player's understanding is vital to any successful consultation.
- Showing empathy is of utmost importance as it will help the role player to engage better once they feel they are listened to, as it helps them express their concerns and expectations.
- Showing an appropriate emotional response (e.g. smiling) will help establish a better professional relationship as it gives the impression that the doctor is genuinely interested in their problem and knows how to solve them.

While Breaking Bad News

- Preparation should involve reading and gathering as much information as possible.
- Think what may be the likely steps in management of the situation in the preparation time before the station starts.
- May mention that the conversation will be done in a quiet confidential space where there would be no interruptions.
- Need an approach where effective listening and non-verbal communication are important, and you should respond appropriately to child and family's emotions.
- This is a situation unfamiliar for the family and needs an empathetic and honest approach.



Courtesy: Dr Kausik Ray

- Try to gauge the patient's and family's perception of the situation.
- The information needs to be delivered clearly and sensitively, ensuring the patient and family understand and feel supported.
- Avoid medical jargon, and explain the information clearly without using euphemisms that may get misinterpreted.
- Allow plenty of time for questions, as well as periods of short silence as the information provided is assimilated and processed by the role player.
- It is important to remember that it is not how much information you deliver, but whether the information given has been processed and understood by the role player. Non-verbal communication plays a significant role.

Few Tips to Ensure Your Success

- Never address the role player as mum, dad, sir, madam, etc.
- Remember the name and sex of the child and do not mix it up—role player may prompt to correct you, please do not ignore their cues.
- Please remember the station is largely about addressing the role player's agenda, not yours!
- Try not to talk more than 30 seconds, you will lose the attention of the role player and they would not be able to retain information that you gave them.
- Avoid monologue and ensure that it is a dialogue where the role player gets adequate time and opportunity to discuss their issues and concerns.
- Always provide factually correct information—if you do not know, do not make it up, rather say you will look it up or ask someone senior and get back to them.
- If the scenario appears to be too simple, explore it fully, as there may be something additional, which needs attention. The role player will provide cues and it is important that you identify them.
- Breakdown the task and information you provide into easily understandable bite size bits.
- It is important that the scenario is not terminated abruptly and a follow-up plan is included before the consultation is concluded.
- Remember flexibility and adaptability is the name of the game!

COMMUNICATION STATION 1: Limited Exercise Tolerance in Hypertrophic Obstructive Cardiomyopathy

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics.

You will be talking to: Luke's mother.

Setting: Video consultation.

Background Information

You are working in outpatient department today. You are about to speak to Ms Sarah Sanderson, mother of Luke who is 11 years old. Luke was very unwell recently which was initially diagnosed as viral illness. Luke needed to be transferred to the regional paediatric cardiology centre as he developed chest pain, breathlessness, dizziness and palpitations. He has been diagnosed with hypertrophic obstructive cardiomyopathy (HOCM). The letter from the paediatric cardiologist mentioned that there would be some reduction in exercise tolerance. Mother was given all the information; however, she was not sure what it means for her activities of daily living. They have requested to speak to a doctor in the local hospital.

Task

Speak to Luke's mother and clarify her doubts about HOCM. Do not gather further history.

ROLE PLAYER INFORMATION

Background

- You are Ms Sarah Sanderson, a single mother.
- Luke is your only child.
- He has been a fit and healthy boy until recently.
- He loves playing football and rugby and has been selected to play for the county.
- Luke was admitted to the paediatric cardiology centre where he was diagnosed with hypertrophic obstructive cardiomyopathy (HOCM).
- You were explained lot of things and provided with leaflets, you were not sure what it means for Luke rejoining his rugby training.

You want to Clarify with the Candidate

- What is meant by HOCM?
- Candidate may explain that it is a heart condition where the muscles of the heart are primarily affected. Hypertrophic means thickening, obstructive means reduction of blood flow from the heart, cardio means heart and myopathy is any disease of (heart) muscles.
- You want to know what causes HOCM, is it due to the virus that Luke had?
- In most cases, hypertrophic cardiomyopathy is caused by errors (mutations) in the genes.
- You appear a bit confused, and ask the candidate if it is hereditary why it was not picked up until now?
- Candidate may explain that children when they are still young are not usually affected by symptoms until they usually reach teenager years. This may explain why Luke was not symptomatic until recently.
- You read in the discharge letter that Luke is likely to have reduced exercise tolerance but you are not sure what actually it means!
- Candidate is likely to explain that investigations have showed that Luke has obstructive form of hypertrophic cardiomyopathy which means that there is obstruction to blood flow from the heart and he is unlikely to tolerate sustained exercise.
- You become distraught at hearing this, you want to confirm with the candidate whether Luke can still play in the county rugby team for his age group?
- Candidate should clearly explain that Luke should not participate in competitive sports. You may be offered leaflets on HOCM and competitive sports.
- You want to know whether there is a risk that Luke can die.
- You need to be provided factually correct information that there is a risk of sudden death in a small number of people affected with HOCM; however, the risk of this is very small if the condition is diagnosed, monitored and treated appropriately with medicines prescribed by the cardiologist.

You are expected to exhibit controlled emotions but are not supposed to volunteer any other information. You expect the information to be delivered in an empathetic manner and be provided with the time and opportunity to express your concerns and worries.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Hypertrophic obstructive cardiomyopathy (HOCM) and exercise.

- Candidate introduces self to the mother and asks about the well-being of the child.
- Refers to the role player as Ms Sanderson or Sarah (and not as mum or mother).
- Addresses the child by his name 'Luke'.
- Explains the agenda for the discussion, i.e. explain the diagnosis of hypertrophic obstructive cardiomyopathy (HOCM) and clarify any aspects of the diagnosis which mum wants to know.
- Provides factually correct information about HOCM and is able to convey the message that it is a serious condition which can cause sudden death in a small proportion of patients.
- Gives role player time to express her concerns and worries.
- Does not gather further history or unnecessary information.
- Frequently checks that mother understands.
- Clearly mentions that Luke should stop exercise and sports.
- Does not provide false reassurance that there is no risk of death.
- Does not use medical jargon.
- Avoids monologue and understands the scenario is about providing information that the role player requests for and is able to comprehend.
- Makes safety netting plans including when to seek urgent medical advice, provide open access to the local paediatric unit.
- Can offer information leaflet which is available from the regional paediatric cardiology centre.

COMMUNICATION STATION 2: Atrial Septal Defect Management Planning

CANDIDATE INFORMATION

You are: A trainee in Paediatrics at the end of level 1 training in a District General Hospital.

You will be talking to: Mr/Mrs Siddique, parent(s) of 10-year-old Abdul.

Setting: Rapid access clinic.

Background Information

Abdul Siddique, a 10-year-old boy, presented with a 2 months' history of shortness of breath, especially when exercising, palpitations, fatigue, and intermittent mild swelling of legs and feet. His mother who is a nurse reported that Abdul has irregular heartbeats (arrhythmias) and skipped beats. His GP had seen him earlier in the day when Abdul felt faint after physical exercise lesson at school and has been referred to you for a paediatric opinion.

On examination (by the candidate), he appeared well, and is chatty. He has no dyspnoea at rest, pallor, icterus, or clubbing. He has a central capillary refill time of <2 seconds, pulse rate of 96/min, and occasional missed beats. His first heart sound is normal while the second is split with a 2/6 ejection systolic murmur heard best over the upper left sternal edge with no radiation, and no associated heaves or thrills. His femoral and dorsalis pedis pulses are normal to feel.

There is no palpable hepatomegaly, oedema, or any neurological deficit. His blood pressure on the right arm is 106/66 mm Hg and he is haemodynamically stable.

Task

Speak to Mr/Mrs Siddique regarding the likely diagnosis and the management plan. You are not expected to gather further information but need to satisfactorily answer any queries parents may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Siddique, Abdul's parent(s) who is a 10 years old boy.
- You are married, and have another daughter, 5 year old Nesrin, who is well and healthy.
- Abdul was born in Pakistan and your family had moved to the UK when he was 2 years of age.
- Abdul is usually well, has never been admitted to the hospital and does not take any regular medications.
- He is fully vaccinated.
- He attends the local primary school in year 5 and is enjoying it there.
- Mother used to be a nurse but is now a homemaker; father works as a chef in a takeaway/restaurant.

Current Situation

- You are very worried about Abdul that there is something seriously wrong with his health over the last 2 months.
- Abdul has been complaining of difficulty/shortness of breath during/after his football games and physical education sessions at the school and his teachers have reported that he appeared very tired afterwards.
- You used to work as a nurse in Pakistan but have not worked in the UK. You felt his pulse and listened to his chest and felt that Abdul has irregular heartbeats and skipped beats.
- You have occasionally noticed mild swelling of legs and feet towards the end of the day.
- You took Abdul to the GP as he felt faint after the physical exercise lessons at the school and was sent to hospital for a paediatric opinion.
- You live in a two bedroom flat and your family never had any involvement with social services.

You are expecting during the consultation:

- The candidate to explain what's wrong with Abdul's health and whether he has a heart problem.
- Candidate should explain that Abdul most likely has a heart condition called atrial septal defect which is responsible for his symptoms.
- You are likely to be explained that atrial septal defect is a condition where there is a hole between the two collecting chambers of the heart (the left and right atria) and extra blood flows through the defect into the right side of the heart, causing it to stretch and enlarge.
- The candidate should explain that Abdul will need further investigations such as an echocardiogram and ECG (electrocardiogram).
- The candidate should also explain to you that Abdul's problems need to be discussed with the consultant and that a paediatric cardiologist will do the jelly scan (i.e. echocardiogram) of his heart to confirm the diagnosis and suggest further management.
- Candidate is likely to explain that the echocardiogram and specialist opinion is not available today, Abdul should not do strenuous exercise until the diagnosis has been

confirmed and a clear management plan is made. This is more precautionary, and they may offer to write a letter to the school to avoid physical exercise lessons.

- If the candidate does not explain things properly, you may ask the following questions:
  - Are you sure that Abdul has a problem in his heart?
  - Why did he get a problem with his heart suddenly when he had been well before?
  - Does he require any further tests to confirm this?
  - Is he going to get better?
  - When will be the heart scan done?
  - What treatment does he need?
  - Can this not be cured by medications?
  - Will he need a surgery to make him better?
  - Will Nesrin (Abdul's sister) need a heart scan?
- If you remain unconvinced despite the candidate's explanation and reassurance, please request to see their consultant; candidate should support and facilitate it.
- If the candidate specifically asks empathetically whether you worried about anything, you can mention that 'you are very worried that your son may die of a heart attack suddenly'.
- You may be offered an information leaflet on congenital heart diseases in children.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Explaining a clinical diagnosis of atrial septal defect in a child.

- Candidate should introduce themselves properly to Mr/Mrs Siddique and explain their suspicion of a heart condition and its management plans.
- Check how the role player would like to be addressed.
- Remembers the child's name and sex and appropriately refers to Abdul during the consultation.
- Addresses role player's issues and questions appropriately.
- Exhibits empathy and gives time to Mr/Mrs Siddique to express his/her viewpoints and appears to be reassuring appropriately.
- Offers explanation regarding atrial septal defect while avoiding medical jargon as much as possible.
- Candidate is expected to show a basic understanding of the pathophysiology of atrial septal defect.
- Do not push for accepting the diagnosis and facilitate a meeting with the consultant if requested by the parents.
- Makes strategies for Abdul's management and should mention about avoiding strenuous physical exercise while awaiting specialist investigations and a management plan.
- Provides factually correct information regarding the condition and its management.
- Does not waste time gathering more history.
- Offers information leaflet regarding congenital heart diseases or atrial septal defect.

COMMUNICATION STATION 3: Supraventricular Tachycardia Associated with Wolff-Parkinson-White Syndrome

CANDIDATE INFORMATION

You are: A Registrar in General Paediatrics in a District General Hospital.

You will be talking to: Parent(s) of Jamie Woodbourne.

Setting: Cubicle in the Emergency Department.

Background Information

Jamie is a 1½-year-old boy who presented to the emergency department with sudden onset pallor, unwell and his mother felt 'his heart racing' when she picked him up from nursery. An ECG strip has confirmed it to be supraventricular tachycardia (SVT). He was treated by immersing his face in cold water and the episode was terminated. A 12 lead ECG was done and it was indicative of Wolff-Parkinson-White (WPW) syndrome. Parent(s) were quite worried with Jamie's presentation and they are waiting to be told as to what is wrong with him.

Task

Explain to parent(s) the diagnosis of SVT due to the WPW syndrome and its further management. Do not gather further history and you may answer any questions, which parent(s) may ask.

ROLE PLAYER INFORMATION

Background

- You are parent(s) of 1½-year-old Jamie.
- Jamie suddenly became unwell when he started crying and looked pale. He was also sweating. When mother picked Jamie up, she felt that Jamie's heart was racing.
- You took him to the GP surgery and were immediately referred to the hospital as apparently Jamie had an abnormally high pulse rate.
- You are extremely worried, as you have not had any further discussion with the medical professionals since.
- You witnessed that Jamie's head was dunked in a bucket of ice-cold water and were traumatized by the happenings and felt helpless.
- You cannot imagine how this can be an acceptable treatment for any condition.
- Mother is Ms Sam Woodbourne aged 28 years and works as a secretary for a transport firm. Jamie's father is aged 36 years is Mr Ross Owens, a factory worker.
- You are not married but have been together for 5 years.
- You do not have any other children.
- You live in a rented 2-bedroom property.

Your Approach during the Interview

- Your initial emotion would be one of extreme worry and shock at the way Jamie's head was immersed in ice cold water.
- Ask the candidate how Jamie is and if the candidate reassures you that he is well now, then express your shock at the treatment 'that his head was immersed in water' and ask for the reason.
- The candidate should be able to explain that Jamie's symptoms were caused by an abnormally high pulse rate and the condition is known as supraventricular tachycardia (SVT).
- Candidate is likely to explain that although it looks unkind, immersing the face in ice cold water (which induces a vagal response) is a recognised treatment and is one of the quickest ways of getting the pulse rate back to normal.
- Only when you are satisfied with the candidate's response and explanation, ask her/him, the cause of increased pulse rate.
- The candidate should be able to explain that an ECG (recording of electrical activity of the heart) done on Jamie is indicative that the 'wiring inside Jamie's heart' is different and he will have propensity to have a fast pulse rate intermittently. This is likely to be due a condition called Wolff-Parkinson-White (WPW) syndrome.
- Candidate should explain that Jamie needs to be reviewed by a paediatric cardiologist and his treatment should be under their supervision.
- However, the candidate should also mention that her/his consultant will also see Jamie and explain this further.
- At this point, please ask the doctor how this condition is treated.
- S/he should be able to answer that usually some medicines are initially tried to reduce the risk of further episodes like this. However, this needs to be under supervision of the paediatric cardiologist.
- If the candidate does not mention involving a cardiologist, then please ask if Jamie needs to see a children's heart doctor.
- If medicines are mentioned by the doctor, ask if there are any side effects of the medicines.
- If any interventional procedure inside the heart is mentioned, request her/him to explain the procedure.
- You may be offered information leaflet on SVT and WPW syndrome.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Explaining a diagnosis of supraventricular tachycardia (SVT) associated with Wolff-Parkinson-White (WPW) syndrome.

Domains	Meets standards	Borderline	Below standards
Introduction	Introduces self and exchange of greetings, clarifies the agenda for the consultation	Introduces self, mentions the agenda for the consultation	Starts talking without a proper introduction
	Checks how the role player likes to be addressed and uses it appropriately	Checks how the role player likes to be referred to but does not consistently remember it	Forgets or does not bother to ask, and even if corrected does not acknowledge and correct it
The consultation process	Explains that Jamie's pulse rate was very high and it was affecting his 'heart function'. Though submersing the face in cold water looks unkind, it is one of the quickest ways of reverting the pulse rate to normal	Explains that Jamie's pulse rate was very high and submersing the face is an accepted treatment for this condition	Mentions that it is a standard treatment for Jamie's condition with no further explanation
	Explains that the ECG done on Jamie is indicative that 'electrical wiring inside the heart' is different and there is risk of further episodes of very fast heart rate. Should be able to explain that very fast heart rate interferes with heart function and children can become unwell if this persists for a long period	Explains the same thing but not in a very confident or succinct manner	Does not correlate the ECG abnormality with the SVT. Cannot explain the dangers of having SVT/very fast heart rate for a long period
	Should mention that Jamie will need some treatment with medicine but must emphasize that it will be under supervision of a paediatric consultant and paediatric cardiologist	Explains the management pathway but may need prompting to say that he will need involvement of a paediatric consultant or cardiologist	No mention of consultant or cardiologist—does not rectify despite prompting
	Should not go into too much detail of radiofrequency ablation therapy	Talks about complex cardiac interventions and explains it in an unclear manner	Mentions complex interventions, e.g. radiofrequency ablation without any knowledge/explanation about it
	Shows empathy throughout the task. Should understand and appreciate the concerns that parent(s) have. Treats parent(s) concern regarding the submersion of face with sensitivity and not appear dismissive	Shows some empathy but sometimes not clearly apparent. Shows sensitivity but is inconsistent	No/minimal empathy. Dismissive of parental point of view/concern

Contd…

Contd…

Domains	Meets standards	Borderline	Below standards
Overall approach and engagement	Exhibits appropriate empathy, addresses parent(s) concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards parental concerns and apprehensions
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Avoids technical terms and jargon, checks parent(s) understanding from time to time but not in a derogatory fashion	Occasionally uses technical terms/jargon but explains in plain English when interrupted. Checks parent(s) understanding but infrequently	Full of technical terms and jargon. Discussion more like a monologue
	Exhibits good communication skills with parent(s) who are very concerned and worried. Tries to calm them down with reassurance, as the child is now well	Exhibits good communication skills with a parent who is very concerned and worried but is inconsistent. Tries to be somewhat reassuring	Exhibits poor communication skills with disregard to parent(s) emotional status. Makes no attempt to calm parent(s) or reassure them

COMMUNICATION STATION 4: Resolving Difference in Professional Opinion

CANDIDATE INFORMATION

You are: Paediatric Trainee at the end of Level 1 training in a District General Hospital.

You will be talking to: Ms Kimberly Wheeler, Midwife.

Setting: Postnatal ward during an evening on-call shift.

Background Information

David is a day-5 old baby who was born by normal vaginal delivery. He was readmitted with 10% weight loss as compared to his birth weight. His mother Miss Julie Greenslade is a first-time mother and is breastfeeding David. Julie is exhausted with very little support available at home and is struggling to continue breastfeeding and does not get enough time to rest. David was reviewed by the day registrar who has made plans prior to handover. The baby needs admission to the neonatal unit, undergo blood tests which include urea, electrolytes and serum bilirubin and start formula feeds @ 150 mL/kg/day via a nasogastric tube. You have been called by Ms Kimberly Wheeler, the midwife looking after the baby who suggests that David should stay with his mother and be supported for breastfeeding. Kim has informed you that David has had a wet nappy and is latching on to the breast nicely.

Task

Please speak to Ms Kimberly Wheeler and make plans for David's management.

ROLE PLAYER INFORMATION

Background:

- You are Ms Kimberly Wheeler, a newly qualified midwife and have joined the unit 7 months back.
- You are enjoying your job and you feel you are making a difference to people's lives.
- Your colleagues call you 'Kim' and you would like the candidate to refer you in a similar manner. This is the first time you are meeting the candidate as your paths have not crossed previously.
- You have two children of your own and you did not breast feed them. You always feel guilty about it that you could not provide your children the best start in life as they deserved–this information will only be shared with an empathetic candidate who shows keenness in negotiating David's care in a pro-breastfeeding manner.
- Your maternity unit is pro-breastfeeding and has recently been awarded UNICEF Level 3 breastfeeding accreditation—all the staff in the unit are very proud of this achievement. [Suggest candidates using the book make themselves aware as to how the UNICEF accreditation is awarded to hospitals for breastfeeding practices in the UK].
- There is support available for breastfeeding mothers every day including weekends from lactation consultants (who are specialist midwives).
- You always felt breastfeeding is best for babies and strongly support it for the mothers when they request it.

Current situation:

- You are looking after Miss Julie Greenslade, a first-time mother, who is single as she had split from her partner few weeks prior to delivery.
- Julie's pregnancy was uncomplicated, and she had delivered her son David by normal vaginal delivery 5 days ago.
- Julie had attended antenatal classes and has always been keen on breastfeeding her baby—this has been documented in her birth plan.
- The community midwife assigned to support Julie at home was off-sick and could not visit her in the previous 2 days.
- Due to staff shortages a telephone review was done, and Julie was advised to bring David for a check-up today to the drop-in centre in the maternity building.
- At the review, the midwife weighed David and found that he has lost 10.5% of his birth weight and realised that Julie had no support available at home, appeared exhausted and struggling to breast feed her baby.
- A decision to admit mother and baby to the postnatal ward was made and paediatric registrar was contacted as per unit policy to review David.
- As you were busy attending to a new admission, you could not speak to the day registrar who reviewed David and made plans for admission to neonatal unit, blood tests and formula feeding by a nasogastric tube.
- You have spoken to Julie who reported that the doctor who assessed David appeared to be in a rush and quickly informed about his decision to admit David to the neonatal unit and dashed off without giving her a chance to explain her views.

- The candidate is likely to offer apologies to be passed on to Julie via Kim for not involving Julie in the decision-making process.
- Julie feels if she is supported well by Kim and the other midwives and manages some time to catch up on her sleep, she would have better breast milk production and David will start gaining weight.
- David had a wet nappy since admission to the unit, and he is latching well on to the breast.
- His blood glucose was 3.6 mmol/L.
- You have reviewed David three times and have always found him to be well with stable observations, wakeful and ready to feed.

You want to speak to the candidate:

- As Julie's advocate, explain to the candidate that the decision made by their colleague may have been heavy handed and not balanced.
- That Julie or you were not involved in the decision-making process.
- You would be open to negotiation so long breastfeeding and non-separation aspect remains the approach from the candidate.
- The candidate may offer to review David and speak to Julie again, and you will be in agreement.
- You will not be keen that David gets admitted to the neonatal unit as it would cause mother-baby separation and hamper their bonding and may adversely affect David's chances of establishing breastfeeding.
- Although you are not keen that David gets a blood test done but would be open to negotiation so long it is done in a professional manner by the candidate taking into consideration your suggestions and Julie's wishes.
- You will be open to the candidate discussing with the on call paediatric consultant if they cannot reach a consensus on the best way forward. Under no circumstances, you will allow medicalisation of a feeding issue and will discourage admission to the neonatal unit
- You will offer to closely monitor David in the postnatal ward and would be happy for the paediatric doctors to come and review David as often they consider necessary (and discuss blood result if it is done).
- You will be in agreement that if the blood results show that David is significantly dehydrated and it would be unsafe to manage him in the postnatal ward, you will revisit the situation.
- If the candidate becomes argumentative or exhibits a hierarchical attitude you will gently remind about the professionalism desired/expected amongst colleagues working in a team.
- If you and the candidate cannot agree on an amicable way forward, you will remain upset and might say at the end that you will speak to the paediatric on call consultant to get their advise on the issue.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion amongst professional colleagues with difference in opinion regarding managing a newborn baby with weight loss.

- Candidate should introduce themselves properly to Ms Wheeler and clarify the agenda for the discussion.
- Check how the role player would like to be addressed and subsequently refer to her as 'Kim'.
- Remembers the child's name as David and mother's name as Julie and appropriately refers to them during the discussion.
- Address role player's issues and questions appropriately.
- Candidate should appear to advocate breastfeeding and should not unnecessarily suggest formula milk introduction.
- Exhibits professionalism and empathy and gives time to Kim to express her view-points and does not blame her by saying she is being negligent in not adhering to the plan made by the day registrar.
- Candidate is able to show flexibility and understanding that David is not unwell and that feeding issues can be managed on the postnatal ward by midwives closely supporting Julie and monitoring David.
- If the candidate remains keen on blood tests, they should be able to justify that this is to ensure that David is not significantly dehydrated and that there can be an element of uncertainty in assessing the exact hydration status in a baby presenting with weight loss.
- Shows flexibility and ability to listen to allied health professionals who at times may have a slightly different opinion in managing a patient.
- Makes plans to review David again on the postnatal ward.
- Candidate should not remain adamant in continuing with the plans made by their colleague.
- Candidate should exhibit an understanding from the cues provided by Kim during the discussion that David is actually not as unwell as may have been projected during the handover and attempt to make appropriate decisions, e.g. not immediately admitting to neonatal unit, support for Julie from the midwife and help with breastfeeding, etc.
- Mentions about discussing the case with the on-call consultant if they are not able to negotiate an amicable solution in safely managing David.

COMMUNICATION STATION 5: Eczema Management

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mother of Natasha, Ms Obiri.

Setting: Side room in the paediatric ward.

Background Information

Natasha is a 12-month-old girl suffering from severe eczema. She has recently recovered from eczema herpeticum. Natasha has presented with another flare up of her eczema symptoms. Mother has noticed widespread red rash on her face and trunk. Some of the patches are crusty and have serous oozing. Mother is extremely anxious and is keen to know how to get Natasha's skin better and whether she can take any steps to prevent this from recurring again in the future. Natasha is thriving well and her growth is on 50th centile for length and weight.

Task

Talk to Ms Obiri and explain about eczema and make a plan of management. Do not gather further history but you are allowed to explore her concerns and answer any questions that mother may ask.

ROLE PLAYER INFORMATION

Background

- You are Mrs Obiri, mother of 12 months old Natasha.
- You brought Natasha to the emergency department early this morning as she developed widespread rash and has been unsettled all night.
- She has recently recovered from eczema herpeticum and you had a stressful time looking after her—you are worried whether Natasha is developing the same problem again.
- You are a single mother and struggle to make ends meet.
- You had to give up your job as a hair dresser.
- If the candidate explores empathetically you will inform them you suffer from depression and at times do not remember to order the repeat prescriptions for Natasha's eczema from the doctors on time.
- You remain worried about using steroids in a small baby.
- You are very keen to know the how best to manage Natasha's eczema.

You Expect to be Informed

- About the management plan for treating Natasha's eczema flare ups including role of emollients, steroids and antibiotics. Candidates may also mention about wet wraps.
- The candidate should be able to address your concerns regarding use of topical steroids in a small baby and explain that this is necessary to get the eczema flare ups under control.
- You expect reassurance that the rash can be controlled with appropriate treatment.
- Candidate should explain that Natasha's condition needs long-term and regular treatment.
- Candidate may also inform that the responsible consultant will be informed, and they will be happy to facilitate a meeting with him/her if requested by the parent—you will ask for it if candidate cannot explain the issues clearly.
- Candidate may explain:
  - That it is better to use emollient ointments than creams as they will stick to the skin better and will maintain the skin moisture better.
  - That topical steroids should be used sparingly in prescribed strengths which may vary for face and body.
  - Not to put fingers inside the emollient tub as it may spread infection.
  - The emollients may need to be used 4–5 times a day to keep the skin greasy and moisturised.
  - To use emollients as soap substitute along with bath oils.
- Candidate should explain that this is not another episode of eczema herpeticum but eczema flare up.
- Candidate may offer to speak to the doctors (i.e. GP) to facilitate a regular supply of medicines for Natasha.
- Candidate may also mention about involving the children's community nurses to monitor Natasha and support Ms Obiri in the community.
- You will exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Anxious mother of a baby with eczema flare ups

- Introduce themselves properly to Ms Obiri.
- Does not address the role player as mum but as Ms Obiri.
- Knows the child's correct name and sex and refers to Natasha appropriately.
- Addresses role player's issues and questions appropriately.
- Exhibits empathy and gives time to Ms Obiri to speak and express her concerns about Natasha.
- Provides factually correct information and does not discuss unnecessary details.
- Does not provide false reassurance that the eczema flare ups will never occur in the future.
- Candidate should not suggest change of milk to a hypoallergenic formula unless specifically agreed with the consultant.
- Does not waste time in explaining about eczema in great details—unless Ms Obiri specifically ask about it.
- Candidate exhibits basic understanding of eczema management in children.
- Mentions about involving children's community nurses to monitor Natasha and support Ms Obiri in the community.
- May mention about information leaflets for eczema.

COMMUNICATION STATION 6: NGT for Exclusive Enteral Feeding in Crohn's Disease

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Miss Erika Ball, 15-year-old girl.

Setting: Side room in the ward.

Background Information

Erika was diagnosed with small bowel Crohn's disease 15 days ago in the regional paediatric gastroenterology centre. She was started on exclusive enteral feeds (EEF) following her endoscopic assessment. Your local paediatric dietitian has requested you to speak to Erika. The dietitian considers that Erika would benefit from nasogastric tube insertion as she is unable to tolerate the volume of the feed (2.3 litres) orally.

Task

Talk to Erika regarding the benefits of nasogastric tube insertion for EEF. Do not gather further history. You may answer any questions that Erika may have.

ROLE PLAYER INFORMATION

- You are Erika 15-years-old, your mother is on her way back from work.
- You had diarrhoea, occasional blood in stool, abdominal pain, urgency for defecation (i.e. passing stool).
- The consultant in the regional paediatric gastroenterology centre had spoken to your mother but you do not remember much as you were recovering from the general anesthesia at that point.
- You do not understand why you cannot eat normal food and have to take this special feed for 6 weeks.
- You became very anxious when the dietitian mentioned about nasogastric tube insertion and tried to evade the discussion.
- The ward nurse mentioned about sedation with gas and air, you would prefer to use it if the candidate offers.
- If the candidate does not explain the benefits of exclusive enteral feeds, you will ask about it towards the end of the discussion (after 6 minutes warning bell).
- You would not like to agree to the nasogastric tube insertion and would like to talk to your mother when she gets here.
- You will be very distressed and exhibit controlled anger if pushed for accepting it immediately.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: NGT insertion under sedation for exclusive enteral feeds.

- Addresses role player's issues and questions appropriately and addresses her by name.
- Exhibits empathy and gives time to Erika to express her concerns.
- Checks Erika's understanding regarding exclusive enteral feeding.
- Explains benefits of exclusive enteral feeding in a simplified manner for treating Crohn's disease, by allowing time for the gut wall which is sore (i.e. inflamed) to heal and providing easily digestable nutrition to get the disease under control.
- Does not provide false reassurance about benefits of exclusive enteral feeding being a miracle cure but balanced information that it is likely to get the disease under control.
- Do not push Erika to agree to nasogastric tube insertion immediately but offers subsequent appointment later in the day.
- Offers sedation to Erika after exploring her anxiety issues.
- Offers information leaflet from recognized organizations, e.g. CiCRA or Crohn's and colitis UK.
- Provides factually correct information.
- Do not waste time explaining about the long term management of Crohn's disease and focus on the task.

COMMUNICATION STATION 7: Crohn's Disease—NGT *vs* Steroids

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Miss Emily James, 15-year-old girl.

Setting: Outpatient clinic.

Background Information

Emily was diagnosed with Crohn's disease 25 days ago in the regional paediatric gastroenterology centre. There was a plan to start on exclusive enteral feeds (EEF) following her endoscopy assessment. Emily initially wanted to try the EEF orally. Your local paediatric dietitian has reviewed her today and found that she is struggling to drink the EEF. You have been requested to talk to Emily that she would benefit from nasogastric tube insertion to continue the treatment with EEF.

Task

Talk to Emily regarding the benefits of nasogastric tube insertion and continuing EEF. Do not gather further history. You may answer any questions that Emily has.

ROLE PLAYER INFORMATION

- You are Emily 15-years-old, your father is on his way.
- You had alternating diarrhoea and constipation, weight loss, abdominal pain, urgency in stooling, and night stooling.
- The consultant in the regional paediatric gastroenterology centre had spoken to you and your mother about the options for special feeds for 6 weeks or steroid medicine to get your condition under control (i.e. remission).
- You were told about the side effects of steroids and you remember weight gain being one of them. You were therefore not keen on starting steroids.
- You were not sure about the special feeds but wanted to give it a try.
- You do not feel you will be able to cope with the special feeds anymore and is absolutely mortified when the dietitian mentioned about the procedure of insertion of nasogastric tube and that you will need to keep it in for few weeks.
- You refuse to have one inserted.
- If the candidate pushes for it, you become upset, start crying and stop engaging.
- If you are explained with empathy and compassion that the option of steroids is worth considering, you will agree to explore it.
- If the candidate does not mention steroids, bring it up in the discussion (after the warning bell goes at 6 minutes).
- You will need reassurance that weight gain with steroids although remains a possibility, it will help you to get better and that the excess weight gain will be shed when the steroids are stopped.
- The candidate may explain other side effects of steroids but you will not ask for it.
- You would not like to agree to the steroids straight away, but would like to discuss with your father when he joins the consultation.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussing about steroids, refusal for NGT insertion.

Domains	Meets standards	Borderline	Below standards
Introduction	Introduces self and exchange of greetings, clarifies the agenda for the consultation	Introduces self, mentions the agenda for the consultation	Starts talking without a proper introduction
	Checks how the role player likes to be addressed and uses it appropriately	Checks how the role player likes to be referred but infrequently may not remember it	Forgets or does not bother to ask, and even if corrected do not acknowledge and correct it
The consultation process	Structured consultation, pays attention to cues and explores and addresses further concerns	Limited structure, occasionally picks up on cues and tries to address it	Consultation not structured, does not pick up or ignores cues, follows own agenda
	Checks Emily's understanding and explores what she already knows, e.g. discussion about steroids	Makes attempt to understand and somewhat explores whether Emily knows about option for steroids and/or picks up on cues when prompted	Remains fixed on the given task of NGT insertion. Does not explore or give alternate options for steroids even when prompted
	Does a balanced consultation and exhibits the sensitiveness required of the situation	Attempts a good consultation and at times needs prompting to come back to patient's agenda. At times goes into history taking mode	Unstructured approach, may go into a history taking mode, asks unnecessary or unrealistic questions, and lacks empathy
	Provides factually correct information, do not push Emily to agree for steroids straight away	Provides correct information but at times may not show balance between benefits and side effects	Appears to provide information which may be factually incorrect or overemphasizes on benefits of EEF. Keeps advocating NGT
	Offers information leaflet from recognized organizations, e.g. CiCRA or Crohn's and colitis UK	Shows understanding of importance of patient leaflets	No recognition of support network or offers inappropriate information, e.g. need for psychologist
Overall approach and engagement	Exhibits appropriate empathy, addresses Emily's concerns and expectations	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards Emily's concerns and expectations, seems disinterested with her issues
	Picks up cues during consultation, and genuinely explores further to understand the situation	Occasionally picks up cues and makes an attempt to explore further when prompted	Does not understand or disregards cues, no attempt to explore how it is affecting Emily
	Exhibits good communication skills with a young person in emotional distress and provides opportunity to Emily to express her concerns	Appropriate communication skills with young person, but at times may appear to be rushed	Communication skills with young person may not be adequate, provides minimal opportunity to the role player to express their concerns

*CiCRA, Crohn's in Childhood Research Association (UK)

COMMUNICATION STATION 8: Coeliac Disease in Teenager

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: 15½ years old Julie Barts.

Setting: Video consultation.

Background Information

Julie is 15½ years old with a known diagnosis of Coeliac disease made via the no biopsy pathway 2 years ago. GP requested recent tissue transglutaminase titre which were reported at 98 U/ml (normal <15). Julie is joining the consultation via video link as she wants to discuss the blood results and few other issues.

Task

Please speak to Julie regarding the importance of adherence to a strict gluten-free diet. You are not expected to gather further history but explore and address any concerns that Julie may have.

ROLE PLAYER INFORMATION

Background

- You are Julie Barts, 15½ years old.
- You are joining the video consultation alone and your parents are aware of it.
- You have been diagnosed with coeliac disease via no biopsy pathway two years back.
- You are registered with coeliac UK and have read about new developments from their website.
- When the candidate mentions about your blood results being abnormal, you will say that you are not following the gluten-free diet as you feel the diagnosis was not appropriately made.
- You know the importance of gluten-free diet is to keep you well, feel better, and not suffer from tummy cramps, skin issues, etc.
- You would be happy (if the candidate offers) to learn more about long-term issues that may arise if she does not follow the recommended gluten-free diet.
- Candidate may explain about long-term effects such as reduced fertility (i.e. difficulty in getting pregnant), early osteoporosis (i.e. risk of fractures early in adult life), small bowel lymphoma (i.e. risk of gut cancer), etc.
- You live with your parents and you have no siblings.
- There are no social issues, no bullying and you do not use drugs or alcohol.

You Want to Discuss

- As you were young and unwell most of the decisions about the diagnosis had been taken by your parents.
- You felt you did not have a voice about your health—candidate may empathise with you at this stage.
- You want to get the camera test (i.e. endoscopy) and biopsy done while you are put to sleep (i.e. under general anaesthesia) as you feel it is a lifelong diagnosis and it will give you the confidence about the diagnosis of coeliac disease.
- If the candidate explains that the diagnosis was appropriately made without the camera test, you will say that while you appreciate what has been done for diagnosis, you still want the camera test.
- Candidate should explore why you want the camera test as most patients are happy at not having it, you can say you have read it in the internet and lot of countries such as USA still offer it.
- Candidate may say they have to discuss it with their consultant and you will be happy to be contacted again following their discussion.
- If the candidate remains unsupportive of your request at facilitating the camera test, you will become upset and stop communicating further with the candidate and can terminate the consultation.

If the candidate explores with empathy the real reason why you want the camera test:

- You will say that you feel it socially awkward as cannot go out eating with mates and finds it restrictive to your lifestyle.
- School lunches are stressful as you take a packed lunch and cannot share food.
- You tend to buy food from the school canteen and throw away the packed lunch in the bin—you do not want your mother to know this.
- You feel left out of the fun of going out with your friends and they do not seem to understand.
- You feel after having the camera test, you will be able to explain the situation better to your friends and they will be more understanding of the situation.
- Candidate should be empathetic to the situation, may choose to discuss the pros and cons of endoscopy and biopsy, and facilitate endoscopy if you want to go ahead with it.
- You expect lot of reassurance from the candidate and exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Non-adherence to gluten-free diet in a young person with coeliac disease.

- Addresses role player's issues and concerns appropriately.
- Correctly addresses the role player by their name and does not say 'I have come to speak about your child'.
- Exhibits empathy and gives time to Julie to express her concerns and worries.
- Explains the need for following the gluten-free diet in a non-patronising way.
- Candidate is able to mention the risk of not following a gluten-free diet in a non-threatening manner.
- Candidate while maintaining confidentiality should be able to encourage Julie to discuss the issues around non adherence to gluten-free diet through involving her parents and explain the benefits of involving them in her ongoing care.
- Candidate should focus on the young person's best interest and be an advocate for her wellbeing.
- Candidate should pick up on cues provided and explore further why Julie wants the endoscopy.
- Candidate should demonstrate their ability to effectively work in partnership with a young person.
- Mentions about involving Julie's paediatric consultant.
- Provides factually correct information and should appear to facilitate the endoscopy as requested.
- Does not waste time in gaining further history or explaining about coeliac disease.

COMMUNICATION STATION 9: Upset Parent due to Delay in Initiating Treatment

CANDIDATE INFORMATION

You are: ST4 in paediatrics in a District General Hospital.

You will be talking to: Mr or Mrs Hunt, parents of 4 years old Darcy.

Setting: Side room in the children's ward.

Background Information

Darcy was admitted to the children's ward yesterday afternoon for an intensive period of disimpaction therapy with macrogol laxatives for idiopathic constipation. This treatment regime was agreed with the family by the paediatric consultant Dr Xavier, who had previously done a colonic transit study which showed retention of >80% Transit markers. Plan for Darcy is to receive 1.5 litres of the laxatives each day for 3–4 days.

As the prescribed medicines arrived very late yesterday evening, the disimpaction therapy could not be started as it takes 4 hours to complete and Darcy had fallen asleep. Darcy's parent is very angry as they had to wait all of yesterday and a nasogastric tube was inserted in preparation for starting the therapy. You have been called by the nurse in charge in the ward to come and speak to Darcy's parent who is threatening to leave the hospital and take her to another centre in the region.

Task

To speak to Darcy's parent(s) regarding their concerns and make a suitable plan for her management in the children's ward. You are not expected to gather further history, however you should attempt to answer any questions that parents may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Hunt, parent of 4 years old Darcy.
- Darcy has been suffering from constipation from her early infancy and has been managed under different consultants in this hospital.
- She has never achieved a normal bowel habit and is suffering a lot.
- You have recently met Dr Xavier, who you felt has listened to your concerns for the first time and organised some investigations to get to the bottom of what's going on.
- Darcy had passed the 'black poo' (i.e. meconium) soon after birth and then 24 hours later.
- Darcy has been tried on many medicines such as lactulose, macrogol laxatives, senna, sodium picosulphate, however have never got better–Darcy does not like taking the medicines!
- Dr Xavier had suggested a 3–4 days admission to do macrogol disimpaction therapy as an intensive phase of management and although you were not happy, you agreed to go ahead with it.
- You have got another son called Teddy, 8 years old, who is autistic and your partner is finding it very difficult to manage him alone at home.
- Darcy was born on time and is fully vaccinated.
- You are feeling very upset and angry at having to wait all day yesterday for the treatment to be started despite the nurses inserting the nasogastric tube as soon as Darcy arrived in the ward.
- You thought Dr Xavier will come to see Darcy today but he has not bothered to come either.
- You feel Darcy has been considered as less important in the ward, hence you feel it is better that you take her to the specialist centre where they will do more investigations such as a camera test or take bowel tissues (i.e. biopsy) to see under the microscope.

You Expect from the Candidate

- Apology for the delay in starting the disimpaction therapy and not being defensive of the situation.
- You are likely to be explained that the medicines that are dispensed to the ward are checked by a specialist pharmacist contributing to the delay.
- The candidate is also likely to explain that an incident reporting form will be done or has been done to highlight the delay so that such incidences can be minimised in the future and the team can learn from the incident, e.g. try to procure the medicine the day before.
- The candidate is likely to explain that the disimpaction therapy will be started without any further delay as the medicine is now in the ward and that they will ensure that Darcy is receiving the therapy as per the plan made by Dr Xavier.
- Candidate may also mention that they will discuss it with Dr Xavier about the incident and how it has upset the parent.

- You would also demand to see the consultant Dr Xavier, to come and discuss Darcy's treatment plan again as you are not sure how it is going to help as the medicines that will be used in the ward is the same which has been tried before.
- Candidate should facilitate the process but may explain that although the medicine is similar, a much larger volume (1.5 litre) will be given which will help 'the poo to be flushed out' and a complete evacuation is expected after the therapy is completed.
- They may also explain or mention that a check abdominal X-ray would be taken to demonstrate that good clearance after the disimpaction therapy—if they do not explain, you may ask them as to how would they know that the therapy has been successful.
- The candidate is also likely to pick up the cue about advanced management in a specialist centre, and may actually offer to speak to the surgical colleagues in the specialist centre for consideration of a biopsy for Hirschsprung disease.
- If the candidate does not pick up the cue about your suggestion for going to the specialist centre, you should prompt them again about what you have read on the internet about nerve problems (i.e. paucity of nerves) near the anal opening and this can cause problems in the long term and hence you would like them to investigate for it.
- The candidate should also facilitate the complaints process by giving you information and leaflets about PALS.
- You expect the candidate to approach with empathy, sensitivity and an acknowledgement of how upset you are at the whole situation and that you want to get Darcy better.
- If the candidate does not exhibit empathy and sensitivity and make a clear plan where you feel supported, you will say at the end that you are not happy with how things are and that you are leaving the hospital now to take Darcy to the specialist centre.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Delay in starting planned disimpaction therapy.

- Candidate should address the role player by their correct name and the child by the name 'Darcy' and appropriate sex.
- Exhibits empathy and gives time to Mr/Mrs Hunt to express their viewpoints and concerns about the events that has happened since the admission and their expectation about Darcy's long-term management.
- Candidate should offer apology for the delay in starting the therapy and ensure that appropriate professionals have been involved to start the plan for disimpaction without delay.
- Should explain the reason why the delay in arrival of the medicines occurred and be factual about it without being defensive about it.
- Candidate should exhibit appropriate empathy and sensitivity to the situation and not be dismissive of constipation being a major problem.
- Should pick up the cue when the role player mentions about going to a specialist centre and offer to discuss with the consultant (Dr Xavier) about speaking to the surgical colleagues in the specialist centre.
- Should also mention about discussing with Dr Xavier, Darcy's consultant about the incident.
- Should give accurate information and be flexible in their approach.
- Candidate should not waste time in gathering further history or explaining management of constipation.
- Should not be obstructive if the parents want to make a complaint however should facilitate the process.
- Should offer leaflet for PALS if parents ask for it.

COMMUNICATION STATION 10: Well Child with Gastroenteritis

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics.

You will be talking to: Liam's mother.

Setting: Side-room in Children's Day unit at 7 pm in the evening.

Background Information

You are working in the children's day unit today. You are about to speak to Ms Sophie Smith, mother of Liam who has been sent by the general practitioner with 2 days history of gastroenteritis. Liam is playing happily and has tolerated oral rehydration solution for last 4 hours. His observations have remained stable and he is not clinically dehydrated. As the ward is busy, the nurses have asked you to go and speak to Liam's mother and potentially send him home.

Task

Speak to Liam's mother about the plan for discharge with oral rehydration solution. Do not gather more history. You may answer any questions that mother has.

ROLE PLAYER INFORMATION

Background

- You are Ms Sophie Smith, a single mother with 2 young children.
- You do not have any support and had to leave Laura (older child) with her friend's mother.
- You are worried that Liam is extremely unwell and do not agree that oral rehydration is going to make him better.
- You are reluctant to take Liam home as you feel he will deteriorate and become very unwell.
- You feel your concerns have not been listened to properly and you want Liam to have blood tests and drip (intravenous fluids).
- You expect lot of reassurance that Liam is going to be fine.
- You ask the candidate how many years of experience the person has in dealing with children.
- You demand to see the consultant immediately if the candidate pushes you for discharge.

If the candidate explores your reasons why you feel drip is necessary, then you explain your previous bad experience:

- Your older daughter Laura was very unwell with diarrhoea and vomiting for 5 days last year and the doctors did not pick it up on time.
- Laura became very unwell, was rushed to the hospital and needed fluids pushed into her bone (i.e. via intraosseous route) as the doctors could not find a vein.
- She was admitted to intensive care ward for 2 days.
- You do not want Liam to have the same experience.
- The candidate should explain very clearly why Liam is well enough to be discharged home. They may also explain the risks of unnecessary intravenous infusions in children.
- You are happy for Liam to be observed if the candidate makes a plan for this (without a drip) only after they have explored the actual reasons behind your concerns.
- You still want to see the consultant and the candidate should facilitate this and not be obstructive.
- You are happy to wait to see the consultant later in the day.
- You are expected to exhibit controlled emotions but are not supposed to volunteer any other information. If the candidate fails to address and explore your previous concerns (and persists with his/her effort to discharge Liam) then you remain adamant about your demand to see the consultant immediately.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Speaking to an anxious mother of a child with gastroenteritis

- Introduces self to the mother and asks about the well-being of the child.
- Refers to the role player as Ms Smith or Sophie (and not as mum or mother).
- Addresses the child by his name 'Liam'.
- Explains the agenda for the discussion, i.e. Liam is stable and can go home.
- Explores why the role player wants intravenous fluids (drip).
- Do not persist and keep explaining that Liam is well and can go home i.e. do not force Ms Smith to take Liam home.
- Facilitates the process of consultant review and does not appear to be obstructive.
- Makes a reasonable plan to observe further, does not do unnecessary blood tests and start a drip on the child.
- Gives role player time to understand her perspective about why she wants something different.
- Does not gather further history or unnecessary information.
- Frequently checks that mother understands.
- Summarises the discussion and addresses concerns raised by the mother.
- Does not use medical jargon.
- Avoids monologue.
- Can offer information leaflet which is readily available in the paediatric department.

COMMUNICATION STATION 11: Vulvovaginitis Management

CANDIDATE INFORMATION

You are: Registrar in Paediatrics in a District General Hospital.

You will be talking to: Mother of Simone Gough.

Setting: Outpatient clinic room.

Background Information

Simone is a 7½-year-old girl who was referred by the general practitioner (GP) with itching and redness of her 'private parts' and soreness between her legs for 5 months. Family had consulted the GP few times for the same problem. She is otherwise healthy and a course of deworming treatment from the GP has not helped. Your consultant has examined her and diagnosed her condition as vulvovaginitis and child sexual abuse has been excluded. A swab has been taken by the nurse, results will become available in couple of days.

Task

Please speak to Simone's mother about vulvovaginitis and how to manage it. Do not gather further history and answer any questions which Simone's mother may ask.

ROLE PLAYER INFORMATION

Background

- You are Donna Green, Simone's mother—like to be addressed as Donna.
- Simone is 7½ years old.
- You are a single mother and do not have a partner.
- She has been itching and has redness around her 'private parts' for last 5 months.
- You have consulted the GP for the same problem few times.
- The GP has spoken to you over the phone but has not seen Simone in the surgery.
- Deworming treatment and thrush cream has not helped.
- Candidate need to explain that it is vulvovaginitis and is a relatively common problem in young girls.
- You are worried whether it is something serious and would need reassurance that childhood vulvovaginitis is a different condition from vaginitis seen in adult women and it does not cause any long-term problems.
- It will always improve at puberty and in most cases earlier than that.
- You may be explained that young girls are more prone to vulvovaginitis because they have lower levels of female hormones, so the skin of their private parts (vagina and vulva) is thin. Before puberty vaginal secretions are not hostile to bacteria and is prone to infections easier than it is after puberty when secretions are acidic.
- You are not keen on further deworming treatment as it has not worked previously.
- You want more investigations but if the candidate explains properly you agree to a wait and watch approach.
- Unless the candidate explains, you would ask what you can do to improve the situation, which may include:
  - Good toilet hygiene and to teach Simone to always wipe her bottom from front to back.
  - Make sure that Simone is encouraged to pass urine with her legs spread apart.
  - Washing the private parts after passing wee (urine) or poo (defecation) may be helpful (use tepid water).
  - Warm bath may help with itching. Avoid perfumed bubble baths and soaps. The private area should be dried carefully by patting with a soft towel.
  - Barrier creams (e.g. nappy rash creams, or soft paraffin) can be helpful to prevent contact of urine with the sore (inflamed) skin.
  - Suggest wearing cotton underpants and to avoid tight clothes such as leggings.
  - May benefit from sitting backwards on the toilet (i.e. facing the cistern) to help urine drain more easily.
- Candidate may explain that you will be contacted when the swab results are back and may offer antibiotics if indicated. If the candidate does not mention, you can ask about the swab results that the nurse has taken.

You Expect from the Candidate

- To offer a simple explanation regarding vulvovaginitis, its causes and management.
- Do not want to be pushed for further deworming treatment as it has not helped.
- Does not prescribe antibiotics unnecessarily.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Vulvovaginitis management.

- Addresses role player's issues and questions appropriately.
- Do not address the role player as mother and address her as Donna once the role player has mentioned it.
- Do not blame the GP or say anything derogatory about a professional colleague.
- Provides factually correct information regarding the condition and explains about simple hygiene measures that will help.
- Do not say that it is caused by worms.
- Do not agree for more investigations.
- Do not say that consultant may offer more investigations or that specialist opinion is necessary.
- Explains the need to maintain hygiene of the private parts.
- Candidate should appear confident in delivering information regarding a simple childhood condition.
- Does not unnecessarily say will need discussion or referral to social services.
- Exhibits empathy and does not ask unnecessary questions about sexual abuse.

COMMUNICATION STATION 12: Management of Obesity

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Parent of 8½ years old David Barnes.

Setting: Outpatient clinic room.

Background Information

David was recently seen in the outpatient department with abdominal pain and was started on treatment for constipation. He was accompanied by his father. The clinic letter mentioned that his BMI is 30.9, placing the BMI-for-age at greater than the 99th percentile for boys aged 8 years 6 months. David's clinical examination was normal, he had no dysmorphic features. His mother Nina is a chemist by profession. David's mother is very worried as she has read in the clinic letter that David has obesity (as BMI is 30.9) and may have weight-related health problems. His mother has requested an urgent consultation to discuss the issues regarding his obesity. His mother has come to see you alone as David has gone to school.

Task

Talk to Mrs Nina Barnes regarding management of David's obesity. You are not expected to gather more history but may answer any questions that Mrs Barnes may have.

ROLE PLAYER INFORMATION

Background

- You are Mrs Nina Barnes, mother of 8½ years old David.
- You live with your partner who is a roofer.
- You are a chemist by profession.
- David is your only child.
- David was seen in the paediatric clinic recently and the treatment prescribed for his constipation is working well.
- He was accompanied by his father to the clinic consultation.
- David has gone to school and you are meeting the doctor alone in the clinic.

Your expectation from the consultation:

- You got scared by reading the clinic letter and further internet research about the BMI of 30.9, this being consistent with obesity. You have come to discuss as to what it means for a child of David's age.
- You realise David has obesity and you want to know what causes it.
- Candidate may explain that the main cause of childhood obesity is a combination of genetics, eating much and exercising less. Family history, psychological factors, and sedentary lifestyle also may play a role in childhood obesity.
- You appear a bit upset but agree that David loves to eat convenience foods, such as frozen dinners, high calorie snacks, canned pasta, and fizzy drinks. His father allows these when you are not at home due to your work commitments.
- You mention that you have read about other medical causes of obesity and want to explore it further with the doctor.
- Candidate should explain that from examining David, he did not appear to have a medical cause but should be able to name a few secondary (i.e. medical) causes such as Hypothyroidism, Prader Willi syndrome, Cushing's disease, etc.
- You appear satisfied and want to know the tests that David may need.
- Candidate is likely to explain a few tests which may include blood tests for thyroid problems (TSH, free T4 and T3), liver problems such as non-alcoholic fatty liver disease (NAFLD), fasting blood glucose and HbA1c for type 2 diabetes, and lipid profile for elevated triglycerides.
- You feel reassured as you have also read about similar conditions.
- You now ask the candidate whether childhood obesity can harm David.
- You may be explained that while it is difficult to predict David's prognosis without further tests, in general children with obesity are more likely to have:
  - High blood pressure and high cholesterol levels, which are risk factors for cardiovascular disease in the future.
  - Increased risk of impaired glucose tolerance, insulin resistance, and type 2 diabetes.
  - Breathing problems, such as asthma and sleep apnoea.
  - Joint problems and musculoskeletal discomfort.
  - Fatty liver disease, gallstones, and gastroesophageal reflux disease (i.e. heartburn).

- Candidate may also explain other issues such as:
  - Psychological problems such as anxiety and depression.
  - Low self-esteem and lower self-reported quality of life.
  - Social problems such as bullying and social stigmatisation.
- You want to know whether anything can be done to help David.
- Candidate is likely to explain about involving the paediatric dietitian and explain about healthy lifestyle choices and emphasize the need for regular exercise.
- They are likely to offer you leaflets and website addresses.
- If the candidate does not make appropriate follow-up plans, you can prompt them.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Management of childhood obesity.

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player and the child by their name.
- Exhibits empathy and gives time to Mrs Nina Barnes to express her concerns and worries.
- Does not blame parents for David's obesity.
- Explains the causes of obesity in children but does not say that David could have a medical problem.
- Candidate is able to mention the investigations needed for a child with obesity and explain to the mother the rationale for them.
- Mentions about childhood complications/consequences of obesity but does not provide a prognosis for David.
- Makes plans for management involving dietitian and paediatric consultant.
- Offers leaflets and appropriate website addresses for childhood obesity.
- Provides factually correct information.
- Does not waste time in gaining further history or explaining about obesity in general.

COMMUNICATION STATION 13: Circumcision

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Parent of 7½ years old Joel Cox.

Setting: Video consultation.

Background Information

Joel has been referred by the general practitioner (GP) with ballooning of foreskin and dribbling while passing urine. He had two episodes of urinary tract infection (UTI) in the last 1 year and pure growth of *Escherichia coli* was detected on both occasions. He received appropriate treatment for these UTIs. He was recently reviewed by the GP and clinical examination was normal and testes were palpable in scrotum. A renal ultrasound scan did not detect any abnormality and parents have been informed. The general practitioner has requested your help in discussing the options for managing Joel's issues with tight foreskin and suggested that circumcision may be necessary.

Task

Talk to Joel's parent(s) about options for managing the tight foreskin including circumcision. You are not expected to gather detailed history but answer any questions that parents may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Cox, parent(s) of 7½ years old Joel.
- You are married and have another daughter, 13 years old Tiara.
- Joel has had 2 episodes of water infection (UTI) and was managed by the doctor (i.e. GP) with oral antibiotics.
- If the candidate asks you about the name of the antibiotics, you will say you do not remember as it was 2 months ago but something that starts with 'T'.
- Joel is currently well.
- Your doctor said that Joel would benefit from circumcision as he has a tight foreskin and possibly his water infections are caused by this.

You are not sure whether Joel really needs the circumcision and want to explore what are the options available:

- What causes tight foreskin.
- You will be informed that tight and redundant foreskin is normal up to 6 years although in some boys, foreskin can take longer to separate from the rounded head of penis (i.e. glans penis), but this does not mean there is a problem—it will just detach at a later stage. There is no urinary difficulty and no secondary ballooning in such children.
- The child's foreskin should never be forced back because it may be painful and damage the foreskin causing scarring.
- However, in Joel it is causing symptoms and circumcision may help.
- Now that you understand the condition you want to know what circumcision is
- Candidate may explain that circumcision is the surgical removal of penile foreskin.
- You want to find what are the pros and cons of the procedure.
- Pros—candidate is likely to explain in Joel's case it will eliminate the cause of obstruction to urine flow as his urinary stream is dribbling in quality and will minimise his chances of getting further water infections.
- Cons—the risks are small when carried out by qualified and experienced surgeon and bleeding is the main risk, both during and after the operation. Other possible complications include pain, bleeding, infection of the wound and scarring.
- If the candidate does not mention it, you can ask about other benefits such as marginally decreased risk of sexually transmitted infections and penile cancer later in life.
- Candidate should make plans to refer to the surgeons following the consultation, otherwise you can prompt them
- You may be offered leaflets or relevant website addresses to get further information

If the candidate explores sensitively, you will discuss that:

- You are scared of operations and want to find whether there are any options for non-surgical treatment—you did not want to disclose it as your doctor referred you for the circumcision and you did not want to be obstructive.
- Candidate may explain that topical steroids (a cream, gel or ointment) are sometimes prescribed to treat a tight penile foreskin which can help soften the skin. But it will take time and parents should not try to force the foreskin back but may gently pull the skin forward after application of the steroid cream.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Management of tight penile foreskin.

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player and the child by their name.
- Exhibits empathy and gives time to Mr/Mrs Cox to express their concerns and worries
- Candidate acknowledges the GP's concerns about Joel and does not say that UTI has not been caused by the tight penile foreskin.
- Is able to explain circumcision in a simple manner without being too detailed about the steps of the surgical procedure.
- Shows understanding of the pros and cons of the procedure—do not say that surgeons will discuss it.
- Explores other parental concerns and is able to discuss topical steroid treatment for managing tight foreskin.
- Makes plans for referral to surgeons if parents agree.
- Offers leaflets and appropriate website addresses.
- Provides factually correct information.
- Does not waste time in gaining further history about the UTIs or explaining about management of UTI in general.

COMMUNICATION STATION 14: Mild Gastroenteritis Discharge Planning

CANDIDATE INFORMATION

You are: Level one trainee at the end of your training in a District General Hospital.

Setting: Side room in the paediatric assessment unit.

You will be talking to: Mrs Catherine Scott, mother of 2-year-old Jamie Scott.

Background Information

Jamie has been unwell for last couple of days with diarrhoea and vomiting and mild fever. You have examined Jamie and found them to be well and his observations are stable. He is playing in the bed. Oral fluid challenge with oral rehydration solution has been successful. Jamie has also been given a dose of Ondansetron and he had stopped vomiting for the last 6 hours. You have discussed with the nurses in the paediatric assessment unit and they feel that Jamie can be discharged home safely with a 24 hours open access.

Task

Discuss with Mrs Scott regarding your discharge plan and safety netting advice for Jamie. You are not expected to gather further information however you may explore any concerns Mrs Scott may have and answer her queries.

ROLE PLAYER INFORMATION

Background

- You are Mrs Catherine Scott, like to be referred as Katie.
- You are married, a homemaker and your husband is a sales executive.
- You have got another child, five year old daughter, Miss Tara Halls from a previous partner. You are not in contact with Tara's father.
- Tara is currently admitted to the children's ward with neutropenic sepsis and your husband (Tara's stepfather) is with her—do not mention this unless the candidate explores detailed family history. You can give cues that you are in a very difficult situation after the 6 minutes bell goes off but do not mention about Tara's diagnosis of cancer unless explored by the candidate.
- Jamie has been unwell for the last couple of days with diarrhoea, vomiting and mild fever, he has been wetting his nappies.
- Paracetamol had helped at home but your supply has been exhausted.

Current Situation

- You feel relieved that Jamie has responded to the treatment and the anti-sickness medicine (i.e. Ondansetron) has helped.
- You agree to take him home.
- You however remain very worried and want to know why Jamie's condition is not fully better after 48 hours.
- The candidate should explain that this is mild viral gastroenteritis and things should improve over the next few days.
- You want to know how you can manage Jamie safely at home.
- The candidate should discuss the management plan post-discharge and it should include keeping Jamie hydrated using oral rehydration solution.
- They should also explain that regular paracetamol if required can be given.
- If the candidate has not taken note previously that you have run out of paracetamol at home, you will mention hesitantly again that you are not sure how you can give it at home as you do not have any left.
- You expect the candidate to take cue from it and offer to dispense paracetamol from the hospital rather than asking you to go and buy it from a pharmacy or superstore.
- You also expect the oral rehydration powder sachets to be given to you at the time of discharge.
- Although you do understand that Jamie has improved, you remain very uncertain and tearful, and if the candidate explores sensitively you will mention that your other daughter Tara is very unwell and the specialist consultant has said that 'she may not make it'.
- You should be offered 24 hours open access where you will have the opportunity to bring Jamie back straight to the hospital if things deteriorate.
- You expect a lot of empathy and sensitive approach from the candidate considering the situation you are in and expect to be offered every support and help, e.g. dispensing paracetamol and oral rehydration powder from the hospital.

- Candidate is likely to explain the signs of deterioration: recurrence of vomiting, not drinking fluids, high grade fever, reduced or no wet nappies in next 12–24 hours.
- You also expect the candidate to offer the open access as one of the nurses mentioned earlier—if it is not forthcoming you can certainly ask whether there is a way if Jamie is to deteriorate from here you can directly bring him back to the hospital.
- Candidate should offer you information leaflet regarding viral gastroenteritis and be supportive in providing an open access.
- You will exhibit controlled emotions, however you may ask the same questions over and over again as you are feeling very vulnerable and expect the candidate to give you enough time and acknowledge your concerns.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Viral gastroenteritis, discharge plan and consideration for another extremely unwell child in the family.

- Candidate should refer to the role player by their name, Katie, and not as mum or mother or madam.
- Do not confuse between the patient Jamie and his half-sister Tara who is admitted to the ward for neutropenic sepsis.
- Exhibits enough empathy and sensitivity expected of the situation.
- Acknowledges mother's concerns and makes appropriate discharge plan including providing the open access.
- Does not ask the mother to go and buy paracetamol or oral rehydration solution powder from the supermarket or the chemist.
- Provides factually correct information.
- Candidate should explain signs of deterioration.
- Candidate should not appear to be in a rush in the situation to finish the task, however, exhibit empathy, sensitivity and appropriate listening skills providing enough time and space for the mother to express her concerns.
- Candidate may also ask about Tara briefly but do not waste time in asking in details about her long-term management and other issues.
- Candidate should mention about discussing the case with their consultant.
- Offers available information leaflet regarding viral gastroenteritis.

COMMUNICATION STATION 15: Contraception and Sexually Transmitted Infections

CANDIDATE INFORMATION

You are: Specialty registrar in paediatrics in a District General Hospital.

You will be talking to: Miss Gemma Dalton, 15½ years old girl.

Setting: Six-bedded bay on Children's Ward.

Background Information

Gemma was admitted to the children's ward overnight with abdominal pain under the surgical team. An abdominal ultrasound and blood investigations have not suggested acute appendicitis and the surgical team is happy for Gemma to be discharged. Her menstrual periods are reported to be regular. She does not take any regular medicines. The surgical team have however requested you to speak to Gemma regarding a few ongoing issues.

Gemma has spoken to the nurses about being sexually active and a pregnancy test done at admission was negative. Your gathered from the medical notes that Gemma's boyfriend is 16 years old and he is in the same year group as her in the school. Gemma is ready to go home now and is waiting for a discussion with you.

Task

Speak to Gemma about safe contraceptive practice. You are not expected to gather further history, however, explore Gemma's concerns and answer her questions.

ROLE PLAYER INFORMATION

Background

- You are Miss Gemma Dalton, like to be called as 'Jems'.
- You are 15½ years old and are in class 11 in the school.
- You live with your mother, your parents are separated.
- You have been suffering from on and off abdominal pain, and are rather scared about the risk of pregnancy.
- You attended the hospital yesterday after you overheard another girl in the school mentioning that teenage girls presenting to the hospital with abdominal pain usually gets a pregnancy test done and you wanted to know whether you are pregnant or not.
- You were relieved to know that you are not pregnant.
- You are also feeling reassured after the surgeons told you that you do not have appendicitis.
- The candidate should appear to be professional, not push you for more personal information and should be empathetic and sensitive as you are sharing confidential information and seeking advice.

You want to Discuss with the Candidate

- How to practice safe sex while minimising the risk of becoming pregnant.
- The candidate may mention about different contraceptive methods, e.g. condoms, contraceptive pills, morning after pill, etc.
- You mention that although you are aware about these from the lessons in school, you do not know how to access them. You are also very scared to ask for money from your mother to buy this stuff.
- You are also worried that the health professionals will inform your parents if you asked for contraceptive help.
- The candidate is likely to inform you that the contraception is free and confidential including condoms which can be accessed from most GP surgeries (through talking to the GP or the practice nurse), community contraceptive clinics, some young people's services, etc.
- Candidate should be reassuring that without your consent or knowledge the health professionals would not share this confidential information with your parents.
- They may also mention that the morning after pill is available for free from the local pharmacy as a walk-in service.

If you feel reassured and convinced with the candidate's approach

- You will open up and explain that you have heard that your boyfriend has had sex with other girls in the past and is worried whether you can catch a sexually transmitted infection.
- The candidate should offer to refer you to the sexual wellbeing clinic which is located in the town and may offer to get an appointment for you.
- The sexual wellbeing clinic may also offer to do relevant swab which can pick up an infection that may need treating with antibiotics.

You will become angry

- If the candidate mentions about involving the social services, or referring to CAMHS (Child and Adolescent Mental Health Services), you will look distressed.
- You will stop engaging or communicating for a while.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Safe contraceptive practice and reducing risk of sexually transmitted infections in a teenager.

- Should address the role player by their correct name (Gemma or Jems) and should not treat them as a child.
- Candidate should offer to speak to Gemma with a chaperone and in a private setting, e.g. side room or a clinic room.
- Exhibit empathy and gives time to the role player to express her views and concerns.
- Candidate should be able to explain the basics of safe contraceptive practices and how to access them.
- Should be able to explain that the service is free and confidential and that no information will be shared with her parents without Gemma's consent.
- Should give accurate information and be flexible and adaptable in their approach.
- Candidate should not waste time in exploring details about Gemma's abdominal pain as it has already been addressed by the surgeons and she is ready to be discharged home.
- Candidate may also offer information regarding the sexual wellbeing clinic and should mention that the service is confidential.
- Should not mention about referring to social services or CAMHS or suggest unnecessary pain relief.
- Should not try to convince Gemma to share the information about her sexual experimentation with her parent(s).
- Candidate may offer information leaflet that will be readily available in the hospital.

COMMUNICATION STATION 16: Faltering Growth

CANDIDATE INFORMATION

You are: A Registrar in General Paediatrics in a District General Hospital.

You will be talking to: Ms Jade Phelps, mother of 6 months old Kyle.

Setting: Outpatient department clinic room.

Background Information

Kyle was born at term by normal vaginal delivery at 38 weeks of gestation weighing 3.2 kg. However, his weight gain has remained unsatisfactory from 2 months of age. His current weight is 4.9 kg. He has had the necessary investigations and no organic cause for poor weight gain has been identified. You are planning to admit Kyle to the paediatric ward for nutritional rehabilitation through supervised feeding and weight monitoring. Kyle is currently on formula feeds and has been started on some pureed fruits and vegetables. The consultant feels that this family needs extra support and has suggested to refer Kyle's family to children's social care.

Task

Talk to Ms Phelps and explain why Kyle need to be admitted and how referring the family to children's social care would be helpful. You are not expected to ask further history however, you may explore Ms Phelps' concerns and expectations.

ROLE PLAYER INFORMATION

Background

- You are Ms Jade Phelps, mother of 6 months old Kyle.
- You are a single mother and are currently not working.
- You were previously working as a masseuse in a health spa at a theme park.
- You live in a one bedroom council flat and receive universal credit.
- You had a social worker in past but you did not like her as you felt that she was too intrusive and interfering, you were living with a partner who occasionally was physically abusive towards you. The social worker does not visit you currently.
- You struggle a bit with Kyle as he takes a lot of time to feed and you get very tired.
- However you feel he is having enough feeds.
- The child care benefit you receive you reckon is insufficient to make ends meet.
- Your mother lives nearby and tries to help, but this is infrequent and you get offered support on your mother's terms.
- You are concerned about Kyle's weight gain.
- Kyle has had a number of tests to look for reasons for his poor weight gain but you are not aware of the results.

Your Expectation from the Consultation

- You first ask the doctor about the results of the tests that Kyle had undergone.
- After you are told that the tests were all normal, then ask why is he not growing well.
- If the doctor mentions that anything to the effect that you are not feeding him enough you become very angry and mention that the doctor is insulting you.
- If the doctor mentions about the need for an admission to hospital, you refuse and say that Kyle is not unwell, his tests are normal and why should he be admitted to the hospital.
- If the doctor keeps insisting on the need for hospital admission then say that you have heard that there is a lot of infection in the hospital and ask whether there is any risk to Kyle from hospital acquired infection.
- The candidate should explain the infection control measures, e.g. personal protective equipment, gloves, hand hygiene measures that are followed to minimize this risk.
- Only if the doctor explains empathetically that feeding difficulty is common in infants and that it is not your fault that Kyle is not gaining weight, you will start engaging in the discussion.
- The only way to evaluate this is to directly observe Kyle during his feeds and that can only be done in hospital being supported by the trained nursing staff.
- Candidate should also clearly mention that they are not trying to find fault or blame you.
- You are likely to be informed that this admission is in the best interest of Kyle.
- The candidate should mention about involving the consultant paediatrician and the paediatric dietician.
- If the doctor mentions about making a referral to social worker, you appear very uncomfortable and demand to know why.

- Ask the candidate what is the exact purpose of the referral to the children's social care as you felt the previous social worker was rather rude and intrusive.
- If the doctor mentions that the social workers are there to help, then say you do not need help from them. They interfere in everything and do not provide any real help.
- Agree to social worker involvement only if empathy and undestanding is shown towards your previous unpleasant experience.
- If the doctor says it is the hospital protocol to involve the social worker then you may refuse admission for Kyle.
- Candidate should show understanding towards your situation as a single mother with an infant and not appear to be patronising.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Faltering growth, admitted for nutritional rehabilitation.

Domains	Meets standards	Borderline	Below standards
Introduction	Candidate introduces themselves appropriately, clarifies the agenda for the consultation	Introduces self, mentions the agenda for the consultation with hesitancy	Starts talking without a proper introduction
	Checks how the role player likes to be addressed and uses it appropriately	Checks how the role player likes to be referred to but may call her mum at times	Forgets or does not bother to ask, and even if corrected does not acknowledge and correct it, keeps calling her mum
The consultation process	Explains that the tests looking for any cause for Kyle's poor weight gain have all come back as normal. Reassures mother that this is good news because these tests look for significant conditions	Informs the test results without explaining its significance or proper reassurance	Does not inform about the test results at all even when repeatedly asked, or may explain results in in unneccesary details.
	The candidate appropriately explains that the most common cause for poor weight gain is feeding difficulty and/or inadequate intake and this needs to be managed. Explains that this will involve direct observation of Kyle during feeds over a period of time. This can only be done in the hospital and for that reason Kyle needs to be admitted. Should not sound patronising	Explanation is factually correct but empathy is not apparent throughout. At times may sound patronising	No empathy at all. May not be able to clarify the relevance of the hospital admission for Kyle. Sounds patronising and may go on to blame mother for Kyle's poor weight gain
	Explains that optimum growth is important for Kyle's development. If the nutrition he is getting is not sufficient then his development including brain development may be affected	Mentions the impact of poor nutrition on development but without details	Does not explain the impact of poor nutrition/ growth on development
	Explains the role of social worker to mother without sounding judgemental or condescending. Explains that social worker's job is to support children and families in need	Explains social worker's role but not clearly	No/wrong information about the role of social worker

Contd...

Contd…

Domains	Meets standards	Borderline	Below standards
	Listens to mother's concern regarding social worker with empathy and reassures that even if she had a bad experience with one social worker, it does not mean it will happen again. Explains without sounding harsh that any extra help, financial or otherwise can only come through social services	Listens to mother's concern and tries to reassure mother but not succinctly. Does not explain that social services can provide extra help if appropriate	Dismissive of mother's concern. Hides under hospital protocol. Rude or dismissive
Overall approach and engagement	Exhibits appropriate empathy, addresses Ms Phelps' concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards Ms Phelps' concerns and apprehensions
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Exhibits good communication skills with Ms Phelps who is very concerned and worried. Tries to provide reassurance as the child is well	Exhibits good communication skills but inconsistently. Tries to calm her down but fails to reassure her adequately	Exhibits poor communication skills, disregard Ms Phelps' emotional status. No attempt to calm her down or to reassure her

COMMUNICATION STATION 17: Developmental Dysplasia of the Hip

CANDIDATE INFORMATION

You are: A paediatric doctor at the end of Level 1 training in a District General Hospital.

You will be talking to: Mr/Mrs Douglas, parents of 6-month-old Libby.

Setting: Outpatient department clinic room.

Background Information

Libby is an 6-month-old girl who has been recently diagnosed with DDH (developmental dysplasia of hip) on right side following a hip ultrasound scan and anteroposterior view on hip X-ray. She had a routine newborn and infant physical examination (NIPE) by a midwife in the hospital at 36 hours of age and again at 7 weeks of age by the GP; both of which were documented as normal. You have been requested by your consultant to inform Libby's parents regarding the diagnosis and briefly outline the management.

Task

Speak to Mr/Mrs Douglas regarding the diagnosis of DDH. You are not expected to gather further information but need to inform and explain about DDH and address parental concerns.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Douglas, Libby's parent(s) who is 6 months old.
- You are married and Libby is your only child.
- Libby is otherwise healthy, but you felt she always appeared uncomfortable while having her nappies changed.
- You also felt Libby's thigh creases look a bit different from each other.
- You have mentioned this to your health visitor few times. You were however reassured previously on multiple occasions, but during her last visit she mentioned that she will arrange a review.
- Libby was checked by a paediatric doctor in the hospital who had arranged a jelly scan (i.e. ultrasound scan) of the hips.
- You were a bit surprised when you were called back couple of days later by the X-ray department informing that Libby would also need X-ray of her hips.
- You have been anxiously waiting to hear back from the doctors regarding her scan and X-ray reports.
- You came to know that one of Libby's paternal second cousin had a problem with her hips as a baby and needed a surgery to correct it, she is better now.
- Libby was born by normal vaginal delivery after a prolonged labour. She cried immediately after birth and was exclusively breast fed till 6 months of age.
- Libby is up-to-date with her vaccines.
- Libby is trying to sit with support.
- Both parents are professional gym instructors, and you are hoping that Libby will become a ballet dancer in the future.

You Expect from the Consultation

- The candidate should explain about the diagnosis of developmental dysplasia of the hip (DDH) as a condition where the "ball and socket" joint of the hip does not properly form in babies and young children.
- In DDH, the socket of the hip is too shallow, and the femoral head is not held tightly in place, so the hip joint remains loose and gets dislocated.
- You feel upset when the candidate mentions that DDH is a genetic condition as you think Libby might have inherited this condition from her father's side of family. Candidate should exhibit empathy and should explain it not her father's fault.
- You want to know why this was not picked up earlier and are convinced that this must have been missed during the two previous checkups.
- Candidate is expected to explain that this is a condition which often develops during early infancy and at times may not be picked up on earlier assessments.
- You feel frustrated about health professionals missing the condition earlier and want to make a complaint:
  - You expect an apology from the candidate due to the distress caused to Libby and her family by the late diagnosis.
  - Candidate should facilitate it by providing information regarding patient advice and liaison services (PALS).

  - You may also be explained about incident reporting form to investigate where things may have been missed and need to be improved, e.g. better referral pathways, educating staff, etc.
- You will ask if the information is not forthcoming as to what will happen next:
  - Candidate should explain you about the referral to specialist team of paediatric orthopaedic surgeon and physiotherapist.
  - They may also explain about Libby's need to be put in special braces (i.e. Pavlik harness).
- You are very keen to consult a senior doctor as you want to plan another baby in future and want to find out the possibility of having the same in the next baby—you need to be offered the opportunity to meet the consultant in the clinic soon.
- You will also be explained that Libby's future siblings will be offered hip ultrasound scans at 6–8 weeks even if their hip examination during NIPE is normal.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Delayed diagnosis of developmental dysplasia of the hip (DDH).

- Candidate should introduce themselves properly to Mr/Mrs Douglas and explain the agenda for the consultation.
- Check how the role player would like to be addressed.
- Remembers the infant's name and sex and appropriately refers to Libby during the consultation.
- Address's role player's issues and questions appropriately.
- Exhibits empathy and gives time to Mr/Mrs Douglas to express his/her views.
- Offers explanation regarding DDH avoiding medical jargon as much as possible.
- Arranges a referral to the orthopaedic team for Libby's condition.
- Provides factually correct information regarding DDH.
- If the parents want to lodge a complaint try to guide them appropriately and do not appear to be obstructive.
- Mention about PALS (patient advice and liaison service) if relevant.
- Facilitates meeting with the consultant if parent(s) request/demands one.
- Explores the issues that Mr/Mrs Douglas are facing and offers to arrange for support.
- Does not waste time gathering more history.
- Offers information leaflet regarding DDH in children.

COMMUNICATION STATION 18: Toddler's Diarrhoea

CANDIDATE INFORMATION

You are: A trainee in Paediatrics at the end of level 1 training in a District General Hospital.

You will be talking to: Mr/Mrs Musa, parent(s) of 3-year-old Ibrahim.

Setting: Paediatrics outpatient clinic.

Background Information

Ibrahim is a 3-year-old boy who was seen by your consultant in the clinic about a month back due to parental concerns regarding ongoing diarrhoea varying between three to eight times a day. Parents described at the initial clinic consultation that Ibrahim tends to drink a lot of fruit juice and loves eating brown bread. The family reported that they eat very healthy foods with lot of fruits and vegetables. Parents reported that they would often see undigested peas and carrots in Ibrahim's faeces. Ibrahim had a normal clinical examination, and his growth parameters were both on 75th centiles. As the parents were extremely anxious, and demanded a set of investigations, your consultant had done a basic set of blood investigations including a coeliac screen which were all reported to be normal. Stool microscopy and culture, and virology were reported as negative. You had discussed with your consultant about Ibrahim, prior to the clinic appointment, and a diagnosis of toddler's diarrhoea has been made.

Task

Speak to Mr/Mrs Musa regarding toddler's diarrhoea and its management. You are not expected to gather further information but need to satisfactorily answer any queries parents may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Musa, Ibrahim's parent(s) who is a 3-year-old boy.
- You are married, and have another daughter, 5-year-old Neki, who is well and healthy.
- Ibrahim was born in the UK, and did not need any admission to the hospital.
- Ibrahim is usually well and not on any regular medications.
- The family is struggling to get Ibrahim toilet trained and get him out of nappies.
- He is fully vaccinated.
- He attends a local nursery and is enjoying it there.
- Mother is a homemaker; father works at a bank.
- Ibrahim was seen by a consultant paediatrician at the last clinic visit, blood and stool investigations were done, and you expect the results to be discussed during this consultation today.

You are expecting during the consultation:

- The candidate should find out how is Ibrahim doing currently, and you will say that he is doing well except that the diarrhoea has not stopped.
- The candidate should clearly explain that all the blood investigations and stool results done during the last clinic appointment have all come back as reassuringly normal.
- You feel relieved at this; however, ask the candidate as to why Ibrahim is still having diarrhoea, there must be something wrong with him.
- The candidate should reassure you that Ibrahim is well, his blood and stool tests has been normal, and his condition is explained by something what is called toddler's diarrhoea.
- You should appear worried, as you have never heard about this condition and request the doctor to explain more about this.
- Candidate may explain that toddler's diarrhoea is a common cause of persistent (chronic) diarrhoea in young children, aged between 1 and 5 years and is more common in boys.
- Common symptoms of toddler's diarrhoea are: three or more watery loose stools per day, sometimes can be ten or more in a day, stools are often smellier and paler than usual, parents may notice bits of vegetables such as carrot, peas, sweetcorn, etc. and children may sometimes complain of mild tummy aches. Some children may also develop alternating constipation with diarrhoea.
- Toddler's diarrhoea does not occur due to poor absorption of nutrients in food, neither is it caused by a serious bowel problem. It is also not caused by any intolerance to the type of food that children eat.
- The candidate should also explain that toddler's diarrhoea is not serious, and that these children are well and do not suffer from any ill health. The diarrhoea will become better as the child grows older.
- You want to know how to manage toddler's diarrhoea as your family follow a rather healthy lifestyle and Ibrahim tends to drink plenty of water and fruit juice, eats healthy foods which contain high fibre, e.g. brown bread, and loves eating fruit and vegetables, with carrots, sweetcorn and peas being his favourite.
- You mention that you feel terrible that you have contributed to Ibrahim's condition by encouraging him to eat healthy high fibre diet with lots of vegetables and plenty of fruit juice and double skimmed milk.

- The candidate should mention that it is not your fault and although adults do benefit from such healthy lifestyle choices, children may need it to be done in moderation with a slightly different approach.
- Children may need modification in the '4 Fs': Fat, fluid, fruit juices and fibre; candidate may either suggest changes in certain eating and drinking habits or mention about referring to the dietitians to initiate this.
- Modifications in '4 Fs' may include:
  - Giving higher-fat based dietary items (e.g. whole milk rather than skimmed milk, yoghurt, milk pudding, icecream, cheese) at the end of a meal can help reduce toddler's diarrhoea.
  - Reducing the intake of too much fruit juice or squash and encourage drinking water more than 5–8 drinks a day can contribute to toddler's diarrhoea, even if drinking just water and it may be worth considering limiting drinks to meal and snack times.
  - Consider reducing food items containing high-fibre content, e.g. high-fibre cereals, whole meal bread, vegetables (such as peas, sweetcorn), baked beans, lentils and pulses and fruits (such as grapes and raisins).
- If you remain unconvinced in situations where the candidate appears rather unsure of the situation, and request to see their consultant, candidate should support and facilitate it.
- You may be offered an information leaflet on toddler's diarrhoea.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Toddler's diarrhoea in an otherwise well child.

- Candidate should introduce themselves properly to Mr/Mrs Musa and explain the agenda for the consultation.
- Check how the role player would like to be addressed.
- Remembers the child's name and sex and appropriately refers to Ibrahim during the consultation.
- Address's role player's issues and questions appropriately.
- Exhibits empathy and gives time to Mr/Mrs Musa to express his/her viewpoints and do not blame them for contributing to their child's condition.
- Offers explanation regarding toddler's diarrhoea avoiding medical jargon as much as possible.
- Do not push for accepting the dietary modifications and facilitate a meeting with the consultant if requested by the parents.
- Makes strategies for Ibrahim's management and may mention about involving paediatric dietitians.
- Provides factually correct information regarding the condition and its management.
- Does not waste time gathering more history about the diarrhoea.
- Offers information leaflet regarding toddler's diarrhoea.

COMMUNICATION STATION 19: Latent Tuberculosis Management

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Parent(s) of 8-year-old Joseph.

Setting: Video consultation.

Background Information

Joseph was diagnosed with latent tuberculosis recently but remains completely asymptomatic. During a recent trip to Nigeria he was exposed to a case of tuberculosis in a relative for a few days and parents sought advice from the GP after return to the UK. He had the BCG vaccination as a neonate and has a scar in his left arm. Joseph had a clinical examination and he was clinically well. Mantoux test done on the same day and read 72 hours revealed a wheal of 12 mm. A chest X-ray has been reported as normal. Blood investigations for liver function tests were normal. The regional infectious disease consultant has suggested starting isoniazid at 10 mg/kg once daily for 6 months.

Task

Talk to Joseph's parent(s) about the diagnosis of latent tuberculosis and planned treatment with isoniazid. Do not gather further history. You may answer any questions that parent(s) may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Obiri, parent(s) of 8-year-old Joseph.
- Parents are married.
- Joseph is your only child.
- Mother is 28 weeks pregnant, pregnancy is progressing smoothly.
- Mother is angry with Joseph's father for taking him on holiday to Nigeria and now you have been told that Joseph has developed tuberculosis (TB).
- You are very worried and not sure what is going to happen.
- You have been told by the lady at the school's administration office to get a letter from the doctor before Joseph can attend school.

You Want to Discuss

- Whether Joseph has actually got TB?
- You need to be explained that the tests have shown that Joseph has got latent TB. Although he is likely to be infected with the bacteria which can cause active TB, but at the moment this is not making him ill (i.e. it is latent or dormant).
- You now want to know what the chest X-ray report is and you will be told this was normal and did not show evidence of lung TB.
- Unless the candidate mentions at this point about the treatment of latent TB, you want to know what happens next.
- Candidate should explain that Joseph will need to be treated by a medicine called isoniazid and that this plan for treatment was suggested by the regional infectious disease consultant.
- You appear a bit perplexed as to why Joseph needs to be treated as he does not have any symptoms.
- Candidate should explain that it is important that Joseph takes the medicine for 6 months as potentially infected children are likely to develop active TB, and are also more likely to become seriously unwell.
- Joseph needs to be given the medicine daily as incomplete treatment increases risk of drug resistance.
- Your want to know what the side effects of isoniazid are?
- Candidate should explain that the medicines given to children are usually safe and then explain the following side effects:
  - Possible allergic reaction which may present with swelling of the face, lips or tongue, difficulty in breathing, a rash, blisters in the mouth, itching or fever—Joseph should be taken to your doctor or attend hospital immediately.
  - Risk of liver problems which may present with Joseph feeling sick (nausea) or vomits for more than 24 hours, or gets a yellowish tinge to the skin or whites of the eyes (i.e. jaundiced).
  - Risk of getting more infections than usual (e.g. severe colds, chest or skin infections, stomach upsets).
  - Seem to bruise more easily or bleeding does not stop as quickly as you would expect.

  - May develop problems with his sight (vision), such as difficulty in differentiating colours or develops eye pain.
  - May get tingling or numbness in the hands and feet. Prophylactic vitamin B6 (pyridoxine) will be started with Isoniazid.
- If any of these symptoms develop, parent(s) should contact the GP or Joseph's consultant paediatrician straight away.
- You need to be informed that:
  - The medicine need to taken at the same time daily.
  - Eating citrus fruits (e.g. oranges) and taking sips of water may help with dry mouth.
  - Keep the medicines in a safe place.
  - Joseph can be given medicines such as paracetamol or ibuprofen if needed.
  - If the dose is missed you can give it when you remember during the day, at least 12 hours before the next dose is due.
  - If Joseph is accidentally given more medicine (i.e. overdose) contact your doctor or paediatrician.
- You want to know whether Joseph would need to be admitted to the hospital and will be told that he does not need hospitalisation.
- You want to know whether Joseph can be sent to school—he can go to school as he does not have active TB.
- You appear a bit perturbed now and if the candidate explores empathetically, you will discuss about what the lady in the school's administration office told you that you need a letter from the doctor before Joseph can be sent to school.
- Candidate should make plans for follow-up in the consultant clinic, arrange for monitoring blood tests and offers information leaflets about latent TB.
- You expect lot of reassurance from the candidate and exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Managing latent tuberculosis (TB).

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player and child by their names.
- Exhibits empathy and gives time to Mr/Mrs Obiri to express concerns and worries
- Explains about latent TB and need for starting treatment.
- Explains that chest X-ray was normal.
- Is able to discuss the side effects of isoniazid and provides guidance who and when to contact for help.
- Does not say that Joseph needs to stay in hospital and that he cannot go to school.
- Able to address social stigma associated with TB and agrees to write letter to support Joseph's attendance at school.
- Does not provide false reassurance that active TB will not develop.
- Offers information leaflet available in the hospital.
- Makes appropriate follow-up plans and mentions about involving consultant.
- Candidate may mention about contact tracing for TB in parents.
- Provides factually correct information.
- Does not waste time in gaining further history about Joseph, Mrs Obiri's pregnancy, TB exposure history and focuses on the task.

COMMUNICATION STATION 20: Nephrotic Syndrome—Varicella Zoster Immunoprophylaxis

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mother of Lucy Homer.

Setting: Consultation room in paediatric day unit.

Background Information

You are the paediatric registrar working in the day unit. You are about to speak to Ms Natalie Homer, mother of Lucy who has been called back to meet you. Lucy is 4 years old and has been diagnosed with nephrotic syndrome 2 weeks ago. She was started on steroids. Two days prior to discharge Lucy has played with another child admitted with cough/cold in the playroom who has now developed chickenpox. You have checked Lucy's blood results done at the time of initial diagnosis and realized that Lucy does not have varicella zoster antibodies.

Task

Please speak to Lucy's mother about chickenpox exposure in the hospital and the need for varicella zoster immunoglobulin injection for Lucy. Do not gather further history and answer any questions that mother may have.

ROLE PLAYER INFORMATION

- You are Mrs Natalie Homer.
- Lucy is your only child.
- You are a single mother and get some support from your mother.
- You are sad that Lucy has developed Nephrotic syndrome and did not feel comfortable about starting steroids in a young child.
- Lucy is receiving the prescribed treatment.
- You are scared that Lucy may die from chickenpox exposure and feel really helpless about it.
- You expect reassurance that Lucy is not going to die.
- You were explained about the diagnosis of nephrotic syndrome and do not expect further information about that.
- You were informed about the need for chickenpox vaccine when Lucy's steroids are stopped.
- When the candidate explains that Lucy will get the varicella zoster immunoglobulin, you want information about this new injection and how this is going to help Lucy.
- You need to be explained that varicella zoster immunoglobulin contains specific antibodies to neutralise the effects of the virus.
- Candidate should explain that this new injection would provide passive immunity (i.e. readymade short-term protection).
- You also need to be informed that Lucy will still need the vaccine when she has finished her treatment with steroids.
- You do not agree to the new injection and want to bring your mother for a further discussion even though the doctor pushes for this. You are expected to exhibit controlled emotions but are not supposed to volunteer any other information.
- You want to know whose fault it is and what will be done to prevent such incidents in the future.
- Candidate should explain this was an unexpected situation and that the paediatric team take utmost care to prevent such exposure.
- They may also explain about the incident reporting form.
- If you want to make a complaint, the candidate should not be obstructive and should facilitate the process by providing details about PALS (Patient Advice and Liaison Service).

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Chickenpox immunoprophylaxis in a patient on active steroid treatment for nephrotic syndrome.

- Introduces self to mother and asks about the well-being of the child.
- Refers the role player as Mrs Homer or Natalie and not as mum or mother.
- Addresses the child by her name 'Lucy'.
- Explains the agenda for the discussion and mentions about the inadvertent chickenpox exposure.
- Offer apology and exhibits appropriate empathy.
- Gives a clear explanation that the purpose of the varicella zoster immunoglobulin is to provide immediate protection.
- Also explains that Lucy will need varicella zoster vaccine in the future.
- Allows time for Mrs Homer to make the decision.
- Should make clear plans about meeting up again later in the day with Mrs Homer and her mother.
- Explains that Lucy does not need an admission for the immunoglobulin injection and if Lucy develops chickenpox there are medicines to help.
- Explains to mother that steroid treatment has to continue.
- Frequently checks that mother understands and avoids monologue.
- Summarises the discussion and addresses any concern raised by the mother. Does not use medical jargon.
- Explains about PALS (Patient Advice and Liaison Service) procedures and should facilitate the process if asked by mother.
- May provide/mention about information leaflets.

COMMUNICATION STATION 21: Paediatric Multisystem Inflammatory Syndrome Temporally Associated with COVID-19

CANDIDATE INFORMATION

You are: ST4 in paediatrics in a District General Hospital.

You will be talking to: Mr Javed, father of 5-year-old Daniyal.

Setting: Video consultation.

Background Information

Daniyal was admitted with high fever, abdominal pain, diarrhoea, vomiting, headache, feeling extremely tired, rash, and breathing difficulties for the past 48 hours. He was admitted 36 hours ago under the surgical team as a suspected case of appendicitis. However, based on his symptoms and subsequent findings of low blood pressure, signs of inflammation such as neutrophilia, raised C-reactive protein, lymphopaenia, deranged renal and liver function tests and evidence of multi-organ dysfunction made a diagnosis of paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS-TS) was considered most likely. Daniyal's COVID serology was positive for SARS-COV2 antibodies. An abdominal ultrasound scan has shown no evidence of acute appendicitis but non-specific inflammation and oedema of ascending colon.

He is currently being managed in the high dependency unit (HDU) with antibiotics, intravenous fluids, oxygen, aspirin, intravenous immunoglobulin and other supportive treatment, he is responding to the treatment well. A discussion with the infectious disease consultant in the specialist centre has been ongoing with a plan to transfer Daniyal should things worsen. An echocardiogram is planned for this afternoon.

As Mr Javed is visiting his sick mother overseas, he could not be with Daniyal, and is very worried about his son. His wife has explained things to him but he wants to speak to a specialist through a video consultation regarding his son.

Task

Speak to Mr Javed regarding Daniyal's condition and explain to him regarding PIMS-TS. You are not expected to gather further history; however, you may answer any questions that Mr Javed may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr Javed, father of 5-year-old Daniyal.
- You had to fly overseas to attend to your sick mother and could not be with Daniyal at the beginning of his illness.
- Your wife Zubaydah, has informed you that Daniyal has got admitted to the hospital with suspected appendicitis.
- You were expecting Daniyal to undergo an operation for appendicitis as you have read about it on the internet.
- However Zubaydah has informed you that Daniyal does not have appendicitis and the doctors were saying that he has got a condition associated with COVID-19 infection—you are very worried.

During your discussion with the candidate, you want to know:

- What is actually wrong with Daniyal?
- The candidate should explain to you about the symptoms of paediatric multisystem inflammatory syndrome temporally associated with COVID-19 (PIMS-TS), which leads to involvement of multiple organs in the body.
- You are confused and want to know whether Daniyal has an acute COVID infection.
- The candidate should inform you that this is not an acute phase of COVID infection, however, this is a condition which is seen in a few children after a time lapse following COVID infection.
- You mention that you never knew Daniyal had COVID infection in the past, although you and your wife had symptoms of COVID infection about 6 weeks ago and had swab tests done which were positive.
- The candidate may explain that most children with COVID infection do not display symptoms and they remain well however due to silent or subclinical infection they develop antibodies.
- You are even more confused and want to know what actually is wrong and why operation for appendicitis has not been done.
- The candidate should explain at this point that based on Daniyal's presentation, clinical and laboratory findings, Daniyal has PIMS-TS, which is an inflammatory condition post-COVID infection and involves multiple organs in the body—for Daniyal it has affected his lungs, gut, skin along with persistent high fever and his blood results point towards it.
- You have heard about Kawasaki disease which your friend's son had 3 years ago and want to know whether this is something similar—candidate should explain that PIMS-TS is something similar and usually happens few weeks after COVID infection.
- As the doctors now consider that Daniyal has features consistent with PIMS-TS and not appendicitis, he did not undergo an operation. However, he is being treated with antibiotics, fluids, oxygen, intravenous immunoglobulin (provides readymade antibodies and helps to fight inflammation and infection), and he is getting better.
- You are relieved to know this, and want to know whether your wife Zubaydah is also at risk of developing the same condition.

- Candidate should explain that this is quite unlikely as this condition primarily develops in children of Daniyal's age and slightly older but not so in adults.
- Candidate should also inform you that an echocardiogram (i.e. jelly scan of the heart) is been planned for later today and that a discussion with the paediatric infectious disease consultant has been ongoing.
- You want to know whether Daniyal will need to go to the specialist centre, the candidate should explain that as things are getting better it is unlikely, however your team is regularly in touch with them and should things worsen from here Daniyal may need to be transferred.
- You remain worried but request the doctor that should things change you would like to be informed through another video consultation—they should agree for this or may even volunteer this strategy.
- Candidate may offer to email some information leaflet to read about the condition and may direct you to appropriate website addresses.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Explaining PIMS-TS to the father of a young child who is overseas.

- Candidate should acknowledge that this is a video consultation and answer the role player's questions appropriately and display adequate empathy.
- Should remember the name, gender of the child and address the role player as Mr Javed rather than father or dad.
- Should remain aware that the role player is overseas attending to his sick mother and cannot be physically with Daniyal.
- Should avoid medical jargon during explanation and explain to the role player about PIMS-TS in simple language.
- Should provide factually correct information.
- Should not rule out appendicitis completely but explain the situation and evidence to support PIMS-TS as the most likely diagnosis.
- Should make a follow-up plan to discuss further as requested by the role player.
- Candidate may offer information leaflets and guide the role player to appropriate website addresses.

COMMUNICATION STATION 22: Need for Blood Sampling from a Child after a Staff Member Suffered Needle Stick Injury

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics.

You will be talking to: Mrs Erika Pollard, mother of 3-year-old Rose.

Setting: Paediatric department side room.

Background Information

Rose was admitted with gastroenteritis and severe dehydration. Another doctor was trying to gain intravenous access for fluid resuscitation. The doctor suffered a needle stick injury while performing this procedure. Appropriate actions were taken by the doctor concerned following the needle stick injury. You (i.e. candidate) have spoken with occupational health department and they have asked to take blood from Rose for hepatitis and HIV serology.

Task

Talk to Mrs Pollard and explain why you need to take blood samples from Rose for hepatitis and HIV serology. Do not obtain further history but you may answer any questions that mother may ask.

ROLE PLAYER INFORMATION

Background

- You are Erika Pollard, 32 years old, business manager in a computer firm.
- Rose, your daughter is 3 years old and was admitted with diarrhoea and vomiting.
- She needed intravenous fluids for dehydration. She is now better.
- You are generally happy with the care Rose received at the hospital.

About the Needle Stick Injury

- When the doctor informs you about a colleague sustaining needle stick injury while trying to insert the cannula for Rose, you say you are sorry to hear this.
- You become worried and ask whether Rose will come to harm because of this.
- The candidate should explain that there is no risk to Rose from the member of staff
- However, when the candidate mentions that they need to perform more blood tests on Rose, you vehemently oppose this.
- The initial blood tests and the insertion of the cannula was very traumatic for Rose, candidate should offer apology for the distress that Rose has experienced.
- If not already explained ask the doctor what the new blood test results are, you have been previously informed that Rose's blood tests have showed she is very dry (or dehydrated).
- Candidate should be clearly explain that these new blood tests are for the needle stick injury that the doctor has sustained and it will be for testing HIV and Hepatitis in Rose's blood.
- When HIV is mentioned you appear very surprised and want to know why the doctor wants to test for it as you do not think Rose has AIDS.
- The doctor should explain that while it is unlikely that Rose has HIV/AIDS, it is hospital policy, in line with Department of Health recommendations, to test the source (i.e. Rose in this case) routinely for HIV, hepatitis B and hepatitis C.
- The candidate has therefore come to seek your permission and support.
- When the doctor says that the risk is small, ask them to explain the rationale for blood tests for Rose.
- The doctor should explain that the risk of Rose having any of these conditions is miniscule. But if it is not identified, the doctor exposed to the Rose's blood can pass infections to a large number of patients even before they develops any symptoms and a definitive diagnosis can be made.
- You will agree to the blood test only if you are happy with the doctor's explanation—otherwise you may refuse.
- If you agree for the blood tests you do not want the same doctor to do Rose's blood tests—candidate should reassure you that an experienced health professional will do the blood tests.
- You also would like to know the results.
- You will be given these results as soon as possible by one of the ward doctors when they are available but this should not delay Rose's discharge from the ward.
- You should be given contact details if you have anything further to discuss.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Needle stick injury and obtaining consent for blood tests.

- Addresses role player's issues and refers to the role player by her name.
- Does not confuse Rose's name or sex.
- Exhibits empathy and gives time to parents to express their concerns about Rose's traumatic experience and provide appropriate reassurance about the gastroenteritis.
- Explains the need for blood tests for the needle stick injury as per hospital policy although the risk of Rose having any of the conditions is minimal.
- Do not provide false information about benefits of the new blood tests for Rose.
- Acknowledges that it was not a pleasant experience for Rose undergoing blood tests and offers to do it personally or ensure another experienced member of the team does the blood sampling.
- Offers information leaflet about needle stick injury.
- Provides realistic timelines for the HIV/hepatitis blood results to become available.
- Provides factually correct information.
- Does not waste time explaining about the management of gastroenteritis.

COMMUNICATION STATION 23: Prophylaxis for Meningococcal Disease Contact

CANDIDATE INFORMATION

You are: A Registrar in General Paediatrics in a District General Hospital.

You will be talking to: Ms Chloe David.

Setting: Emergency Department side room.

Background Information

Ms David is mother of Aaron (8-years-old) who attends the same school as an other child called Daniel. Aaron is in year/class III and Daniel is in year/class IV and the children have had no direct contact with each other. Ms David has heard that Daniel has been admitted to the hospital with meningitis. She is very concerned about this and has come to you requesting antibiotic prophylaxis for Aaron to stop the meningitis bug harming her son. Aaron is fully immunised. The doctor in the emergency department has already assessed Aaron and found him to have mild upper respiratory tract infection but otherwise well and afebrile. You are aware that there is a child with presumed invasive meningococcal disease called Daniel and he is unwell. He is being managed in the high dependency unit on the paediatric ward.

Task

Talk to Ms David and explain the basis of antibiotics prophylaxis for invasive meningococcal disease. You are not expected to gather further history but should explore concerns and answer any questions that Ms David may have.

ROLE PLAYER INFORMATION

Background

- You are Ms Chloe David, mother of 8-year-old Aaron who is in St Patrick's Elementary School and is in year/class III.
- Aaron is well in himself but you are very worried about him as you have heard that another child from the same school has got the meningitis bug.
- You are very worried about this as one of Aaron's cousin Jimmy had meningitis a few years ago and he died from it.
- You are also aware that every family member who was in contact with Jimmy was given prophylactic antibiotics (i.e. post-exposure chemoprophylaxis) and none of them developed the disease.
- You understand that if Aaron gets the antibiotics now, this would prevent him from having the disease.
- You have already spoken with the GP and she expressed her inability to prescribe it. You are rather frustrated about this.
- Though Aaron and Daniel are not in the same class/year group, they were in the same playground during break time, different year groups usually do not play together.
- You work at an estate agent's office. Aaron's father is Rory Marksman, a handyman.
- You are not married but in a long term relationship. You do not have any other children. You live in a 2-bedroom-rented property.

Your Expectation from the Consultation

- Firstly thank the doctor for talking to you.
- Explain that you have 'heard' that Daniel has meningitis bug and you are very worried about Aaron.
- Request the doctor for the antibiotics which are given after exposure to somebody with meningitis bug.
- If the candidate agrees for prescribing the antibiotics:
  - then thank him/her and then ask if this will provide 100% protection to Aaron.
  - the candidate is likely to explain that it will have a benefit but may not provide complete protection.
- If the candidate does not agree to prescribe antibiotics:
  - then ask why not.
  - you demand a guarantee that Aaron would not develop meningitis.
  - candidate should exhibit empathy and sensitivity and should explain that as there has been minimal/no exposure Aaron is unlikely to develop the same condition.
  - candidate may also provide reassurance that Aaron has been assessed and found to be well.
  - you may be provided with a leaflet on meningococcal sepsis and/or meningitis symptom card.
- In any case, ask the doctor to confirm that Daniel has the meningitis bug and enquire how he is doing.
- The candidate is unlikely to provide you with the information citing patient confidentiality issue.

- You become angry and ask where and how you can confirm this information about Daniel's illness.
- You may ask what is more important; an abstract concept of patient confidentiality or the wellbeing of her son Aaron.
- If the doctor mentions about public health and that they will get in touch for contact tracing—then argue that nobody has called you as of yet and Aaron is at increasing risk with passage of time.
- You then ask is there any situation where confidentiality can be breached and who can do that, because you want to approach that professional.
- Candidate may explain that confidentiality may be broken where there is a significant public health risk but only on a need to know basis and to relevant professionals only who will assess and mitigate risk to wider population.
- The candidate should remain calm and explain that public health is already working on the case and that Ms David would be contacted if they decide there is a risk and will also arrange the antibiotics.
- Throughout the interview appear very concerned and rather agitated.
- Only calm down if the doctor remains empathetic and reassuring during the consultation.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Request for chemoprophylaxis for suspected exposure to a child with invasive meningococcal disease.

Domains	Meets standards	Borderline	Below standards
Introduction	Introduces self and exchange of greetings, clarifies the agenda for the consultation	Introduces self, mentions the agenda for the consultation	Starts talking without a proper introduction
	Checks how the role player likes to be addressed and uses it appropriately	Checks how the role player likes to be referred to but infrequently may not remember it	Forgets or does not bother to ask, and even if corrected does not acknowledge and correct it
The consultation process	Explains that antibiotics prophylaxis is for 'close contacts'. Also explains that this would be looked at by the public health department. If there is a child with meningococcal disease they would trace the contacts and offer antibiotics as appropriate	Only explains that contact tracing and providing antibiotics prophylaxis is done by public health department	No explanation. May offer to write a prescription for rifampicin or ciprofloxacin
	Should explain that the public health department has the appropriate expertise in deciding who qualifies as close contact and who will need chemoprophylaxis beyond the immediate family members	Explains the same thing but not in a confident or succinct manner	No explanation or mention of public health department
	Explains with empathy that the candidate is not in a position to confirm or deny any information about Daniel. One cannot even confirm or deny whether the particular child is admitted or not. Only people with parental responsibility can have information. However, the parents can inform other parents if they so wish.	Explains the same thing but not consistently and may show limited empathy	No empathy shown or divulges information about other children
	Explains that confidentiality is of paramount importance and one of the very basic tenets of professional ethics. However does this with sensitivity and empathy.	Explains about the need for confidentiality but not consistently with empathy	No empathy or thinks confidentiality is not important

Contd…

Contd…

Domains	Meets standards	Borderline	Below standards
	Should also be able to explain that in certain circumstances confidentiality can be breached if in the best interest of the patient or public or required by UK law* or with consent. However this can only be done by the statutory authorities like Public Health England.	Not entirely sure when confidentiality can be breached but has some overall idea	No idea of any situation where confidentiality can be breached. Under pressure may even breach confidentiality
Overall approach and engagement	Exhibits appropriate empathy, addresses Ms David's concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards Ms David's concerns and apprehensions
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Exhibits good communication skills with a mother who is very concerned and worried. Tries to calm her down with reassurance as the child is well	Exhibits good communication skills with a mother who is very concerned and worried but inconsistently. Tries to calm her down but fails to reassure her adequately	Exhibits poor communication skills with disregard to mother's emotional status. No attempt to calm mother down or to reassure her

*Please note that patient confidentiality laws may differ in different countries and what has been explained above only applies in the UK.

COMMUNICATION STATION 24: Unscheduled COVID Vaccination

CANDIDATE INFORMATION

You are: A trainee in Paediatrics at the end of level 1 training in a District General Hospital.

You will be talking to: Mr/Mrs Neville, parent(s) of 2-year-old Tommy.

Setting: Paediatrics outpatient clinic.

Background Information

Tommy is a 2-year-old boy who is usually fit and healthy. He has got an older sister Izzy 13 years old, who was diagnosed with leukaemia 8 months ago. She is on chemotherapy and doing well. Izzy has had her first COVID-19 vaccination. Parents are worried that as Tommy attends childcare facilities, he may catch COVID-19 infection and which in turn may potentially make Izzy very sick. They have come to see you to discuss about the feasibility of getting Tommy immunised with COVID-19 vaccine.

Task

Please speak to Mr/Mrs Neville regarding their request for COVID-19 vaccination for their son Tommy. You are not expected to gather further information but may explore their ideas and expectations and satisfactorily address any queries parents may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Neville, parent(s) of 2-years-old boy Tommy.
- You are married, and have another daughter, 13-year-old Izzy.
- Izzy was diagnosed with leukaemia 8 months back and she was very unwell at that time.
- Izzy is currently receiving chemotherapy and is responding well to treatment—you expect the candidate to enquire about her wellbeing.
- Izzy has received the first dose of COVID-19 vaccine (as recommended by NHS) and you feel relieved about it.
- Both parents have received three doses of COVID-19 vaccine.
- Tommy is usually fit and healthy.
- Tommy is otherwise fully vaccinated for age.
- He attends a local nursery and enjoys it; you had to fight to get a funded place for Tommy in the nursery.
- Both parents have given up work to look after Izzy and are living on savings, disability living allowance, child benefit and universal credit.

You are Expecting during the Consultation

- To discuss whether there is a possibility that your son Tommy can get COVID-19 vaccine.
- You have read in the news that children in the USA will be vaccinated against COVID-19 between the ages of 6 months and 5 years.
- You are aware that a similar arrangement is not routinely available in the UK.
- Candidate should acknowledge that although the vaccine is available, the COVID-19 vaccine is yet to get licensing for that particular age group, and they will be willing to facilitate it as soon licensing for that particular age group is decided for the UK.
- The candidate may also explain that countries around the world vary in their approach for licensing vaccines.
- You will explain that you are very worried that Tommy may catch COVID-19 infection from the nursery and if Izzy contracts it she may potentially become very unwell and may even die.
- The candidate should empathize with your situation and may mention that as Izzy has had first dose of COVID-19 vaccine, she is unlikely to develop a severe COVID-19 infection.
- You should not be given any unrealistic reassurance by the candidate.
- You have heard about special vaccination strategies where exceptions can be made and want the candidate to explore it.
- You were even prepared to pay for the COVID-19 vaccines but have not found any private healthcare providers in the region who would be prepared to give it to Tommy.
- Candidate should not bluntly refuse to administer the vaccine but would find out if any special arrangements can be made although the chances are likely to be slim.

- Candidate may say that they would discuss it with their consultant or initiate a discussion with the specialist oncology colleagues looking after Izzy to request their opinion on this issue.
- You understand it and would show appreciation if the candidate offers to explore this further.
- If the candidate brings up during the discussion about the possibility of not sending Tommy to the nursery, you will express displeasure at that suggestion.
- You do not want to give up the funded place in the nursery for which you had to fill up many applications and appear in interviews/discussions as that is your only time when you guys get some respite from managing two children with differing needs.
- You may be offered an information leaflet on COVID-19 vaccination in children.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Request for arranging unscheduled COVID-19 vaccine for sibling of a child with leukaemia.

- Candidate should introduce themselves properly to Mr/Mrs Neville and clarify the agenda for the consultation.
- Check how the role player would like to be addressed.
- Remembers the child's name and sex and appropriately refers to Tommy during the consultation.
- Address's role player's issues and concerns appropriately.
- Exhibits empathy and gives time to Mr/Mrs Neville to express his/her viewpoints and acknowledge it is a real difficult situation for them.
- Offers explanation regarding safety provided by COVID-19 vaccine for Izzy and avoid medical jargon as much as possible.
- Candidate should not push for withdrawing Tommy from the nursery and shows understanding of parental perspective and the respite time it provides them.
- Candidate should offer to discuss with their consultant and offer to explore whether unscheduled COVID-19 vaccine for Tommy may be feasible.
- Provides factually correct information during the consultation.
- Does not waste time gathering more history about Izzy's diagnosis of leukaemia.
- Offers information leaflet regarding COVID-19 vaccination in children.

COMMUNICATION STATION 25: Mentoring and Assessing Progress for a Junior Colleague

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Julie Smith, a F1 doctor.

Setting: Doctors room.

Background Information

Julie was found to have altered clinical notes on two previous occasions when she worked with you: Once when she documented? Testicular tumour in a newborn's clinical notes who you have confirmed had hydrocele, on another occasion she altered the notes of a 5 months old infant by inserting a diagnosis of pneumonia when he had been discharged by her with a diagnosis of infantile colic. You were subsequently contacted by the nurse in the emergency department as she was concerned about the infant's fever and laboured breathing. Other colleagues have commented that she seems to disappear during the ward rounds for long periods of time and does not answer her bleep often.

Task

Talk to Julie regarding your concerns and make a plan to assess her progress. You may answer any questions that Julie may ask.

ROLE PLAYER INFORMATION

- You are Dr Julie Smith, a F1 doctor doing your 4 months rotation in paediatrics.
- Julie has always excelled in academics and sports.
- You feel slightly out of depth managing children. It is expected that the candidate will explore this further and you would not volunteer this information.
- You do not want to appear as an incompetent doctor and hence have changed the medical notes.
- You felt that discussing with the registrar was not necessary as you had already made a management plan following your diagnosis of infantile colic.
- If candidate mentions about you not answering your bleep, you will make some vague excuses.
- You do not want to run into trouble and request the candidate not to escalate these issues to your educational supervisor. It is unlikely that the candidate would agree, but should empathetically explain that involving educational supervisor would help your progress.
- You know about GMC good medical practice and the medico-legal implications of altering medical notes.
- Candidate should cross-check your understanding of these important issues.
- You agree to have additional tutorials and support during your on-call shifts.
- You had a difficult time following your breakup with your longtime boyfriend last year and had to take time off due to emotional breakdown. This coincided with your 6 weeks student placement in paediatrics—you will only share your information at a later stage regarding your difficult personal circumstances if the candidate exhibits enough empathy and does not push for personal information.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Speaking to a junior colleague in difficulty

- Addresses role player's issues and questions appropriately.
- Exhibits empathy and gives time to Julie to express her views.
- Do not provide false reassurance about not escalating candidate's concerns to Julie's educational supervisor but explains that involving them would ensure that Julie will get additional support and learning opportunities.
- Provides factually correct information about GMC good medical practice and clinical notes being a medico-legal document, altering of which is illegal and inappropriate.
- Do not blame or demean the junior colleague.
- Do not push for personal information but explores why Julie feels out of depth working in paediatrics.
- Do not waste time explaining about the management of the clinical conditions but may offer to arrange tutorial at a later date.

COMMUNICATION STATION 26: Perceived Delay in Delivery of Baby

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in paediatrics.

You will be talking to: Parents of Sahid.

Setting: Postnatal ward.

Background Information

Sahid was born by vaginal delivery. His mother had prolonged labour of more than 24 hours; however, the obstetrician insisted that she did not require a caesarean section. This morning however, she was rushed to theatre as her CTG showed deceleration, and Sahid was born via forceps assisted vaginal delivery with meconium stained liquor, requiring resuscitation with bag and mask for a couple of minutes after birth. Sahid was observed in the neonatal unit for last couple of hours, he is better now and will be reunited with mother on the postnatal ward. The entire episode has left the parents very upset and angry. They want to know about Sahid's condition, and are asking why C-section was not offered earlier.

Task

Talk to Sahid's mother and explain his progress. Do not gather further history but answer any questions that parents may have.

ROLE PLAYER INFORMATION

- Sahid's mother likes to be addressed as Mrs Khan, his father has gone to sort out some online delivery for the child's bedroom.
- Mrs Khan is well educated, speaks good English and used to be a school teacher before her marriage.
- She has been married for 6 years.
- She is an elderly primigravida, aged 42 years.
- Mrs Khan has been informed by the midwife that Sahid will need to stay in neonatal unit for bit longer.
- Mrs Khan is angry but displays controlled emotions—wants to know why the C-section was not done yesterday.
- One of her relative had a child with cerebral palsy following a difficult labour and Mrs Khan remains worried that Sahid will also develop cerebral palsy, you do not know much detail about the birth of your relative's child or what followed thereafter.
- She had suffered domestic violence a few years back when Sahid's father was temporarily jobless but this has resolved—role player will volunteer this information only if candidate explores psychosocial aspects. Feels Sahid's father may blame her if anything goes wrong with the baby.
- She is extremely anxious and concerned regarding the baby.
- Candidate needs to explore her concern and should address her anxiety.
- Mrs Khan does not want false reassurances that cerebral palsy will not develop.
- Candidate should explain that Sahid is stable now and will be allowed back on the postnatal ward to be with his mother.
- Mrs Khan expects the candidate should show empathy and may offer to arrange a discussion with the paediatric consultant and/or arrange follow-up in the clinic in view of your concerns regarding risk of developing cerebral palsy like your relative's child.
- Mrs Khan may push the candidate to make a comment that it was inappropriate not to offer a C-section to her.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Perceived delay in delivery of baby.

- Addresses role player's issues and questions appropriately.
- Refers to role player as Mrs Khan.
- Exhibits empathy and gives time to Mrs Khan to speak and express her concerns.
- Provides factually correct information.
- Do not blame or demean obstetric colleagues but may offer to arrange a meeting with the maternity team.
- Candidate explains very clearly that the paediatric team is responsible for managing Sahid and appropriately signposts delivery decisions to the obstetric and midwifery teams.
- Explains about PALS (Patient Advice and Liaison Service) procedures and does not block it.
- Does not provide false reassurance that cerebral palsy will never develop.
- Candidate may offer to facilitate a review with the paediatric consultant.

COMMUNICATION STATION 27: Error in Administration of Medication Correctly Prescribed

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mother/Father of Hayden Blackburn.

Setting: Side room on the paediatric ward.

Background Information

Hayden is a 14-month-old boy who was admitted earlier in the morning with croup. He presented with an inspiratory stridor and barking cough with mild fever. He has improved since admission. The charge nurse informed you that there has been an error in the administration of dexamethasone—Hayden was given ten times the prescribed dose. Parents are angry and want to speak to a doctor immediately. You have checked and the dose has been prescribed correctly.

Task

Talk to Hayden's mother/father and explain about the drug error and what will happen next. Do not gather further history and answer any questions that mother/father may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Blackburn, parents of 14-month-old Hayden.
- Hayden was brought to the emergency department early in the morning as he developed noisy breathing and barking cough.
- He was given a liquid medicine in the emergency department which has helped him.
- Hayden is sleeping now after having had toast and orange juice.
- You were expecting to be discharged home soon.
- You overheard about a mistake in dose of the medicine Hayden was given when the emergency department nurse was handing over the child's care to the ward team.

You need to be informed

- About the error in the administration of the dexamethasone dose.
- You expect an apology about the error.
- You want to know who has made the mistake as you had queried with the nurse in the emergency department that it was a big volume of liquid medicine to be given to Hayden—you managed to administer it with difficulty.
- Candidate should explain about the incident reporting form and the existing safety checks that exist in the hospital including checking of drugs by two nurses before any medicine is given to a child.
- You want to know whether this drug error can harm Hayden.
- Candidate should explain that Hayden is well at present and may explain about risk of salt imbalance (especially low potassium) and tummy discomfort that may occur.
- The candidate is expected to inform parents that a blood test would be done soon.
- Candidate may also inform that the responsible consultant will be informed and they will be happy to facilitate a meeting with him/her if requested by the parent—you will ask for it if candidate cannot explain the issues clearly.
- You should be reassured that there is unlikely to be any long term damage.
- You want to know when you can go home—it is likely that Hayden will be allowed to go home if the blood tests are normal?

You want to know whose fault it is and what will the candidate do about it:

- Candidate should not blame/name the nursing colleague but should offer apology again on behalf of the team.
- They may also explain about the incident reporting form and that the colleagues responsible will be provided additional training on calculating doses of children's medicines, checking and dispensing medicines.
- If you want to make a complaint, the candidate should not be obstructive and should facilitate the process by providing details about the hospital's PALS (Patient Advice and Liaison Service) procedures.
- You will exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Error in checking and administering dexamethasone dosage.

- Addresses role player's issues and questions appropriately.
- Does not address the role player as mum/dad but as Mr/Mrs Blackburn.
- Knows the child's correct name and sex.
- Offers apology for the dosage error.
- Exhibits empathy and gives time to Mr/Mrs Blackburn to speak and express their concerns about Hayden.
- Provides factually correct information and does not discuss unrealistic side effects such as abnormal behavior, eye problems, Cushing's syndrome, growth retardation, hypertension, weight gain.
- Does not blame the nursing colleague and does not divulge the name.
- Should not say there needs to be continuous monitoring in case respiratory problems recur when dexamethsone level decreases.
- Explains about PALS (Patient Advice and Liaison Service) procedures and does not block the process and should facilitate the process if asked by parents.
- Do not provide false reassurance that these kind of incidents will never happen in the future.
- Do not waste time in explaining about croup in great details—unless parents specifically ask about it.
- May provide/mention information leaflets about croup.

COMMUNICATION STATION 28: Prescribing Delay and Altering the Prescription

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Aaron Smith, F1 doctor in the department.

Setting: Side room in the Paediatrics ward.

Background Information

You have been informed by Sandra (paediatric ward manager) that Aaron has not been writing the prescriptions on time. He has often asked the nursing staff to give the medication without any prescription over the telephone. If they bleep him again, he reluctantly answers it and tends to shout at them. Aaron refuses to write the prescription chart contemporaneously. Nurses have also observed him changing drug doses without writing a fresh prescription and Aaron has laughed and walked away when this practice was brought to his notice.

Task

Talk to Aaron regarding your concerns and make a plan for assessing his progress emphasising the General Medical Council's Good Medical Practice about Safe Prescribing. You may answer any questions that Aaron may have.

ROLE PLAYER INFORMATION

Background

- You excelled at University and were associated with many societies.
- You want to become an interventional radiologist.
- You did not enjoy your student placement in paediatrics as you found it stressful when children became upset and cried, parents become angry at staff, etc.
- You did not want a placement in paediatrics however had to accept it as it allowed you the opportunity to avail the rotation which also included radiology.
- You do not like spending time in the ward and prefer to go to the radiology department to learn more, hence your reluctance in answering the bleep.

When explained about the prescription issues:

- You do not understand why it is such a big issue to prescribe medicines later.
- Parents administer medicines such as paracetamol to their children at home without a prescription.
- Candidate should signpost you for reading the GMC's good practice in safe prescribing and managing medicines and devices.
- Candidate should explain that prescription is a medico-legal document and the prescriber must be prepared to explain and justify their decisions when prescribing.
- Candidate should also explain that nurses are not allowed to follow verbal advice and are not allowed to administer medicines without a written prescription.
- You did not want to appear as an incompetent doctor and hence changed the medical prescription as you did not feel it is a safety issue.
- It is obligatory that the prescription is written legibly, appropriately, correctly and in a timely manner so as not to delay the treatment for patients.
- Candidate should remind you that such serious or persistent failure to follow this GMC guidance on prescribing can pose a risk to patient safety or public trust in doctors and it may put Aaron's registration at risk—you appear scared and become apologetic.
- Candidate should mention that every staff member and patients need to be treated with the same respect and should explain that at times your interactions with the nurses have raised concerns about the professional standards expected of a doctor—if such behavior continues may become a disciplinary issue.
- You do not want to be reported to your educational supervisor as you may not get a good reference for your future job applications.
- Aaron will try to persuade the candidate by promising not to commit these errors again and that you will listen to the nurses from now and respect their suggestions—candidate may suggest this is very reassuring.
- If the candidate explains why it is important to involve the educational supervisor you will reluctantly agree.
- You expect the candidate to arrange some tutorials (through departmental pharmacist) about safe prescribing in children—you will agree for it if there is a mention from the candidate.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion with a trainee about General Medical Council's guidance about safe prescribing.

- Do not waste time in exploring as to how the role player would like to be addressed as the candidate should know Aaron being part of the team.
- Candidate is able to explain the purpose of the meeting early on during the discussion.
- Addresses role player's issues and questions appropriately.
- Exhibits empathy and gives time to Aaron to express his concerns, expectations and thought process but is able to keep control of the situation.
- Introduces a discussion regarding the GMC's Good practice on Safe prescribing and managing medicines and devices.
- Is able to explain about with confidence the need to maintain professional standards at the work place.
- Does not get persuaded about not involving Aaron's educational supervisor but should offer additional support and may offer to arrange tutorials.
- Is able to explain how the educational supervisor will be able to offer help and support.
- Provides factually correct information.
- Does not blame or demean the junior colleagues, avoids a hierarchical approach.
- Candidate may offer to meet at a later date to check how Aaron is getting on.

COMMUNICATION STATION 29: Senior Colleague Attending Work under the Influence of Drugs or Alcohol

CANDIDATE INFORMATION

You are: Level 1 Trainee at the end of Level 1 training (ST3) in paediatrics.

You will be talking to: The hospital site manager Mrs Juliana Grayson.

Setting: Telephone discussion.

Background Information

Dr Morris, ST5 in paediatrics has just returned after completing an out of program year in rural Africa. You have heard the nurses discussing about Dr Morris, and how his approach to managing patients has changed after re-joining work on his return from Africa. They have made comments that he has significant mood changes and they have come to a conclusion that he may be smoking cannabis. The nurse-in-charge has informed tonight you that Dr Morris has been speaking quite inappropriately, appears elated and quite dismissive of their concerns about a couple of patients who may potentially deteriorate during the nightshift. The nurse-in-charge also reported that she has seen Dr Morris smoking something, which smelt like cannabis. You have another F1 doctor doing the nightshift with you who is reportedly quite competent in managing children and good at practical procedures. The nurse-in-charge has requested you to speak to the site manager to make an appropriate plan for the nightshift.

Task

Please speak to Ms Juliana Grayson, hospital site manager explaining your concerns about Dr Morris and make a plan for keeping patients safe in the ward. You are not expected to gather further information but are to make a clear plan for patient safety.

ROLE PLAYER INFORMATION

- You are Mrs Juliana Grayson, site manager for the hospital tonight.
- You have been a nurse in the paediatric emergency department and are now working as the ward manager.
- The nurse in the ward has spoken to you privately on a couple of occasions in the recent past about Dr Morris, about their suspicion that he is coming to work after smoking cannabis, however, she did not have any definite evidence.
- Role player is speaking to the candidate over the telephone to understand what the issues are and also to discuss what needs to be done.
- The candidate should be able to explain to you about the concerns raised and what the team feels should happen to keep patients safe tonight.
- You should mention that the team is of the opinion that Dr Morris should not do the shift tonight as it will be inappropriate for patient safety.
- The candidate should also mention that the FY1 is competent to manage with your help and that there is adequate cover.
- The candidate is also likely to explain how the nurses have felt that their concerns about sick patients were dismissed by Dr Morris and his behaviour is highly inappropriate for the situation.
- Candidate may also explain the General Medical Council (GMC) good medical practice and how being under the influence of drugs and alcohol can affect the doctor's clinical and situational judgment and hamper patient safety.
- You expect the candidate to mention that they will be speaking to the consultant on call to inform them—if they do not, you can prompt them to do so.
- You want to know whether the candidate feels comfortable to speak to a senior colleague, i.e. Dr Morris about the concerns for patient safety and that he reaches home safely.
- You, i.e. Juliana would however be happy to discuss with Dr Morris if requested by the candidate.
- The candidate should volunteer to write an incident report form—otherwise you can prompt them to do it and they should be supportive of the idea.
- You will remind the candidate if not already discussed that the consultant on call during the night and Dr Morris' educational supervisor need to be involved the next day to make plans for his safety and reintegration back to acute hospital work.
- Candidate should mention at some point during the discussion that they will go and review the patients about whom the ward nurses were worried about previously, who Dr Morris did not want to see—if the candidate does not mention you should not prompt them regarding this.
- You do not expect the candidate to be angry, disrespectful or unprofessional about Dr Morris throughout the discussion.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Senior colleague attending night shift being under the influence of drugs or alcohol.

- The candidate should refer to Juliana by her name as would be expected in a professional set up as they would know her being the ward manager in the paediatric ward.
- The candidate should remain professional and respectful about Dr Morris but at the same time being assertive that he cannot continue to work for this nightshift in light of patient safety issues.
- Should make a clear plan to step up as a registrar or seek help from the consultant to keep the patients safe in the ward.
- The candidate should also offer to review the patients that the ward nurses were worried about at some point during the discussion—not mentioning this during the discussion may lead to reduction in marks awarded.
- The candidate should notify the educational supervisor for Dr Morris.
- The candidate should agree to complete the incident report form.
- Ensure that Dr Morris reaches home safely.
- The candidate may also offer to support Dr Morris and should not make any disrespectful or unprofessional comments about Dr Morris.
- Candidate may also offer to find information from GMC's Good Medical Practice to share with Dr Morris.

COMMUNICATION STATION 30: Need for Blood Transfusion in Jehovah's Witnesses

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mr or Mrs Askew, Jonathan's parents.

Setting: Video consultation.

Background Information

Jonathan is a 9-year-old with ulcerative colitis. He is steroid dependent and infliximab and other standard treatments have not helped. Following a joint consultation in the tertiary centre with the paediatric gastroenterologist and surgeons, Jonathan has been put on the surgical list for colectomy and stoma formation. The consultant paediatric surgeon has suggested keeping two units of blood ready for the procedure. The parents have come to speak to you about the need for blood transfusion, as they are Jehovah's Witnesses.

Task

Speak to Jonathan's parents regarding their issues with blood transfusion. You are not allowed to take further history however you should answer any questions that they may have.

ROLE PLAYER INFORMATION

Background

- You are Mr or Mrs Askew, Jonathan's parents. You are married and are Jehovah's Witness.
- Jonathan is 9-year-old and is your only son.
- He has been diagnosed with ulcerative colitis for 4 years now.
- Jonathan has remained unresponsive to all standard treatment including a special medicine given into his veins (infliximab) for which you had to go to the hospital every 6 weeks.
- The paediatric gastroenterology consultant Dr Brown has suggested that he would need an operation to take his large bowel (colon) out through keyhole surgery (i.e. laparoscopy) to improve his condition.
- This was discussed during the joint consultation with the surgical and gastro-eneterology centre in the specialist hospital 150 miles away.
- The surgical consultant informed you that he would put all details regarding the surgery in the clinic letter.
- You could not mention during the visit to the surgeon that you as a family are practicing Jehovah's Witnesses.
- The clinic letter amongst other details mentioned that Jonathan might need blood transfusion during the procedure. This has come as an unexpected shock to you as a family.
- While you understood the need for the surgery and that, it will make the condition better for Jonathan, as Jehovah's Witness you would not allow blood transfusion for Jonathan.

You Expect during the Consultation

- The candidate to discuss why Jonathan is likely to need a blood transfusion.
- Can this surgery be done without a blood transfusion, e.g. with the help of medicines which reduce bleeding as you have read about it on the internet?
- Candidate should explain that there are no other alternative for a blood transfusion, however they will discuss with the surgeons to ensure that the blood transfusion is used only when necessary.
- You are completely against the blood transfusion as this is against your religious beliefs and practices and is considered 'a sin' in your religion.
- You will not consent to the surgical procedure if it involves any blood transfusion.
- You want to know what the doctors would do if they still feel that Jonathan needs the surgery.
- You expect to be explained the need for obtaining 'specific issue order' (SIO) for blood transfusion from the court which is likely to be granted keeping in mind Jonathan's best interest.
- You do not want social services involvement (if the candidate mentions) as you feel they will judge you and may remove Jonathan from your care.

- You need to be explained that social services involvement in this case is a standard procedure for approaching the court to obtain the 'specific issue order' (SIO) and need to be reassured that Jonathan is unlikely to be removed from your care.
- While you do not agree for the blood transfusion and would not accept it, you feel a bit relieved that the procedure can still go ahead as Jonathan is really poorly, inspite of you not consenting for a blood transfusion.
- You expect the candidate not to push you for consenting or signing a form for the surgery immediately but will explain the legal procedure of obtaining specific issue order for the blood transfusion.
- The candidate should explain that they will discuss the situation with the relevant consultants and will contact you back as soon as the SIO is obtained to prepare Jonathan for the surgical procedure.
- You may be offered information leaflet available in the hospital on Blood Transfusion in Children who are Jehovah's witness.
- You expect a lot of empathy and sensitivity during the discussion.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion about blood transfusion with a parent who are Jehovah's witnesses.

- Addresses role player's issues and questions appropriately.
- Does not refer to role player as mum or dad, checks how they would like to be addressed and correctly mentions child's name and sex.
- Exhibits empathy and gives time to Mr/Mrs Askew to express their viewpoints and concerns about blood transfusion.
- Candidate should concentrate on the main issue of blood transfusion and the specifics of obtaining a specific issue order from the court as this will be necessary for a semi-elective procedure.
- Should display sensitivity and empathy during the consultation.
- Should not threaten or give inaccurate information regarding the surgery as a lifesaving or miracle procedure.
- Should not go in details about management strategies for ulcerative colitis.
- Should be able to discuss and negotiate a clear management plan to resolve the situation.
- Should offer to give information leaflets as available from the local hospital.

Jehovah's witnesses are a sub-group within Christianity who interpret certain messages in the Bible against receiving all human tissues including blood transfusion and consider it "a sin". Candidates may read more about Jehovah's witness to understand this better.

COMMUNICATION STATION 31: Drug Error

CANDIDATE INFORMATION

You are: ST4 in paediatrics in a Teaching Hospital.

You will be talking to: Mr/Mrs Cooper, parents of 7½-year-old Dominica.

Setting: Side room in the PICU (Paediatric Intensive Care Unit).

Background Information

Dominica is a 7½-year-old girl who has recently been diagnosed with leukaemia by Dr Malcom. She was admitted to the oncology ward 3 days ago for an intensive period of chemotherapy. She was prescribed allopurinol to reduce the risk of tumour lysis syndrome during intensive chemotherapy. Dominica has been inadvertently administered haloperidol instead of allopurinol. The error occurred as a replacement nurse was entrusted with the task of drawing up the medicine and administering it, she was not aware of the policy for administering medicines in the paediatric ward, that all drugs had to be checked by two nursing members before being administered.

There has been a sudden deterioration in Dominica's condition with a fall in blood pressure for which she had been transferred to the PICU. She has been put on the ventilator and her condition is now stable. There is a plan to extubate her in the next 3–4 hours.

Dominica's parents are very angry as they realised there was a possible medication error leading to this sudden deterioration and want to take her to another centre. You have been called by the nurse in charge in the PICU to come and speak to Dominica's parent.

Task

To speak to Dominica's parent regarding the medication error and the next steps in management. You are not expected to gather further history; however, you may answer any questions that parents may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Cooper, parents of 7½-year-old Dominica.
- Dominica has been recently diagnosed with leukaemia after a delay caused by the GP who initially diagnosed her with a viral illness for 2 weeks.
- You have recently met Dr Malcom, who diagnosed Dominica's leukaemia after carrying out appropriate investigations.
- Dominica has been admitted to the oncology ward for starting chemotherapy and allopurinol has been commenced to reduce risks of chemotherapy (especially tumour lysis syndrome).
- You have got another older son called Graham, who has ADHD, and your partner is finding it very difficult to manage him.
- Dominica was born on time and is fully vaccinated.
- You are feeling very anxious with Dominica's sudden deterioration and want to know what caused it (as she was stable in the morning).
- You feel Dominica has been let down by the hospital and you have not been explained clearly why Dominica's condition suddenly worsened.
- You only know that a drug error has occurred and Dominica had to be rushed to the PICU.

You Expect from the Candidate

- Apologies for the delay in conveying the information regarding the drug error.
- The candidate should explain that a medication error has happened due to the prescription being misread by a member of the team.
- You are likely to be explained that the medicines in the ward are cross-checked by two nurses before being administered to children.
- You remain angry and perplexed as to how the error occurred and you want the candidate to explain exactly what happened.
- The candidate may explain that the nurse looking after Dominica was deputed from a different ward.
- The nurse was not aware of the procedures for checking and administering medicines in this ward.
- The nurse misread the prescription of allopurinol as haloperidol and did not cross check it with another nursing colleague before administering the medicine to Dominica.
- You become extremely angry, start shouting, and want to see that nurse immediately who gave the wrong medicine. Dominica was forced to take it, as she did not like the taste of it. You want the person to be dismissed from working in the hospital immediately.
- If given the time, empathy and space, you will calm down after a short period and want to know how Dominica is and what will happen to her.
- Candidate should explain that Dominica is being closely monitored in the PICU, she is on a number of monitors and her condition is improving.

- The PICU consultant has seen Dominica and has planned for taking the breathing tube out in the next few hours.
- The candidate is also likely to explain that an incident reporting form will be done or has been done to highlight the drug error so that such events can be minimised in the future and the team can learn from it.
- The candidate is unlikely to promise that such errors can never happen again but all procedures will be reviewed and further safety measures will be put in place to minimise them.
- The medicine haloperidol will 'come out' of her system and there should be no long-term side effects.
- Candidate may also mention that they will discuss the incident with Dr Malcom, how it has upset you and ensure that your concerns are addressed at a senior level.
- You may also be informed allopurinol will be commenced without any further delay along with her chemotherapy.
- You would also demand to see the consultant Dr Malcom to come and discuss Dominica's treatment plan again as you are not sure if she is on the appropriate treatment.
- The candidate should also facilitate the complaints process by giving you information and leaflets about the complaints policy of the hospital and PALS leaflet.
- You expect the candidate to approach with adequate empathy, sensitivity, and an acknowledgement of how upset you are at the whole situation and that you want to get Dominica to get better.
- If the candidate does not exhibit empathy and sensitivity and make a clear plan where you feel supported, you will say at the end that you are not happy with how things are and would like Dominica to be transferred to another specialist centre.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Clinical incident involving administration of haloperidol instead of allopurinol.

- Candidate should address the role player by the correct names and the child by their name and appropriate sex.
- Exhibits empathy and gives time to Mr/Mrs Cooper to express their concerns about the events that have happened since admission.
- Candidate should offer apology for the delay in providing full details of the clinical incident and the drug error, should not be defensive in his/her approach.
- Candidate should be able to explain how the error occurred, the replacement staff member was not aware about the ward procedures of double checking of medicines before administering to Dominica.
- Candidate should also explain that haloperidol will get excreted from the body soon and that no long-term damage is expected.
- Candidate should exhibit appropriate empathy and sensitivity to the situation and not be dismissive of parent's concerns.
- Should also mention about discussing the incident with Dr Malcom, Dominica's consultant and facilitate a meeting with the family.
- Should provide accurate information and be flexible in his/her approach.
- Candidate should not waste time in gathering further history or explaining management of haloperidol toxicity or chemotherapy for leukaemia.
- Should not be obstructive if parents want to make a complaint, and facilitate the process and provide information about PALS.

COMMUNICATION STATION 32: Fraser Competence in a Young Person Presenting with Deliberate Self Harm

CANDIDATE INFORMATION

You are: Trainee at the end of Level 1 training in paediatrics.

Setting: Video consultation.

You will be talking to: Parent(s) of Tabitha Jones.

Background Information

Tabitha, 15 years old, was admitted earlier today with deliberate self-harm. She had ingested 20 paracetamol tablets of 500 mg strength. She is currently being treated with intravenous N-acetylcysteine. She has told the doctor in the emergency department that she had recently broken up with her boyfriend and is feeling very low. She does not want to divulge any further details and does not want you to inform her parents about her ex-boyfriend. It was noted that she had a lot of superficial cuts on her forearms which were oozing blood and needed dressing. Tabitha was initially reluctant for any treatment and the paediatrics team needed long negotiation with her before she finally agreed to have the treatment and dressing of the wounds. Tabitha has repeatedly mentioned to the doctors that her parents should not be told why she has harmed herself. Tabitha says she feels repentant about the whole thing and does not want to do it again. Tabitha was reviewed by your consultant this morning and has been adjudged to be Fraser competent.

Task

Please talk to Tabitha's parents (Mr/Mrs Jones) and provide them with an update on her condition. You are not expected to gather further history, however you can explore any concerns that her parents may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Jones, parents of 15 years old Tabitha Jones.
- You have got another daughter Jemima who is 19 years old and is at the university.
- Tabitha's behaviour has been quite strange of late and her emotional status has been very labile.
- She suddenly become very angry and lashes out while at other times becomes very emotional and tearful.
- You remain worried as to what is triggering this reaction.
- You were away at a family wedding and received a phone call from the local hospital informing you that Tabitha has been admitted to the paediatric ward.
- You had a video chat with Tabitha and saw that she had been put on a drip and was receiving some medication.
- Parents rushed back home, were very worried that something serious has happened to Tabitha and requested for an urgent video consultation.
- Parents live together and there are no social difficulties.

During the Consultation You Expect

- To be informed by the candidate as to what is the matter with Tabitha.
- You also want to know why Tabitha has been started on a drip and what medicine is she getting.
- The candidate is likely to inform you that Tabitha has been admitted with paracetamol overdose and the medicine called N-acetylcysteine she is receiving through the drip helps the body to get rid of paracetamol.
- Candidate is likely to inform you that Tabitha is now stable and remains on treatment.
- You now want to know how long is Tabitha going to be on this drip?
- Candidate is likely to tell you that this medicine is administered for about 20 hours. Further blood tests will be required to find the drug level before a decision is taken whether she needs to continue on this medication or not.
- You feel a bit reassured but still remain very anxious about why Tabitha has self harmed.
- You ask the candidate as to why Tabitha has taken this overdose and was it accidental?
- The candidate is likely to explain that this is something which they cannot discuss as Tabitha has requested for patient confidentiality and she has been adjudged to be Fraser competent (i.e. she understands her actions and is responsible for what she has done) by the consultant paediatrician.
- You will become angry and demand to know what has happened.
- Candidate may offer apology and encourage you to gently discuss this issue with Tabitha.
- You remain upset but understand the reason if explained with sensitivity and empathy.

- You then ask what is going to happen next?
- The candidate is likely to tell you that as a standard procedure in the paediatric department all children with drug overdose get seen by the CAMHS team.
- You reluctantly agree as it is the standard procedure and want to know when you can speak to the CAMHS team.
- You are likely to be informed that this would only happen the next day as Tabitha is still on the intravenous drip which will need to be completed first, and a blood test will need to be done to check paracetamol levels before she can be declared medically fit to be reviewed by the CAMHS team.
- The candidate may offer you information leaflets regarding CAMHS team and paracetamol overdose and its side-effects, when you come to visit her at the hospital.
- The candidate may arrange to see you again when you come to the hospital and offer to answer any further questions you may have.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Deliberate self-harm with drug overdose in a teenager who is Fraser competent.

- Candidate should introduce themselves properly to Mr/Mrs Jones and explain the agenda for the video consultation.
- Check how the role player would like to be addressed.
- Remembers the young person's name and sex and appropriately refers to Tabitha during the consultation.
- Candidate is able to discuss Fraser competence and does not divulge confidential information about Tabitha.
- Candidate is able to discuss the issue of paracetamol overdose, need for N-acetylcysteine, how it helps Tabitha and the duration of the treatment.
- Candidate should also be able to discuss the need for CAMHS assessment as a standard procedure and should give parents a realistic timeline when the assessment is going to happen.
- Candidate should exhibit appropriate empathy and sensitivity required for the situation and acknowledge that it is difficult for the parents, however, the candidate should not breach patient confidentiality.
- Should provide factually correct information.
- Does not get distracted in discussing the paracetamol overdose and its treatment and long-term issues e.g. liver failure, liver transplant, etc.
- Offers information leaflet regarding CAMHS team as well as paracetamol overdose if available.

COMMUNICATION STATION 33: Fraser Competence in a Young Person with Evolving Eating Disorder

CANDIDATE INFORMATION

You are: ST4 in a District General Hospital.

You will be talking to: Miss Daisy Spooner, 15-year-old girl.

Setting: Outpatient clinic.

Background Information

Daisy was diagnosed with coeliac disease 5 years back via the no-biopsy pathway (NBP). She has always been very good in adhering to the gluten-free diet and her coeliac screen done by the general practitioner two weeks ago was reported as negative. Daisy's mother has called the consultant's secretary to request an early appointment as she has been concerned regarding Daisy's recent weight loss and is worried as to whether it is something to do with her coeliac disease.

Your consultant has requested you to meet up with Daisy and her mother to discuss the family's concerns. The nurse in the outpatient department has informed you that Daisy has come to see you alone and that she has lost 6 kg in weight since last seen in the clinic 6 months ago.

Task

Please speak to Daisy and discuss her mother's concerns about her coeliac disease. You are not expected to gather further history but may further explore any issues that Daisy may highlight during the consultation.

ROLE PLAYER INFORMATION

Background

- You are Miss Daisy Spooner, 15 years old.
- You would like to be referred as 'Daisy'.
- You have been diagnosed with coeliac disease through blood tests five years ago.
- You live with your parents and younger sister Ashley, 8 years old, who also has been diagnosed with coeliac disease.
- Your mother told you that you are fully vaccinated.
- You have always struggled with being overweight and had to face bullying at school and elsewhere.
- You have found it difficult to develop friendships as they do not like overweight people.
- There are no psychosocial or financial difficulties in the family.
- You attend a mainstream school, doing well academically and are in year 10.

Your current issues are:

- Your mother has been concerned that you are losing weight over the last few months.
- Your mother has been constantly nagging you by asking whether you have been naughty in not following your gluten-free diet.
- You managed to convince your mother that you are adhering to the gluten-free diet.
- The candidate at this point may highlight that your recent blood test rechecked by your doctor has shown that you have indeed been good with following your diet.
- The candidate is likely to explore with empathy the reasons as to why you have been losing weight despite been good with your diet.

You want to further discuss: ***(Role player should mention that they expect full confidentiality in what will be discussed)***

- You would be hesitant to discuss about your issues unless the candidate agrees to maintain confidentiality.
- You have been dumped by your boyfriend recently who said 'how disgusting your eating habits are and how fat you are'.
- You have been trying to lose weight and skipping meals and snacks as much as possible.
- You are taking your food to your room and flushing it down the toilet most of the time, you close your bedroom door so that your mother cannot catch you in the act.
- You decided that the only way you can look pretty and presentable is by losing weight.
- You request the candidate not to inform your mother about this.
- If the candidate mentions that it is important that your mother needs to be informed, you say that you are mature and competent enough to decide what is right and best you. You will also mention that you have read on the internet that doctors have to maintain patient confidentiality.
- The candidate should be empathetic to your views and circumstances and should explain that food avoidance and such degree of weight loss will potentially make you very unwell.

- The candidate should encourage you to discuss the issues with your mother, and it is important that your mother becomes aware of the situation and can support you.
- You would mention that you will think about it but would become very angry and start shouting if the candidate pushes for disclosure.
- You do not want false reassurances from the doctor that your weight is healthy but expect to be supported professionally and will agree to speak to a dietitian if offered the opportunity.
- You do not want to discuss specifics regarding eating behaviour, rather would focus on how your obesity and subsequent weight loss has helped your psychosocial wellbeing, social life and gaining acceptance in the social circle especially amongst boys!
- You would remind the candidate again towards the end of the consultation that this discussion should remain confidential and not be divulged to your parents.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Fraser competence in a young person with evolving eating disorder.

- Candidate should introduce themselves properly to Daisy.
- Check how the role player would like to be addressed and refer to her as 'Daisy' and not as mother.
- Address's role player's issues and questions appropriately.
- Provides factually correct information.
- Candidate should not put the entire focus on poor adherence to gluten-free diet, required to manage coeliac disease as this is not the focus for the consultation.
- Candidate recognises that a young person can request confidentiality.
- Show effort in negotiating with Daisy to involve her mother in the situation she is facing and if this continues it can cause ill health.
- The candidate should not appear to be in a rush to finish the task, however, exhibits empathy, sensitivity and appropriate listening skills providing enough time and space required while talking to a young person.
- Candidate should empathetically address Daisy's concerns regarding psychosocial issues and body image.
- Candidate should also mention about discussing the case with their consultant.
- Candidate should not go into too much details about specifics of eating disorders in young person but should understand that the young person is actually worried for a completely different reason arising out of her obesity and addresses them appropriately.
- Candidate needs to exhibit an understanding that the social acceptance and obesity is likely to affect a young person very differently and that Daisy may not have the same perspectives as her parents.
- Offers available information leaflet and website addresses regarding healthy eating, exercise, coeliac disease, etc.

COMMUNICATION STATION 34: Obstetrics Fracture

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mother/Father of Joshua Hayes.

Setting: Side room in paediatric ward.

Background Information

Joshua is a 6-day-old boy who was born at 40^{+4} weeks gestation vaginally after prolonged labour. Joshua had a shoulder dystocia and the obstetrician had to facilitate the delivery of the arm. His birth weight was 4.65 kg. Parents were worried that Joshua was not moving his left arm properly and this was documented in the notes. The Newborn and infant physical examination (NIPE) done on day 2 by the senior house officer was recorded as satisfactory. They were reassured and discharged home. As the movement of the left arm did not improve and he appeared to be in discomfort while changing clothes, the community midwife had requested an opinion from the paediatrician. X-ray of the left arm has confirmed fracture of the humerus. Parents are very angry and want to see a senior paediatric doctor immediately.

Task

Talk to Joshua's mother/father and explain about the birth injury, X-ray findings and what will happen next. Do not gather further history and answer any questions that mother/father may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Hayes, parents of 6-day-old Joshua.
- Joshua was born by normal delivery which was prolonged and difficult.
- His birth weight was 4.65 kg.
- You noticed that Joshua was not moving his left arm and expressed your concerns to the doctor who did the baby check.
- The doctor seemed to be in a rush and reassured that the left arm is going to be fine and discharged Joshua home.
- You have been sent back by your midwife as Joshua appears to be in pain while his clothes were changed and he is still not moving his left arm.
- X-ray of the arm was done today and the radiographer told you there is a fracture of the left arm.

You want to discuss with the candidate:

- You present with an angry demeanour from the outset.
- Is it true that Joshua has a broken left arm as told to you by the radiographer?
- The candidate should confirm the findings on the X-ray showing a left arm fracture, you may be offered an apology at the same time.
- As soon as you hear that Joshua has a broken arm, you start shouting as to why the doctor who did the baby check ignored your concerns and provided false reassurance, and incompetency of the hospital staff has caused pain and distress to Joshua.
- You would eventually calm down in 30–40 seconds, candidate should give you enough time to express your concerns.
- Candidate should offer apology for the pain and distress that Joshua has suffered and not become defensive about it.
- You want to know how this happened.
- You may be explained that it is likely to be due to a birth injury and may be difficult to identify initially in some cases.
- Candidate is likely to explain that they will call the bone doctors (orthopaedic team) to see Joshua and they may suggest the best way forward.
- Candidate should also offer pain relief.

You want to know whose fault it is and what will the candidate do about it:

- Candidate should not blame/name the junior colleague but should offer apology again on behalf of the team.
- They may also explain about the incident reporting form and that the junior colleague will be provided additional training on baby check/birth injuries.
- The candidate may also discuss that this injury will be flagged up to the obstetrics and midwifery teams and they may be able to offer further explanation about how the injury may have occurred during Joshua's birth.
- If you want to make a complaint, the candidate should not be obstructive and should facilitate by providing details about the hospital's PALS (Patient Advice and Liaison Service) procedures.
- You will exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Dealing with obstetrics fracture.

- Addresses role player's issues and questions appropriately.
- Does not address the role player as mum/dad but as Mr/Mrs Hayes.
- Offers apology for the delay in identification of the birth injury and pain and distress that Joshua has suffered.
- Exhibits empathy and gives time to Mr/Mrs Hayes to speak and express their concerns about Joshua.
- Provides factually correct information and explains about the injury and offers pain relief, management of the fracture through orthopaedics team.
- Does not blame the junior colleague who performed the NIPE assessment or the obstetricians.
- Should explain that fracture of the humerus is a recognised birth injury but should be empathetic and understanding of the situation.
- Comprehends that while clavicle fracture suffered at birth is managed conservatively, fracture humerus may need active management.
- Should not use phrases like: sometimes this happens, it was just unfortunate, Joshua was a big baby which caused this, etc.
- Should not discharge Joshua but shows initiative in addressing and sorting out the injury.
- Explains about PALS (Patient Advice and Liaison Service) procedures and does not block the process and should facilitate the process if asked by parents.
- Do not provide false reassurance that these kind of injuries will never happen in the future.

COMMUNICATION STATION 35: Error in Administration of Expressed Breast Milk

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a neonatal unit.

You will be talking to: Mother/Father of Sonny Bright.

Setting: Video consultation.

Background Information

Sonny was born at 26^{+6} weeks gestation and is admitted to the neonatal unit. He is 8 weeks old now and is on 0.07 litre oxygen delivered by nasal cannula. He is on nasogastric tube feeds 2 hourly with maternal expressed breast milk (EBM). Sonny is now also on multivitamin drops and iron supplement. This morning he was given a feed with EBM from another mother whose baby is also admitted to the unit. There was an emergency admission in the neonatal unit and double checking of the EBM bottle label may have been inadvertently missed. An incident form has been completed. You have checked the notes of the other baby and his mother's serology was negative for hepatitis and HIV. The ward sister has requested that you inform Sonny's parent(s) about the incident.

Task

Talk to Sonny's parent(s) about the EBM from another mother being given to Sonny. Do not gather further history and you may answer any questions that parent(s) may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Bright, Sonny's parent.
- Sonny was born at 26^{+6} weeks gestation and was ventilated for few days.
- He is now 8 weeks old.
- He is now doing well and needs 0.07 litre oxygen delivered by nasal cannula.
- Sonny is now on multivitamin drops and iron supplement.
- You have struggled initially to express breast milk but things are better now.
- Doctors are very happy with his progress.
- You met Sonny yesterday evening and he was doing very well.

You were a bit surprised that an urgent video consultation has been arranged by the ward clerk in the neonatal unit:

- You want to know if something serious has happened to Sonny.
- When you are informed that Sonny was given milk from another mum stored in the same fridge you become angry and start shouting (for a few seconds)—you expect the candidate to exhibit empathy and give you time to express your displeasure.
- Once you gain back your composure—you want to find out how it happened and why double checking was not done.
- You want to know whether Sonny will come to any harm because of this wrong EBM being given.
- You will be happy if the candidate explains that Hepatitis and HIV check on other mum whose milk was given was negative—otherwise you will ask about the possibility of Sonny picking up any nasty infection from the wrong milk.

Preventing such incidents:

- You would want to know what the neonatal unit is going to do to prevent such incidents.
- You may be explained about the incident reporting form.
- You want to know the name of the nurse who was involved and you do not want that nurse to look after Sonny again—you would be explained about training and assessment for the individual to ensure such incidents can be prevented.
- If the candidate is rushed, disinterested or defensive, you would want to make a complaint and you should be explained about the PALS (Patient Advice and Liaison Service) procedure.
- Candidate may also make another appointment or offer to arrange a meeting with the Consultant and the Ward manager to discuss things further.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Error in administration of wrong expressed breast milk.

- Addresses role player's issues and questions appropriately.
- Exhibits empathy and gives time to Mr/Mrs Bright to speak and express their concerns.
- Provides factually correct information.
- Do not blame or give the name of the nursing colleague or name the other baby/mother.
- Is able to explain the safety mechanism, incident report and provides reassurance that all necessary checks have been done to ensure Sonny does not come to any harm.
- Explains about PALS (Patient Advice and Liaison Service) procedures and do not block it.
- Do not provide false reassurance that such incidents will never happen again.

COMMUNICATION STATION 36: Formula Feed Wrongly Given

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Mother of Baby Fox.

Setting: Counselling room in the neonatal unit.

Background Information

You have been called by the midwife to speak to Betty Fox, mother of Baby Fox who was born by emergency caeserean section under general anaesthesia at 41^{+5} weeks gestation. Ms Fox had expressed breast mild and had been storing it in the fridge for the last 5 days. As the labour ward was busy, another midwife who was looking after Baby Fox and mistakenly fed the baby formula milk as she was not informed about Betty's expressed breast milk in the fridge. Betty is very upset and is worried it may cause long term harm.

Task

Talk to Ms Betty Fox about the incident and please answer any questions she may have. Please do not gather further information.

ROLE PLAYER INFORMATION

Background

- You are Ms Betty Fox, 29-year-old.
- It was a short affair and your former boyfriend did not want to get involved with the baby, you have split up with him—you do not want to discuss anything about it.
- You had an uneventful pregnancy until last week and had planned for a water birth.
- You had been expressing breast milk in preparation for the baby's arrival.
- You had reluctantly agreed for the caesarean section as you were told baby may come to harm as his heart rate was dipping frequently.
- When you recovered from the anaesthesia you were informed that your baby had been given a bottle of formula milk.
- The midwife has already apologised for the error as she was not informed about the expressed breast milk kept in the fridge in the neonatal unit.

You want to discuss with the doctor (the candidate):

- You expect an apology at the outset for your wishes not being respected.
- You will still express your displeasure and would expect the candidate to allow you time to vent your frustration on the overall situation.
- You will discuss how you have read about the benefits of breast milk for your baby and made all these efforts to keep expressed breast milk ready for any eventuality.
- You will again become upset that no one respected your wishes, when you were not capable of objecting to the formula milk being given to your baby—you will say that you are feeling so let down by the hospital that you are thinking of not breast feeding your baby at all.
- Candidate should not become defensive about the error and should acknowledge the benefits of breast milk and should empathetically encourage you to continue breastfeeding.
- You will exhibit controlled anger/emotions.

You want to know:

- What the team is going to do to investigate the incident—you should be explained about the incident reporting procedure.
- Candidate may also explain that prospective pre-delivery plans can be a part of the staff handover to prevent such incidents.
- Candidate may also say that they may arrange a meeting with the ward manager or the paediatric consultant should you feel this would be helpful to discuss with the senior team members.
- You also want to know how to make complaint if you decide to do so—you should be explained about the PALS (Patient Advice and Liaison Service) procedure and should facilitate it with providing leaflets and contact numbers).

If the candidate explores sensitively you will discuss about:

- You remain worried that:
  - The bottle milk that was given to your baby will interfere with his establishing of breast feeding.
  - He may develop cow's milk allergy or eczema due to this exposure.
- Candidate should explain that one formula feed is unlikely to interfere with your baby establishing breastfeeding or lead to him developing allergy/eczema.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Formula milk inadvertently given to a newborn baby.

- Addresses role player's issues and questions appropriately.
- Does not address the role player as mum but as Ms Fox.
- Offers apology for the incident and that her wishes were not respected.
- Exhibits empathy and gives time to Ms Fox to express her concerns.
- Provides factually correct information and reassures that one formula feed is unlikely to interfere with establishing breastfeeding or lead to development of eczema.
- Does not blame the midwife.
- Should acknowledge the benefits of breastfeeding and encourage it when mum says in frustration that she does not want to breastfeed!
- Should explain the incident reporting procedure and other safety measures to prevent such incidents.
- Should not use phrases like: sometimes this happens, it was just unfortunate, it is not a big issue, etc.
- Explains about PALS (Patient Advice and Liaison Service) procedures, does not block the process and should facilitate the process if asked by Ms Fox.
- Do not provide false reassurance that these kinds of incidents will never occur again in the future.

COMMUNICATION STATION 37: Exchange Transfusion for ABO-Incompatibility

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a neonatal unit.

You will be talking to: Parents of Miss Sian James, 3 days old.

Setting: Side room in the neonatal unit.

Background Information

Sian was born by urgent caesarean section delivery due to foetal bradycardia. No resuscitation was required. Sian was noted to be jaundiced at 28 hours of age. She is establishing breast feeds and is also on intravenous fluids in the neonatal unit. She was put under double phototherapy lights. Mother's blood group is O +ve and Sian's A +ve. However as her bilirubin level kept rising, treatment has been escalated to four phototherapy lights. Total serum bilirubin is currently 546 µmol/L and conjugated fraction is 17 µmol/L. A decision has been taken to arrange double volume exchange transfusion urgently. Another colleague is inserting umbilical lines.

Task

Talk to Sian's parent(s), discuss about double volume exchange transfusion and obtain consent for the procedure. Do not gather further history. You may answer any questions that parent(s) may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs James, parent(s) of 3 days old Sian.
- Parents are married.
- Sian was delivered by urgent caesarean section due to dropping heart rate.
- Mother is trying to establish breast feeds.
- The midwife noted that Sian was jaundiced and she was put under special lights (i.e. phototherapy) yesterday.
- As the jaundice levels was not improving, Sian was moved to the neonatal unit—mother was upset about it.
- You have been told by the neonatal nurse that Sian's jaundice levels are not improving.
- You are very worried as to what will happen next.

When the candidate comes to speak to you:

- You want to know how Sian is and you should be told in a manner which you understand about her current status.
- Candidate may adopt an approach to determine what you already know—you may say that Sian is very jaundiced, the light treatment does not seem to be working and you want to know what is going to happen to Sian.
- At this point the candidate should explain about blood groups and ABO incompatibility. Candidate should explain that Mrs James is blood group O +ve blood and her blood has natural anti-A and anti-B antibodies. Sian's blood group is A+ve and it is likely that mother's antibodies transferred across the birthing membranes (i.e. placenta) which are destroying the baby's red blood cells hence leading to the high jaundice levels.
- Candidate is now likely to discuss about exchange transfusion after explaining the dangers of high jaundice levels and its potential to cause brain damage (i.e. kernicterus).
- You want to know how exchange transfusion is performed.
- You will be explained that in order to carry out the exchange transfusion:
  - doctors will need to insert a fine tube (catheter) into the umbilical blood vessel and it is a pain free procedure for the baby
  - a small amount of your baby's blood will be removed and replaced with donor blood. This is repeated every few minutes and it may take up to two to three hours to complete.
  - it is important to ensure that your baby remains stable throughout the procedure, and your baby will be closely monitored.
  - your baby will be fasted during the procedure and fluid drip will continue.
  - jaundice levels will be closely monitored during the procedure.
- You want to know whether the blood given to your baby is safe.
- You need to be reassured that adult donor blood is screened for infections, is cross-matched against both the mother's blood and the baby's blood to ensure that it is safe to be given to Sian.

- You appear a bit perturbed about this; you ask whether you will be able to see Sian during the procedure?
- You are likely to be informed that the exchange transfusion can take several hours and because it is a sterile procedure, your baby may be covered in sterile towels in order to create a safe clean area for the doctor to work with. Therefore, your baby may not be very visible during the procedure, but you could visit Sian briefly to see how things are progressing. The nurses and doctors will also keep you updated.
- You feel reassured but would like to clarify whether there are any risks involved.
- Although generally safe, however, like all procedures there are small risks attached. For exchange transfusion these include: Infection, low blood sugar, problems with blood clotting, unstable blood pressure, breathing problems, unstable salt (sodium and calcium) levels in the bloodstream—Sian will be closely monitored for all these risks and treated promptly if required.
- Before you consent for the procedure, you want to know what happens after the exchange transfusion.
- Your baby will stay in the neonatal unit and the fine tube (umbilical catheter) will be kept in place until the blood results indicate that jaundice levels are steady under phototherapy and that a second exchange transfusion is not required.
- You will now consent for the procedure and request the doctor to keep you updated regularly.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: ABO incompatibility and exchange transfusion.

- Addresses role player issues, and refers to her as Mrs James (not mum or mother).
- Does not confuse Sian's name or sex.
- Exhibits empathy and gives time to parents to express their concerns.
- Checks parent's understanding regarding neonatal jaundice briefly before starting to discuss about need for exchange transfusion.
- Explains benefits of exchange transfusion in a simplified manner for treating severe neonatal jaundice.
- Does not provide false reassurance about benefits of exchange transfusion and should mention that another exchange transfusion may become necessary.
- Explains realistic risks associated with exchange transfusion but offers reassurance that Sian will be closed monitored and promptly treated if required.
- Acknowledges that it is a lot of information for parent(s) to comprehend and offers to come back to clarify doubts if necessary.
- Offers information leaflet about the procedure if available.
- Provides factually correct information.
- Do not waste time explaining about neonatal jaundice but focus on relevant aspects only.

COMMUNICATION SCENARIO 38: Use of Donor Expressed Breast Milk after an Episode of Necrotising Enterocolitis

CANDIDATE INFORMATION

You are: ST4 in Paediatrics.

You will be speaking to: Mr Zahiruddin Alom, father of Ruhan.

Setting: Video consultation.

Background Information

Ruhan was born at 26^{+3} weeks gestation. He developed necrotising enterocolitis (NEC) at 4 weeks of age which has been conservatively managed with intravenous antibiotics and total parenteral nutrition for 10 days. He has been restarted on feeds 2 days ago and the consultant has decided to go up on feeds at a faster rate as Ruhan's percutaneously inserted central line is not working properly and the consultant is not keen on using formula milk. There is very limited amount of stored maternal expressed breast milk in the freezer and mother's milk supply is dwindling. Mr Alom is very concerned and was asking the nurses whether they can use Ruhan's aunt's (who is Mr Aloms's sister) breast milk as she is breastfeeding her baby and is happy to donate her breast milk for Ruhan.

Task

Please speak to Mr Alom regarding Ruhan's feeding plan, the advantage of breast milk over amino acid based milk formula, and address his suggestions for using Ruhan's aunt's breast milk. You are not expected to gather further history but are expected to answer any questions Mr Alom may have.

ROLE PLAYER INFORMATION

Background

- You are Mr Zahiruddin Alom, father of Ruhan who is 6 weeks old.
- Ruhan was born at 26^{+3} weeks gestation.
- You are married and Ruhan is your only child.

Your wife is called Tuhina and she is 26-year-old.

- Ruhan was doing well until 2 weeks ago when he started developing distension of his tummy, intolerance of feeds and green coloured (i.e. bilious) vomiting.
- The doctors were very concerned and stopped his feeds, nurses inserted a feeding tube to empty his tummy and started him on high dose antibiotics and a 'special fluid' intravenously of which you were told will have lot of good nutrition (i.e. TPN).
- Tuhina has been very upset with all that is happening with Ruhan and as a result her breast milk supply has suffered.
- You were informed by the consultant in the morning rounds that Ruhan can go on full feeds in the next two days and will need his mother to provide with adequate volume of breast milk.

During the Consultation You Expect

- The candidate to explain how Ruhan is doing.
- You are likely to be explained that Ruhan is doing as well as can be expected.
- Ruhan's feeding has been restarted and the plan is to take him off the special nutritional fluid going through the vein over the next two days.
- While you feel very happy about it, however you look worried as you know Tuhina is not producing enough breast milk.
- You vocalise your concerns to the doctor and explain that Tuhina does not have enough breast milk.
- You expect the doctor to discuss about the options for using donor expressed breast milk (DEBM) with you which you had overheard during the conversation between two nurses.
- Your religious belief does not allow acceptance of breast milk from another mother whom you do not know and who cannot be traced.
- You expect the candidate to explain that the expressed breast milk is traceable for many years, however the information will be released only if necessary.
- There are procedures to access the information on a need to know basis and special permission will be needed.
- You say that your sister Zainab (i.e. Ruhin's aunt) is breastfeeding her baby and has very kindly agreed to provide her expressed breast milk for Ruhan and your that wife has agreed to it.
- The candidate is unlikely to accept the DEBM from Ruhan's aunt and may explain that there are guidelines for this and that the unit does not accept other mother's milk without established screening procedures.
- The candidate may also explain that the breast milk donated by mothers goes through strict quality control procedures including testing mother's blood, lifestyle habits, looking for infections and pasteurization, etc.

- You want the candidate (if they do not mention it) to explore all the options so that Zainab's breast milk can be used for Ruhan.
- Candidate may also explain about the use of domperidone to enhance mother's breast milk supply; her GP can prescribe or they will make arrangements for the prescription.
- The candidate may also mention about involving the specialist lactation/breastfeeding midwife to help in enhancing the breast milk supply from your wife Tuhina.
- You will make it very clear that you will not accept DEBM from milk bank and you do not expect the candidate to make you agree to it.
- The candidate may also explain that they will discuss the case with their consultant and come back with a workable plan.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Ethics of using donor breast milk from a relative.

- The candidate should introduce themselves to the role player.
- Addresses the role player by their name and ensure they know the sex and the name of the child properly and use it during the conversation.
- The candidate should not go into a mode of explaining about NEC but concentrate on the issue of the expressed human breast milk.
- The candidate should explore what the parent's concerns are and should respect their religious beliefs.
- The candidate will explain the benefits of the donor expressed breast milk (DEBM), it is safe and is usually used in children like Ruhan however should not push for it to be started.
- The candidate may also explore the options if the aunt's breast milk can be used after going through the strict quality control measures.
- The candidate may also offer to look into existing policies for people of similar religious beliefs.
- The candidate should not say that the traceability of the donor DEBM is accessible to everyone but offers to find out as to how to get the information on a need-to-know basis if that is what the parent would like to know about.
- The candidate should also offer alternatives such as domperidone and request support from the consultant midwife for lactation/breastfeeding to assist in this situation.
- The candidate should remain empathetic and sensitive and demonstrates understanding that it is a very difficult situation for the family from physical, emotional and sociocultural point of view.
- Candidate should make a clear plan after discussing the case with the consultant for resolving the feeding issues.
- The candidate may offer information leaflets regarding DEBM that are readily available from the regional breast milk bank.

Variation of this scenario that may be applicable in some countries where concept of breast milk bank may not exist

- Wet nursing was a common practice in Islamic Arabia at the time of Prophet Muhammad. He was breastfed by his own mother and wet nurses.
- If a mother is unable to breastfeed for health or other reasons, parents can mutually agree to let a wet nurse [usually within their extended families] to feed or provide expressed breast milk (e.g. would be applicable in Ruhan's case) for their child. This aspect of Islamic culture has been lost in most Western countries. However, it is still widely practiced in many countries.
- In such situations the wet nurse may have to undergo blood tests for viral and other infections, e.g. HIV, hepatitis B and C, cytomegalovirus, etc. predonation of her expressed breast milk.

COMMUNICATION STATION 39: Neonatal Antibiotics Planning

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Parent(s) of 22 days old Isaac Heard.

Setting: Side room in the neonatal ward.

Background Information

Isaac was born by vaginal delivery at 29^{+5} weeks gestation weighing 1082 grams. He is being managed in the neonatal unit for last 3 weeks. Isaac needed continuous positive airway pressure (CPAP) support and total parental nutrition for first 10 days. He was administered intravenous benzylpenicillin and gentamicin for first 72 hours of life and these were stopped when blood cultures revealed no growth.

He is currently on 2 hourly nasogastric feeds with maternal expressed breast milk via nasogastric tube. He is on caffeine, multivitamins and probiotics. From this morning Isaac has developed a fever (up to 38.4°C) and is tolerant of feeds. The consultant has examined him and suggested starting intravenous flucloxacillin and gentamicin for suspected late onset neonatal sepsis. Blood tests and blood culture have been sent. Lumbar puncture was tried but failed.

Parents have asked to speak to you before antibiotics are started.

Task

Talk to Isaac's parent(s) about the need for starting antibiotics. Do not gather further history. You may answer any questions that parent(s) may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Head, parent(s) of 22 days old Isaac.
- Parents are married and live together.
- Isaac is the youngest of your 5 children, the older ones are healthy but not immunised.
- You were worried and shocked when Isaac was born 11 weeks early.
- You were upset as Isaac was started on intravenous antibiotics after birth, however you reluctantly agreed when the consultant explained to you that infection can be a reason why Isaac was born prematurely.
- You felt relieved when antibiotics were stopped on day 3 of life and understood from the discussion you had with a junior doctor that there was no infection detected in Isaac's blood sample.
- Mother is expressing breast milk and is very careful not to take not take any medicines which may affect Isaac's health adversely.
- You have decided to avail the option for oral vitamin K after much discussion with the doctors.

You want to discuss with the doctor:

- Why does Isaac suddenly need antibiotics as he only has a mild temperature?
- You need to be explained that in premature babies even a mild elevation of temperature can be a sign of serious infection and antibiotics need to be started without delay.
- You now want to know what the blood tests revealed and you feel that the antibiotics can be held off till the final result (i.e. blood culture) is back.
- If you remain persistent with your reluctance for antibiotics, candidate should explain that starting the antibiotics is time critical for premature neonates and should convince you why antibiotics are really important here.
- If the candidate does not mention that their consultant has already seen Isaac and made the decision for starting antibiotics, you would request that the candidate goes and discusses with the consultant and comes back to you with a definite plan.
- If the candidate does not explore further why you are so reluctant for antibiotics, you will keep saying that you do not like antibiotics!

If the candidate explores with sensitiveness, you will tell about the following experience:

- A friend's daughter who was born prematurely and was given prolonged course of antibiotics developed a condition called antibiotic-associated colitis.
- Candidate should acknowledge that it must have been an extremely difficult experience and should reassure that Isaac would be closely monitored for any complications.
- The nurse mentioned that gentamicin would be one of the antibiotics and you are especially reluctant about it as it is related to hearing loss and kidney problems.
- Candidate is likely to explain that in the neonatal unit gentamicin levels are checked prior to the administration of the second dose.
- The third dose is given only after knowing the level of the medicine in the blood to avoid side effects.
- Candidate is likely to offer you leaflets (from the regional neonatal network) explaining the need and types of antibiotics to be used for Isaac, otherwise you can gently prompt them.
- You expect lot of reassurance from the candidate and exhibit controlled emotions.
- You would gently dissuade the candidate from discussing long term management of premature babies; you would like to discuss only the present issue with the candidate.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Parental reluctance for antibiotics in their premature neonate.

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player and child by their names.
- Exhibits empathy and gives time to Mr/Mrs Heard and allow them to express their concerns and worries.
- Explains the need for antibiotics and reassures that the consultant has been involved in the decision making process.
- Candidate should focus on child's best interest and not be persuaded by parental reluctance.
- Candidate should explore why parent(s) are not keen for antibiotics.
- Should explain about monitoring of gentamicin levels as a standard procedure to prevent long-term complications.
- Be courteous to parents but confident in explaining the time critical nature for starting antibiotics.
- Mentions about involving the neonatal consultant.
- Offers information leaflet available in the hospital (from the regional neonatal network).
- Provides factually correct information.
- Does not waste time in gaining further history or explaining about Isaac's long-term care—role player should prompt the candidate if they try to do so.

COMMUNICATION STATION 40: Retinopathy of Prematurity Discussion

CANDIDATE INFORMATION

You are: A Registrar in Neonatology in a District General Hospital.

You will be talking to: Ms Sarah Green, mother of Baby Emelia.

Setting: Counselling room in the Neonatal Unit.

Background Information

Emelia was born at 26 weeks of gestation after spontaneous onset of preterm labour weighing 700 grams. She had severe respiratory distress syndrome needing full ventilatory support for 10 days. Emelia needed continuous positive airway pressure (CPAP) support for next 17 days and currently is on low flow oxygen as her saturation without supplemental oxygen drops below 88%. She is otherwise well. On routine retinopathy of prematurity screening she has been found to have grade III retinopathy of prematurity (RoP).

Task

Talk to Ms Green regarding the RoP screening findings. Do not gather further history and answer any questions that mother may have regarding RoP screening findings.

ROLE PLAYER INFORMATION

Background

- You are Ms Sarah Green and you are 32-year-old, living with your long-term partner Mr David Aspen (36 years), you are not married.
- You have another child, a girl named Elizabeth who is 3-year-old and well.
- Mr Aspen is a construction contractor, you used to work in an estate agent's office.
- Emelia was born after an unplanned pregnancy.
- When you presented in preterm labour, you were told that the baby is very premature and likely to have multiple short- and long-term sequelae. You were also prepared for the worst case scenario. However you do not remember all the details.
- You have had regular updates from the neonatal doctors about her condition.
- You remember that the main concern was her lungs but you have been told that her lung condition is getting better though she still needs oxygen.
- You also remember that she had an episode of infection needing antibiotics.

About Emelia's Eye Condition

- You were told that she would have an eye examination but it was not explained why. The nurses gave you a leaflet but you have misplaced it.
- However if the candidate does not check with you whether you were aware of the eye test then deny any knowledge of it.
- You do not remember that the doctors told you that Emelia's eyes/eye sight might be affected.
- You are surprised to hear that prematurity can effect eyes and vision.
- Your emotions would be of shock and bewilderment as you have always been told and have remained concerned about her lungs.
- You need to ask why this happens and whether this was preventable.
- If the candidate mentions oxygen as a potential reason, you would demand to know why is she still being given oxygen and whether it is causing further damage to her eyes.
- You would also like to know if she was ever given more oxygen than needed—candidate should explain this was not the case as Emelia's oxygen saturations have been closely monitored.
- You would then ask about the treatment options and likely prognosis.
- You would also express your dissatisfaction with the fact that the ophthalmologist who examined her did not speak to you directly.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion Regarding Retinopathy of Prematurity Identified on Screening.

Domains	Meets standards	Borderline	Below standards
Introduction	Introduces self, clarifies the agenda for the consultation	Introduces self, mentions the agenda for the consultation	Starts talking without a proper introduction
	Checks how the role player likes to be addressed and uses it appropriately	Checks how the role player likes to be addressed but infrequently may not remember it	Forgets or does not bother to ask, and even if corrected do not acknowledge and correct it
The consultation process	Explain the findings after establishing mother's knowledge of the eye test. Uses appropriate language and pace	Explains findings in a slightly haphazard manner but establishes that mother is aware of the eye test. Language and pace generally acceptable with few exceptions	Does not establish that mother is aware of the eye test. Language and pace not acceptable
	The explanation is structured and checks Sarah's understanding from time to time. Appropriate pauses when/if Sarah is upset	Overall structure acceptable. Sometimes does not give enough time for Sarah to express her feelings	Unstructured format. No pause and continues talking even when Sarah is visibly upset
	Explains that excessive oxygen can worsen RoP but preterm babies have an inherent risk of developing it even when the oxygen level is maintained in the acceptable range. Oxygen saturation monitoring is explained.	Explains that excessive oxygen can worsen RoP but fails to explain that preterm babies have an inherent risk of developing it even when the oxygen level is maintained in the acceptable range	Mentions that it is caused by supplemental oxygen only or oxygen has no role in its pathogenesis
	Appreciates that the mother is going through a very difficult period and does not force information on her when she is not ready	Generally acceptable approach but some instances of being hasty.	No appreciation of mother's emotional status and delivers a monologue
	Provides factually accurate information and does not falsely reassure	Factual information but paints only the best case scenario	Factually incorrect information. False hope/despair
	Offers to facilitate conversations with neonatal consultant and ophthalmologists	Mentions neonatal consultant and ophthalmologist but does not offer to facilitate the consultation	No mention of consultant neonatologist or ophthalmologist

Contd...

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Domains	Meets standards	Borderline	Below standards
Overall approach and engagement	Exhibits appropriate empathy, addresses Sarah's concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards Sarah's concerns and apprehensions
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Exhibits good communication skills with a mother who is going through a very difficult time	Exhibits good communication skills with a mother who is going through a very difficult time but inconsistently	Exhibits poor communication skills with disregard to mother's emotional status

COMMUNICATION STATION 41: Preterm Labour Counselling

CANDIDATE INFORMATION

You are: A Registrar in Neonatology in a District General Hospital.

You will be talking to: Mrs Joanne Carpenter, 39-year-old.

Setting: Counselling room in the Labour Ward.

Background Information

Mrs Carpenter presented with early onset preterm labour at 26 weeks gestation. She has been examined by the obstetric team and has been found to be in established labour. She has been given one dose of steroid and the obstetric team is concerned that she may not be able to have the second dose of steroid before delivery. Obstetric registrar has requested you to talk to the mother anticipating imminent delivery of a preterm baby.

Task

Talk to Mrs Carpenter and explain the plan for management of the baby when born and likely prognosis. Please do not obtain any further history and answer any questions Mrs Carpenter may have.

ROLE PLAYER INFORMATION

- You are Mrs Joanne Carpenter, 39-year-old, married to Mr Jonathan Carpenter 45 years.
- You prefer to be addressed as Mrs Carpenter.
- You are an executive in a multinational company and your husband is an investment banker. Your husband is not in the country at the moment.
- This is your first pregnancy and a planned one, everything has been progressing smoothly until this premature onset of labour at 26 weeks gestation.
- Your antenatal scans were normal and your triple tests were negative.
- You are now in established labour and in severe pain with contractions.
- However you would like to know
  - Likely condition of the baby at birth
  - What would be done to support your baby
  - What are the possible complications and survival rates
  - If there is any chance of long-term damage especially brain damage
- Your emotions should be as per the information you are being provided by the candidate.
- If you are not satisfied with any answer or if you feel the answer is vague then seek clarification.
- Ask for percentages for survival and brain injury for babies born at this gestational age.
- You do know that preterm babies can have severe brain injury as your cousin has had a baby born prematurely who has cerebral palsy. However reveal this information only towards the end.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Counselling for an Imminent Extremely Premature Delivery

Domains	Meets standards	Borderline	Below standards
Introduction	Introduces self, clarifies the agenda for the consultation	Introduces self, mentions the agenda for the consultation	Starts talking without a proper introduction
	Checks how the role player likes to be addressed and uses it appropriately. Checks if father is around and would like to join.	Checks how the role player likes to be referred to but infrequently may not remember it. Checks only if the father is around when prompted	Forgets or does not bother to ask, and even if corrected do not acknowledge and correct it. Does not appreciate the support that mother needs in this situation from father or other family members
The consultation process	Establishes that mother is as comfortable as can be and acknowledges that she is having to have a difficult conversation when in so much discomfort	Expresses some concern for the situation but does not ask if there is anything that would make her more comfortable	Ignores the difficulty of the situation
	Checks if she is aware of the likely problems of extremely preterm babies and if she has had any information about this in the antenatal classes	Checks only superficial background knowledge	Does not check background knowledge at all
	Uses a structured approach to explain the likely scenario starting with assessment at birth, need for resuscitation, stabilisation. Also explains that it is difficult to predict the future outcome	Some structure to the conversation but provides some unnecessary information	No structure. Lists all possible complications
	Checks her understanding and pauses appropriately as per mother's reactions. Stops talking when mother is in severe pain	Checks her understanding but does not always pause even when mother is very upset.	Does not check mother's understanding appropriately and talks though her contractions and when she is very upset
	Provides factually accurate information and does not falsely reassure. Offers evidence based numbers for survival and severe disability in babies born at that gestational age. However acknowledges that these are from collated data and may not be very accurate for a specific child	Provides factually accurate information and does not falsely reassure. Offers evidence based numbers for survival and severe disability in babies born at that gestational age.	Factually incorrect information. False hope/despair
	Offers to facilitate conversations with neonatal consultant	Mentions that consultant can have a chat but does not offer to facilitate it	No mention of consultant

Contd...

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Domains	Meets standards	Borderline	Below standards
Overall approach and engagement	Exhibits appropriate empathy, addresses Joanne's concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns	Minimal or no empathy shown, disregards Joanne's concerns and apprehensions
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Exhibits good communication skills with a mother who is in physical pain and away from her husband in this difficult time	Exhibits reasonable communication skills with mother who is in physical pain and away from her husband in this difficult time	Exhibits poor communication skills with disregard for mother's emotional and physical status

COMMUNICATION STATION 42: Social Embarassment Caused by Feeding Formula Milk

CANDIDATE INFORMATION

You are: A trainee in Paediatrics at the end of level 1 training in a District General Hospital.

You will be talking to: Ms Roseline Butcher, mother of newborn male infant Henry.

Setting: Side room in the postnatal ward.

Background Information

Ms Roseline Butcher, had an emergency caesarean section delivery under general anaesthesia for poor CTG and non-recovery of the foetal heart rate. Henry was born in good condition and did not need any resuscitation. Ms Butcher had been expressing her breast milk a few days prior to the delivery and had provided clear instructions to the midwifery team that she wanted her newborn baby to have her expressed breast milk which was kept in the labour ward fridge.

However, the labour ward was extremely busy and a midwifery care assistant (MCA) was assigned the responsibility to care for Henry as Ms Butcher was recovering from the anaesthesia. The MCA has inadvertently fed Henry on formula milk overnight. As soon as Ms Butcher was informed regarding the error, she has become very angry and extremely upset at the whole situation. The midwifery matron is going to speak to her later in the day to address her complaints. Ms Butcher has demanded to see a paediatrician as she wanted to discuss a few issues. You have been informed that Ms Butcher is a breastfeeding peer and is well known to the staff in the maternity unit.

Task

Speak to Ms Butcher regarding her concerns. You are not expected to gather further information but need to satisfactorily answer any queries that Ms Butcher may have.

ROLE PLAYER INFORMATION

Background

- You are Ms Roseline Butcher, 32 years old–likes to be called 'Rosie'.
- You are a philosophy teacher by profession in the local secondary school.
- You have been a breastfeeding peer for the last five years and are regarded very highly for the support you provide to the mothers breastfeeding their babies.
- Your previous child Henrietta was fed on formula milk as you chose not to breast feed her, she developed severe eczema and diarrhoea, needing specialised milk formula for first couple of years of her life.
- You felt you had let Henrietta down by not breastfeeding her and you developed post-traumatic stress disorder (PTSD) subsequent to that experience.
- Your partner Robert is in the army and is on an overseas posting, he is on his way back to be with the family soon.
- You had attended the antenatal clinic yesterday for a routine check-up, and the midwives were concerned that your baby was not moving enough and had put you on a monitor which picked up that baby's heart rate was very slow.
- You were advised to undergo an emergency caesarean section, although you had planned for a homebirth and a normal delivery.
- You felt completely out of control about the whole situation but wanted the best for your unborn baby.
- Your daughter Henrietta is well, and is looked after by a family friend.
- You are relieved to know that your son Henry was delivered in good condition, and he did not need any support from the paediatric team.

You are upset and angry about:

- You could not care for Henry straightaway as you were recovering from anaesthesia.
- You were told that a MCA was assigned the responsibility to care for Henry.
- You wanted the best start for your baby and had taken the initiative to express your breast milk for last 2 weeks and had been storing it in the fridge/freezer in case you were not able to feed Henry soon after he was born.
- Before you were put under anaesthesia, you had categorically mentioned to your midwife Josie that you wanted Henry to be fed on your expressed breastmilk, stored in the labour ward fridge.
- You had made it crystal clear that you would want Henry to be given intravenous glucose instead of formula feeds should it become necessary.
- You have been informed that as the labour ward was busy, the message did not get passed on to the MCA who was assigned the responsibility to look after Henry overnight.
- The MCA inadvertently fed Henry on formula milk twice overnight as she was not made aware of your instructions about your expressed breast milk in the fridge which was meant to be given to Henry.
- You are extremely upset with the whole situation and rather angry as to how such an error could have happened even though you had made a feeding plan for Henry.

You want to discuss with the candidate:

- Is there anything that the paediatricians can do to remove formula milk from Henry's stomach which he was fed about 4 hours ago as you want to make a video and record a commentary for prospective mothers should they encounter such unfortunate situations.
- You are likely to be explained that the formula milk would have left the stomach by now and even if a feeding tube is inserted it is unlikely that this milk can be aspirated back.
- You look rather upset and dejected as you thought that it may be a way forward to minimise any damage.
- You mention that if this information becomes known or gets into social media platforms which is accessed by other breast feeding peers or the ladies you had supported in the past, it will cause you immense social embarrassment and your credibility to continue as a breastfeeding peer would be questioned.
- The candidate should reassure you that the information would be confidential and would never be shared with other breastfeeding peers, and information regarding mothers who want peer support is not shared without proper consent.
- You expect the candidate to offer an apology for the error on behalf of the team, and you mention that the midwifery matron is expected to meet you later in the day to discuss and ensure that none of the breastfeeding peers get to know that you have delivered and are in the hospital.
- The candidate is likely to mention that they will pass on this message to the midwife looking after her and Henry, so that the meeting can be facilitated as a matter of priority.
- You feel a bit relieved, however you want to know who this MCA was who made this error as the midwifery team would not give you the name.
- The candidate should politely explain the procedure how incidents are addressed and may mention about incident reporting form, without naming the person who was involved with the error.
- Candidate may also explain about strategies for improvement in handover, crosschecking the notes and other safety measures that may be put in place for the future.
- Candidate should reassure you that two formula feeds are extremely unlikely to lead to Henry developing eczema and cow's milk protein allergy.
- You demand to know whether such errors will be completely prevented in the future by these strategies and the candidate should explain that while the teams aspire to minimise errors, it cannot be promised. However, teams learn from their mistakes and work collaboratively to improve the quality of care they provide.
- You remain rather upset but realise that the candidate may not be able to solve your social issues and are waiting to meet the matron.
- The candidate may again offer apologies and may make plans to come back and see Henry and answer any further questions you may have.
- If you want to make a complaint, they should facilitate the process and provide information regarding patient advice and liaison services (PALS).

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Social embarrassment for mother who is a breastfeeding peer caused by her newborn baby being fed with formula milk.

- Candidate should introduce themselves properly to Ms Butcher.
- Check how the role player would like to be addressed.
- Remembers the child's name and sex and appropriately refers to Henry during the consultation.
- Address's role player's issues and questions appropriately.
- Exhibits empathy and gives time to Ms Butcher to express her concerns and offers apologies on behalf of the team.
- Candidate should acknowledge the wonderful support that new mothers receive from the breastfeeding peers and should thank Ms Butcher for her support to the maternity unit.
- Does not provide the name of the midwifery care assistant who caused the error but explains about incident reporting forms, learning from mistakes, etc.
- Offers explanation and reassurance that confidential information would not get shared on social media platforms.
- Candidate is expected to show a basic understanding as to how adverse incidents are handled in the NHS.
- Offers to make themselves available to answer any further questions that Ms Butcher may have.
- Provides factually correct information.
- Does not waste time gathering more information about Henrietta.
- Offers information leaflet regarding PALS.

COMMUNICATION STATION 43: Cleft Lip and Palate

CANDIDATE INFORMATION

You are: A Paediatric Registrar in a District General Hospital.

You will be talking to: Mrs Fiona McBride.

Setting: Video consultation.

Background Information

Mrs McBride is pregnant and is in her late second trimester. During her 20-week anomaly scan, she has been informed by her obstetrician that the baby has a cleft lip and cleft palate, which has been confirmed by a foetal medicine consultant who had repeated the ultrasound scan. She has been informed that the rest of the anomaly scan was normal. The obstetrician has informed Mrs McBride that it is likely that the baby will need some surgery after being born and she is concerned about this. She has requested for a discussion with the paediatric team to understand what will happen once the baby is born.

Task

Explain to Mrs McBride the management of cleft lip and palate after the birth of her baby. You are not expected to gather further information; however, you may explore any concerns she may have and answer her queries.

ROLE PLAYER INFORMATION

Background

- You are Mrs Fiona McBride and currently in late 2nd trimester of pregnancy.
- You like to be referred to as 'Fi'.
- Apart from some vomiting in the first few months you have not had any pregnancy related problem so far.
- This is your first pregnancy and you are feeling rather nervous.
- You are 30 years old and work as an independent financial advisor.
- Your husband Neil McBride (28 years) is a banker.
- You live in a 4-bedroom property that you own.
- You went for the planned 20-week anomaly scan, and was expecting it to be normal.
- However, your obstetrician mentioned that the baby has a cleft lip and cleft palate. You did not want to know the sex of the baby.
- You remember that the lady who did the jelly (i.e. ultrasound) scan had mentioned that she will get an expert to redo the scan.
- You will be attending the video consultation alone as your husband is at work.

Your Approach during the Video Consultation

- Your initial emotion would be one of anxiety and apprehension.
- You do not have any first-hand experience of cleft lip and cleft palate as you do not know of any friends or relatives whose children were born with this condition.
- Ask the candidate first how reliable the ultrasound scan is in detecting these abnormalities. Please also ask if it is possible that the baby has any other related abnormalities.
- Candidate should explain ultrasound in expert hands is extremely reliable and that a foetal medicine expert has confirmed the findings. However, they may offer to facilitate a discussion with the foetal medicine consultant to further discuss your concerns about the authenticity of the scan results.
- You want to know what exactly the problem is as you did not want to become more anxious by looking it up on the internet.
- Candidate is likely to explain that a cleft is a gap or split in the upper lip and/or roof of the mouth (palate). It happens because parts of the baby's palate and adjoining facial structures did not come together properly during development in the womb.
- The candidate is likely to mention and reassure you that no other abnormalities were identified during the anomaly scan.
- However, if the candidate seems unsure, you may ask what other abnormalities the baby can have.
- After this, please ask as to whether your baby will have any particular problems after birth and what can be done about them.
- If feeding difficulties are mentioned by the candidate, please ask if it is likely that the baby will have to stay in hospital for a long time.
- Candidate is likely to explain that a plan will be made prior to delivery and a copy will be filed in the 'unborn baby folder' which is kept in the neonatal unit.

- Candidate is likely to explain that a baby with a cleft lip and palate may be unable to breastfeed or feed from a normal bottle because they cannot form a good seal with their lips. They may also explain to you about special teats which are available.
- You also want to know whether there are any long-term problems that may occur because of the cleft lip and palate.
- Candidate may mention about other associated issues such as:
  - *Hearing problems*—some babies with a cleft palate are more vulnerable to ear infections and a build-up of fluid in their ears (glue ear), which may affect their hearing.
  - *Dental problems*—a cleft lip and palate can mean a child's teeth do not develop correctly.
  - *Speech problems*—if there is a cleft palate, it can lead to speech problems such as unclear or nasal-sounding speech when the child is older.
- You will then ask about the surgeries the baby is likely to need.
- Candidate is likely to explain that once baby is born a specialist nurse from the cleft lip and palate team will come and assess your baby, may take photographs, and will discuss with the surgeons to find what type of surgery will be needed.
- Candidate may discuss that an operation to correct a cleft lip is usually done when the baby is 3–6 months old and an operation to repair a cleft palate is usually done at 6–12 months of age.
- Please ask about possible complications of surgeries if the candidate goes on explaining the surgical procedure, otherwise you may skip it during the discussion.
- At the end, please ask if the baby will be able to lead a completely normal life and the candidate should sound optimistic but realistic while providing reassurance.
- If the candidate starts discussing about genetic issues, you will interrupt and say that you want to enjoy the pregnancy and will address any such issues after your baby is born.
- You may be offered to be sent a copy of the clinic letter and information leaflet available from the regional cleft team about the condition.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussing management of antenatal diagnosis of cleft lip and palate.

Domains	Meets standards	Borderline	Below standards
Introduction	Introduces self and clarifies the agenda for the consultation	Introduces self, briefly mentions the agenda for the consultation	Starts talking without a proper introduction or explaining the agenda for consultation
	Checks how the role player likes to be addressed and uses it appropriately. Congratulates mother for the pregnancy	Checks how the role player likes to be referred to but infrequently may not remember it, do not refer to her as 'mum'	Forgets or does not bother to ask as to how the role player would like to be addressed, and even if corrected does not acknowledge and carries on the discussion. May refer to her as 'mum'
The consultation process	Explains politely that the reliability of ultrasound in detecting cleft lip and palate on anomaly scan is not her/his area of expertise. The obstetrician or foetal medicine consultant would be most suited to answer these	Explains the same but in a less empathetic manner	Mentions that ultrasound is very reliable or not reliable at all in detecting these abnormalities. Says something to the effect that s/he is not the person to answer these questions in a rude and abrupt manner
	Explains that cleft lip and cleft palate can be associated with other abnormalities in the baby, and the obstetric/foetal medicine team would have looked for other abnormalities. However, after birth, the baby will have a thorough examination to ensure there is no other associated abnormality. Explains this with empathy and sensitivity	Explains the same but not confidently or with inconsistent empathy	Reassures mother that usually it is not associated with other abnormalities or says other abnormalities are frequently associated with this. Gives correct information but without sensitivity or empathy
	Should explain that the most common difficulty the babies with cleft lip and palate tend to have after birth is feeding difficulties and may need special feeding bottles/teats. Reassures that even if there are feeding difficulties, help and support will be available	Explains the same thing but lacks confidence or with inconsistent empathy	Possible feeding difficulty is not mentioned or no reassurance that feeding difficulty can be dealt with support

Contd...

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Domains	Meets standards	Borderline	Below standards
	Explains that all babies are different and it is not possible to predict how long it will take to establish feeds. However, the baby will only be discharged after feeds are properly established	Explains the same but with less confidence or with less empathy	Provides a particular number of days of stay or says that prolonged stay not needed. No acknowledgment of Mrs McBride's anxiety or uncertainty
	Explains that the surgical intervention will be planned by the surgical team, (Plastic surgery or ENT team with expertise in cleft lip and palate surgery). However, exact timing of surgery will be decided after full assessment of the baby by a team of surgeons	Explains the same but in an unstructured manner or without consistent empathy	Provides no clear or wrong/unrealistic time frame. Does not mention possible need for further surgery. No/minimal empathy. Dismissive of mother's point of view/concerns
	When asked about complications s/he should mention that the surgical team would discuss these in detail before undertaking any intervention. Politely explains that this is not her/his area of expertise	Enumerates common surgical complications but also mentions that the surgical team will explain these in detail	No mention of surgical team or mentions unlikely complications
	If asked about whether the baby will have a normal life, s/he should explain that most children with cleft lip and palate can lead a normal life	Mentions that most children will lead a normal life but without any further information	Says things to the effect that the children with cleft lip and palate are not likely to lead a normal life or have lifelong disabilities or cosmetic issues

Contd…

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Domains	Meets standards	Borderline	Below standards
Overall approach and engagement	Exhibits appropriate empathy, addresses Mrs McBride's concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards Mrs McBride's concerns and apprehensions
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Avoids technical terms and jargon, checks mother's understanding from time to time but not in a derogatory fashion	Occasional use of technical terms/jargon but explains in plain English when interrupted. Checks mother's under-standing but infrequently	Full of technical terms and jargon.
	Exhibits good communication skills with a mother who is very concerned and worried.	Exhibits good communication skills with a mother who is very concerned and worried but inconsistently. Tries but fails to reassure her adequately	Exhibits poor communication skills with disregard to mother's emotional status. No attempt to reassure her

COMMUNICATION STATION 44: Transfer to Paediatric Nephrology Centre for Managing Haemolytic Uraemic Syndrome

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Parent of 2½-year-old Jasper.

Setting: Telephone consultation.

Background Information

Jasper is a 2½-year-old previously healthy boy. He has been admitted with bloody diarrhoea 2 days back. It was documented in the clinical notes that he has recently visited an animal farm and subsequently started with the diarrhoeal illness 4 days later. His stool culture results have confirmed growth of *Escherichia coli* O157.

He has not passed urine for last 21 hours and appears pale and oedematous. Blood tests from earlier in the day showed:

- Haemoglobin—67 g/L (range 112–152)
- Platelets—21 × 10^9/L (range 150–400)
- White cell count—9.6 × 10^9/L (range 4.0–10.4)
- Urea—14.2 mmol/L (range 2.6–5.2)
- Creatinine—287 µmol/L (range 22–66)

Your consultant Dr Lukemann has discussed with the regional nephrology centre and an ambulance transfer is being arranged soon. Dr Lukemann has suggested that haemodialysis is likely to be done later in the day. His grandfather is with him now.

Task

Speak to Jasper's parent(s) and inform that about the diagnosis and the need for transfer to the regional nephrology centre soon. Do not gather further history. You may answer any questions that parent(s) may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Jones, parent(s) of Jasper.
- Jasper is 2½-year-old and has been previously a healthy boy.
- You brought him to the hospital with bloody diarrhoea 2 days back and Jasper was admitted to the children's ward.
- Jasper started with diarrhoeal illness 4 days after he visited an animal farm.
- You have gone home to sort out some urgent issues and are expected to be back in the next few hours.
- His grandfather is in the hospital with Jasper.

Current situation:

- Jasper was feeling slightly better last night after being on a drip for last 36 hours.
- You remain concerned that Jasper has not passed urine for nearly a day.
- The consultant informed you that blood tests have been done earlier in the morning which may explain his condition. The consultant had also mentioned that stool results were outstanding.
- You have been worried ever since you received a call from the ward clerk about this urgent telephone consultation 15 minutes back.

During the consultation:

- You expect that the candidate will let you know the blood and stool results.
- You want to know why this urgent telephone consultation has been arranged.
- When the candidate explains that the diagnosis of Haemolytic uraemic syndrome (HUS), you want to know what it is?
- Candidate may explain that it is a rare condition which is caused by damage to tiny blood vessels. The kidney's filtering system which becomes clogged by blood clots.
- Candidate may also explain that in HUS there is destruction of red blood cells causing anaemia.
- They may also explain a low platelet count, which help with blood clotting.
- Candidate should explain that Jasper's stool test has confirmed a bug called *Escherichia coli* O157 which is associated with HUS.

Once the blood results and the diagnosis has been explained:

- You will be informed that Jasper will need to be transferred to the nearest regional paediatric nephrology centre.
- You will also be explained that an urgent ambulance transfer is being arranged for Jasper.
- If the candidate does not explain why Jasper needs to transferred soon, you will ask about it.
- Candidate may explain that Jasper may need to undergo dialysis but you do not expect a detailed discussion about the procedure.
- Candidate may explain that dialysis is a procedure that will clean Jasper's blood as his kidneys are not working properly.
- You will be expecting some leaflets or a website link where you can find some useful information.

- You want to know whether Jasper can be transferred to the regional nephrology centre tomorrow morning. You need to be explained it is a time critical transfer and will have to done today—if explained clearly, you will agree to come back to the hospital straight away.
- When parents ask whether HUS can make Jasper very sick, the candidate needs to be truthful as severe HUS can affect the brain, gut, heart, liver and pancreas.
- You expect to be approached with empathy and compassion by the candidate.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Explaining the Need for Transfer to Paediatric Nephrology Centre for Managing Haemolytic Uraemic Syndrome

Domains	Meets standards	Borderline	Below standards
Introduction	Appropriate exchange of greetings, clarifies the agenda for the telephone consultation	Mentions the agenda for the consultation but may not be structured	Starts talking without a proper clarification of the agenda
	Understands and adapts to the challenges of a telephone consultation	Tries to adapt to the challenges of a telephone consultation	Minimal or no adaptation to the challenges of a telephone consultation
The consultation process	Structured discussion, pays attention to cues and explores and addresses concerns further	Limited structure, occasionally picks up on cues and tries to address them	Discussion not structured, does not pick up or ignores cues, follows own agenda
	Does a balanced discussion and exhibits empathy and sensitiveness needed of the situation	Attempts a good discussion, at times appears to be rushed and does not explain the issues properly	Unstructured approach, may go into a information gathering mode, asks unnecessary or unrealistic questions, and lacks empathy
	Provides factually correct information, do not get persuaded by the parent and agree for the transfer the next day	Provides correct information but at times may lack the appropriate balance. May appear to get persuaded by the parent and agree for the transfer the next day	Appears to provide information which may be factually incorrect or at times appear to blame parent for visiting the animal farm. Agrees for the transfer the next day
Overall approach and engagement	Exhibits appropriate empathy, addresses parent's concerns and expectations	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards parent's concerns and expectations, appears disinterested
	Picks up cues during consultation, and genuinely explores further to understand parent's perspectives but keep patient's need the top priority	Occasionally picks up cues and tries to understand parent's perspectives but may appear confused with the complexity of the situation	Does not understand or disregards cues, makes no attempt to explore parent's perspectives. Is not able to manage the complexity of the situation
	Exhibits good communication skills with parent(s) in a difficult situation and provides opportunity to Jasper's parent(s) to express their worries and concerns. Able to provide support and guidance necessary.	Appropriate communication skills and provides some opportunity to Jasper's parent(s) to express their worries and concerns. Does not make a clear plan for the support necessary.	Communication skills with parent(s) may not be appropriate, provides minimal opportunity to them to express their worries and concerns. Does not make plans for the support needed.

COMMUNICATION STATION 45: Relapse of Nephrotic Syndrome—Need for Starting Steroids

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Father of Ted Armer.

Setting: Telephone consultation.

Background Information

You are the paediatric registrar working in the day unit. You are about to speak to Mr Danny Armer, father of 5-year-old Ted. Ted was diagnosed with nephrotic syndrome 8 months back. His mother Nancy has called the paediatric unit to say that Ted has been having 4+ protein in his urine for last 4 days, he appeared puffy in his face for last 3 days. Parents do not live together and Ted has gone to stay with his dad for next 2 weeks.

Blood tests done by the community nurse earlier in the day has shown that his renal function were within acceptable limits. You have spoken to Ted's consultant Dr Brown who has suggested starting him on oral prednisolone. Ted is currently not on any medications.

Task

Please speak to the Ted's father about the need for starting prednisolone. Do not gather further history and you may answer any questions that father may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr Danny Armer.
- Ted is your only child and he is 5 years old.
- Ted's mother Nancy and you do not live together.
- As you were abroad you do not know much about Ted's condition except that he was diagnosed with nephrotic syndrome 8 months ago. If the candidate enquires about your understanding of Nephrotic syndrome, you would say that it is very limited.
- You are aware that Ted had been well and is not taking any medications presently.
- Ted is going to stay with you for next 2 weeks.
- Nancy has briefly informed you that Ted's urine had some protein in it but you did not understand what it meant.
- You were informed by Nancy that the doctor from the hospital will call you to explain what treatment Ted will need.

You are expecting to discuss with the doctor:

- What is nephrotic syndrome?
- You look worried and want to find what Nancy meant when she said 'Ted's urine had some protein in it.'
- Candidate should explain that nephrotic syndrome is a condition where the 'filters' in the kidney become 'leaky' and large amounts of protein leaks from Ted's blood into his urine. The main symptom is fluid retention (oedema) which is mainly due to the low protein level in the blood.
- Candidate is likely to explain that children with nephrotic syndrome have times when their symptoms are under control (remission), followed by times when symptoms return (i.e. relapse occurs). Ted is currently in relapse when the kidneys leak lots of protein into the urine and children appear puffy in the face, are at increased risk of infections, forming blood clots, tummy pain, and less frequent urination.
- Now that you understand about the condition, and that Ted is having a relapse, you want to know how it is treated.
- Candidate will explain that Ted will need to be started on steroids (prednisolone) which will take a few days to work when the protein in urine (monitored on a urine dipstick test) will diminish and the swelling will decrease.
- You will say that you have read things about steroids which are worrying and want to know the side effects.
- Candidate is likely to say that when prednisolone is prescribed for short periods, there are usually no serious or long-lasting side effects, although some children may experience increased appetite, weight gain, fullness of cheeks and mood changes.
- You again say that you do not like the side effects from steroids and are not keen on them!
- You want to discuss this with Nancy later in the day and will inform the doctor of your decision about starting steroids.
- If the candidate does not offer you the chance to discuss with Ted's mother but remains adamant on starting them straight away, you may refuse the proposed treatment.

If the candidate explores with empathy as to why you are not keen on steroids, you will disclose that:

- You are worried about steroids as your grandmother had broken bones secondary to steroids.
- Candidate should reassure you that as Ted is unlikely to be on steroids for a long time, this is unlikely to happen. Ted will be monitored for the side effects of steroids.
- You also want to know whether these relapses will keep occurring and whether Ted will ever get better!
- Candidate should reassure you that in most children relapses will become less frequent as they get older, eventually "growing out of it" by their teens.
- You will remain worried and would display controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Steroid treatment for relapse of nephrotic syndrome.

- Introduces self to father and asks about the well-being of the child (as it is a telephone consultation).
- Refers the role player as Mr Armer or Danny and not as dad or father.
- Addresses the child by his name 'Ted' and does not confuse the gender of the child.
- Explains the agenda for discussion and describes nephrotic syndrome in a simple manner.
- Mentions early in the discussion about the relapse of nephrotic syndrome and the need for starting prednisolone.
- Gives a clear explanation that the prednisolone is needed to treat the relapse.
- Should not be patronising about the need for starting prednisolone and be able to negotiate the need for it with Mr Armer.
- Should make clear plans about future meetings.
- Frequently checks that Mr Armer understands and avoids monologue.
- Explores why Mr Armer is not keen on steroids and provides appropriate information
- Provides factually correct information.
- Does not waste time in taking history about nephrotic syndrome.
- Summarises the discussion and addresses any concern raised.
- May provide/mention about information leaflets.

COMMUNICATION STATION 46: Explaining Rationale for ADHD Diagnosis

CANDIDATE INFORMATION

You are: ST4 in community paediatrics.

You will be talking to: Mrs Humera Begum, mother of seven year old Aktar Hassan.

Setting: Paediatric outpatient clinic room.

Background Information

Aktar is a seven-year-old boy who was referred by the school for suspected Attention deficit hyperactivity disorder (ADHD) to the community paeditric team. Aktar was reported to be inattentive in class, hyperactive and extremely impulsive. He was described as a live wire by the school. He has been formally diagnosed with ADHD by the community paediatric consultant. Mother could not attend the consultation when the formal diagnosis was made as she was unwell. Mrs Begum feels that this diagnosis is not necessary or helpful and will cause societal embarrassment to their family.

Task

Speak to Mrs Begum regarding the diagnosis of ADHD, why it is important for Aktar, and the additional help and support the family are likely to get once the diagnosis is established. You are not expected to gather further history, however you may explore any concerns or worries that Mrs Begum has and respond appropriately.

ROLE PLAYER INFORMATION

Background

- You are Mrs Begum, mother of 7-year-old Aktar.
- Parents are married and are first cousins.
- Aktar is your fourth child.
- Aktar is the youngest one. He has got three older sisters.
- Mother is unhappy with Aktar's diagnosis. She knows that his dad also had similar issues in his childhood but nobody labelled him with ADHD.
- You are very worried and not sure as to what will happen as you consider the diagnosis of ADHD is a lifelong stigma for your only son.

You want to Discuss

- Whether Aktar has ADHD?
- You need to be explained that the assessments done for Aktar are appropriate.
- You need to be explained that this is a clinical diagnosis based on assessments done by a very competent team of doctors, allied health and relevant education professionals.
- You wanted Aktar to have a brain scan and blood investigations to confirm this diagnosis.
- You want to know the implications of this diagnosis. You are worried that it might affect his academic achievements and Aktar might be sent to a special school.
- Currently Aktar is attending a very popular primary school and you and your family moved to this area specifically for his schooling.
- You consider Aktar to be a very bright kid but with short attention span. All your family members consider his behaviour to be normal for his age. You think the school and some of the neighbours are overreacting.
- You are unhappy that the school did not explain their concerns about Aktar and did not seek appropriate permission from you while referring him for ADHD assessment.
- You are very worried that with this diagnosis, you may be blamed for his condition and your family will be isolated from any community event(s).
- You want to know if any medication can help Aktar.
- You appear a bit confused as to what will happen to Aktar at his cricket club where his dad enrolled him.
- Candidate should explain and reassure mum that a diagnosis of ADHD is not uncommon and there is no stigma attached to it.
- Candidate should focus on the common strategies between school and parents in managing this condition for its best outcome.
- Candidate should emphasise that it is important to have a formal diagnosis made for Aktar to get the additional help and support at school. Candidate should also explain that many children with additional support continue to attend mainstream school.
- You need to be informed that:
  - Aktar has three cardinal symptoms suggestive of ADHD, i.e. hyperactivity, poor attention span and impulsivity.
  - Management is based on addressing the behavioural issues at school.
  - He might need extra support for his problems in school.
  - Parental education is an integral part of his management.
  - He may need medication later on.
  - He may need involvement of MDT: Educational psychologist, specialist school teachers, speech and language therapy (if language problem), physiotherapist and occupational therapist (if coordination difficulties).
  - No role of dietary modification.
- You expect lot of reassurance from the candidate and exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Addressing and managing parental concerns regarding ADHD.

- Introduces themselves appropriately at the start of the scenario.
- Addresses role player's issues and answers questions appropriately.
- Correctly addresses role player and child by their names.
- Exhibits empathy and gives time to Mrs Humera Begum to express her concerns and worries.
- Explains about ADHD and the importance of having the formal diagnosis of ADHD.
- Explains the role of MDT.
- Does not say that Aktar needs to go to a special school.
- Able to address concern regarding the social stigma associated with ADHD.
- Makes appropriate follow-up plans and mentions about discussing with the consultant.
- Provides factually correct information.
- Offers available information leaflets and information about local support groups.

COMMUNICATION STATION 47: Head Injury Management

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Mother of 14-year-old Jonny.

Setting: Side room in the ward.

Background Information

Jonny was involved in a bike accident when he lost control and hit a concrete slab. He was not wearing a helmet. A CT scan showed un-displaced skull fracture and a small bleed in the brain. The neurosurgical team has reviewed the CT scan images and has advised that no surgical intervention is necessary but to observe Jonny on the ward. Neurosurgical team suggested starting phenytoin. Jonny has got a bruised swollen face but is awake with GCS of 15. You have examined Jonny and are happy with his progress.

Task

Talk to Jonny's mother about the head injury management. Do not gather further history. You may answer any questions that mother may have.

ROLE PLAYER INFORMATION

- You are Julie, mother of 14-year-old Jonny.
- Jonny is your only child.
- You are angry with Jonny at his foolishness and have told him off for not wearing a helmet.
- You are very worried and tearful and not sure what is happening.
- You want to know about the scan findings and are worried that Jonny may die or may have long-term brain damage—you expect lot of reassurance from the candidate.
- You will be explained that the CT scan has shown a fracture and a small bleed in the brain and the neurosurgical colleagues have suggested close observation for next 48 hours.
- If the candidate provides information in a simple manner which you can understand, you will feel reassured and engage better.
- When the candidate gives information regarding starting phenytoin you do not want it as you have heard this can cause liver damage.
- Only agree for phenytoin if the candidate is able to explain its protective role in preventing seizures after head injury.
- You do not expect false reassurance about outcome of a moderate head injury which may cause transient memory disturbance over next few months.
- You hope to be provided written information (leaflet) about head injury.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Head injury management and protective role of phenytoin.

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player and child by their names.
- Exhibits empathy and gives time to Julie to express her concerns and worries.
- Explains CT scan findings in a simple manner and provides appropriate re-assurance.
- Mentions about discussing the case with paediatric consultant.
- Explains the role of phenytoin in the prophylaxis of early post-traumatic seizures.
- Does not provide false reassurance about benefits of phenytoin.
- Provides reassurance about transient memory loss post head injury, offers follow-up in clinic to monitor progress.
- Offers information leaflet available in the hospital.
- Provides factually correct information.
- Does not waste time in gaining further history about Jonny's head injury and focuses on the task—explaining the relevant management in this case.

COMMUNICATION STATION 48: Poor Adherance to Anti-epiletic Medication

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: 15½-year-old Callum James.

Setting: Clinic room in the paediatric outpatient department.

Background Information

Callum was diagnosed with generalised epilepsy at 6 years of age. His epilepsy has been well controlled on sodium valproate until the last 6 months. Previous attempts at stopping sodium valproate have not been successful. Callum has been brought to the emergency department three times due to recurrence of seizures over the past 6 months. Blood tests done recently and were normal except for his valproate level which was 23 mg/L (therapeutic range: 50–100 mg/L). Callum is meeting you alone to discuss his epilepsy control.

Task

Talk to Callum about his epilepsy control and further management. You are not expected to gather more history but may answer any questions that Callum may have.

ROLE PLAYER INFORMATION

Background

- You are Callum James, 15½-year-old.
- You have been diagnosed with epilepsy 9 years back.
- You had no seizures for a long time on a medicine called sodium valproate.
- However, over the past 6 months you had to be rushed to the hospital three times because of recurrence of seizure episodes, each lasting more than 5 minutes.
- Your mother told you that she had administered a liquid medicine (midazolam) in your gums on two occasions recently to stop your seizures.
- You have missed your medicines frequently over the past 6 months but do not want to admit it straight away.
- You live with your mother and there are no issues of bullying at school.

You want to discuss:

- Why are you getting such frequent seizures when things have been good for so many years.
- Candidate should explore as to whether you forget to take your medicines.
- They should also explain that the medication level in your blood was very low.
- You will say your mother has started working long hours in a care home and that you have to remember to take your medicine yourself.
- You will also say that you have missed your medicines once or twice over the past few months when you were on school trips as you did not want to take it in front of your schoolmates.
- You do not want the doctor to let your mother know that you have missed your medicines.
- While you expect confidentiality to be maintained, you will however be open to discussions as to why you should involve your mother as it will help her understand the situation and support you better.
- You expect the candidate will pick up on the cue and will sensitively explore the situation further.
- If they miss the initial cue you will prompt them once again after the 6 minutes warning bell by saying that you do not like taking the medicine every day and you want to take it only during the weekends.

If the candidate explores with empathy:

- You will say that you are losing hair, feel agitated and shaky at times, getting headaches, finding it hard to concentrate on your lessons. You are also putting on weight and you read that this medicine is known to cause these problems.
- Candidate may explain the benefits of seizure control by taking the medicines and the risks of getting more seizures if you do not take it regularly.
- If the candidate wants to offer the opportunity of using a different preparation of sodium valproate (e.g. once daily controlled release medication) or changing your current medicine which may be better tolerated, you would be open for further discussion another time when your mother is able to come with you to the clinic.
- If there is an opportunity and the candidate explores whether there are other issues why you do not want to take the sodium valproate, you will say that if you continue taking the medicine you would not be able to start driving lessons anytime soon.
- Candidate should explain that a patient need to be seizure free for a year and it may be possible that Callum will be able to start driving lessons if he remains seizure free on medicines.
- Candidate is likely to offer you leaflets and web link to epilepsy support groups—if they do not, you can gently prompt them.
- You expect lot of reassurance from the candidate and exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Poor adherence to sodium valproate in a young person with epilepsy.

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player by their name.
- Exhibits empathy and gives time to Callum to express his concerns and worries.
- Explains the need for taking regular anti-epileptic drugs in a non-patronising way.
- Candidate is able to mention the option for an alternative preparation or a different anti-epileptic drug.
- Candidate while maintaining confidentiality should be able to encourage Callum to discuss the issues around his epilepsy control through involving his mother and is able to explain the benefits of involving her in his ongoing care.
- Candidate should focus on the young person's best interest and be an advocate for his wellbeing.
- Candidate should pick up on cues provided and explore further why Callum does not take his medicines.
- Candidate should demonstrate their ability to effectively work in partnership with a young person.
- Mentions about involving Callum's paediatric consultant, and paediatric epilepsy nurse.
- Offers appropriate website address for epilepsy support groups.
- Provides factually correct information.
- Does not waste time in gaining further history or explaining about epilepsy in general.

COMMUNICATION STATION 49: Epilepsy Lifestyle Modifications

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Mrs Jenny Pritchard, mother of Alissa.

Setting: Counselling room in the paediatric department.

Background Information

Alissa is an 8-year-old girl who has recently been diagnosed with generalised childhood epilepsy. She had an aura before the actual seizure episode. However her interictal EEG is normal. Alissa has been started on Lamotrigine as she had 3 seizures within a span of 3 weeks. She is being discharged from the hospital today.

Task

Please talk to Mrs Pritchard about the lifestyle modifications Alissa might need to make in view of her new diagnosis. Please do not gather further history but you may answer any questions that's Mrs Pritchard may ask.

ROLE PLAYER INFORMATION

Background

- You are Mrs Jenny Pritchard 36-year of age, your husband is Mr Erik Pritchard 33-year-old. You both work in a post office.
- You prefer to be addressed as Jenny.
- You have no other children.
- Alissa was previously well and has had 3 seizures in the last 3 weeks. The first two were at school and you were informed that the episodes lasted about 4–5 minutes each. The last episode was at home and it lasted for about 8 minutes. She was sleepy afterwards.
- You took her to GP surgery and Alissa was referred to the paediatric on-call team.
- Alissa was started on the medicine in view of recurrent episodes though her brain wave testing (EEG) was normal.

Getting ready for discharge:

- You are aware that that Alissa would be discharged today and are apprehensive about this.
- You are worried about her having similar episodes again and would rather stay in the hospital for a few more days.
- You need information about any specific precautions that Alissa need to follow post discharge.
- Your specific questions would be
  - Why this has happened to her; Is there any brain abnormality.
  - Since you were told that seizures were caused by electrical disturbances in the brain, why is her brain wave tracing normal.
  - What are the chances of seizures happening again.
  - Unless already covered, ask specifically about swimming, bathing, cycling, physical exercise (she is in the school football team) towards the end of the consultation.
  - If this is going to affect her school performance.
  - Should you inform the school about her diagnosis and medication.

WHAT MAY BE EXPECTED FROM THE CANDIDATE BY THE EXAMINER?

Scenario: Discussion about lifestyle modifications in a child newly diagnosed with epilepsy

Domains	Meets standards	Borderline	Below standards
Introduction	Introduces self and clarifies the agenda for the consultation	Introduces self but does not clarify the agenda for the consultation	Starts talking without a proper introduction
	Checks how the role player likes to be addressed and uses it appropriately	Checks how the role player likes to be referred to but infrequently may not remember this	Forgets or does not bother to ask, and even if corrected does not acknowledge and correct it
The consultation process	Checks mother's understanding and prior knowledge but does not go into the details of the episodes to establish the diagnosis	Checks mother's understanding and prior knowledge and wastes some time on confirming the diagnosis	Starts the conversation without checking mother's prior knowledge and understanding
	Uses a structured approach and explains the lifestyle modifications needed.	Uses a structured approach but misses out a few things; and answers appropriately when prompted by mother	Mother needs to ask questions to get relevant information
	Checks her understanding and addresses mother's queries	Checks her understanding but focuses more on the task given than mothers queries	Ignores mother's queries or dismissive of them
	Provides factually accurate information and does not falsely reassure or paint an inappropriately gloomy picture	Provides factually accurate information but neither reassures not overestimates risks	Factually incorrect information. False hope/despair
	Reassures mother that most children with epilepsy can lead a relatively normal life with some lifestyle modifications. Also re-assures mother that she can talk to you again if she has any further questions. Provide information leaflet about epilepsy and that mother will be able to contact epilepsy specialist nurse (some centres do not have one)	Reassures mother that most children with epilepsy can lead a relatively normal life with some lifestyle modifications. Also reassures mother that she can talk to the doctor again. Offers no written information or does not explain about epilepsy specialist nurse	Inappropriate reassurance or no offer of any ongoing support
Overall approach and engagement	Exhibits appropriate empathy, addresses mother's concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns	Minimal or no empathy shown, disregards mother's concerns and apprehensions
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Exhibits good communication skills with a mother of a child with epilepsy needing lifestyle changes and reassures that Alissa's life can still be relatively normal	Exhibits reasonable communication skills with the mother of a child with epilepsy. No clear attempt to emphasise that Alissa's life can still be relatively normal	Exhibits poor communication skills and fails to reassure that life can still be relatively normal

COMMUNICATION STATION 50: Screening for Suspected Neurofibromatosis Type 1

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Mr/Mrs Woźniak, parents of 4-year-old Jason.

Setting: Side room in Children's ward.

Background Information

Jason is a 4-year-old boy who presented with 2 days of fever, cough, cold and wheeze. He was admitted to the children's ward for managing this episode of viral induced wheeze with salbutamol and oral prednisolone. He has responded well and was reviewed by your consultant during the ward round when his aunt was looking after him. During the examination, the consultant has identified multiple (significant size and number) café au lait spots all over Jason's body. Your consultant has suggested that Jason should be screened for neurofibromatosis type-1 (NF-1). However, as parents were not present during the ward rounds, you have been requested to speak to parents about the condition suspected and necessity of screening tests.

Task

Speak to Mr/Mrs Woźniak regarding screening for suspected NF-1. You are not expected to gather further information but need to explain about NF-1 and the importance of screening Jason for this condition.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Woźniak, Jason's parent(s) who is 4 years of age.
- You are married, and have another daughter, 3-year-old Maria.
- Jason is usually well and not on any regular medication.
- This is the first episode of viral induced wheeze for which he had to be admitted to the children's ward in the hospital.
- Jason was born in Poland, and you have moved to the UK recently.
- You were aware that Jason always had these skin pigmentation lesions, these have not changed significantly.
- You will mention that dad also has similar lesions if specifically asked.
- Jason's dad was adopted, and you do not know anything about his biological parents.
- Jason is fully vaccinated.
- He attends local school and is provided additional help by the teaching assistant twice a week for an hour each. You felt this was due to language barrier and are grateful that the school is supporting him well.

You were expecting that Jason will be discharged today and that you will be explained what to do at home:

- The candidate should clearly explain that Jason is doing well and has responded well to the treatment for the viral induced wheeze.
- You thank the doctor and ask whether there is anything else as your sister (Jason's aunt) had mentioned; doctors were discussing something else about Jason just outside the room after the consultation.
- The candidate should explain about the skin hyperpigmentation, these patches are called café au lait spots and may be suggestive of a condition called neurofibromatosis type-1 (NF-1).
- You are confused on hearing about this new condition and become extremely anxious.
- You want to find out more regarding this condition and its consequences.
- When the candidate mentions about the need for screening Jason you refuse initially as you feel it might scare Jason.
- You feel upset when candidate mentions that this may be a genetic condition as Jason's dad is adopted and you have no contact with his biological parents.
- You are not entirely convinced as no other health professional has ever mentioned about this condition previously including your local GP and you want to speak to the consultant.
- Candidate should offer to facilitate a discussion with their consultant.
- They should explain that their consultant has examined Jason earlier in the morning ward round and has suggested the need for screening Jason for NF-1.
- If you feel convinced and supported by the consultation, please ask what screening tests involve.
- You are also very keen to consult a doctor who can offer genetic counseling as you guys are planning to have another baby.
- Candidate should be able to inform you that there is a strong suspicion regarding this condition and some tests are needed to establish the diagnosis.
- You expect information leaflet to be provided after the consultation.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Suspected neurofibromatosis type-1 in a child.

- Candidate should introduce themselves properly to Mr/Mrs Woźniak and explain the agenda for the consultation.
- Check how the role player would like to be addressed.
- Remembers the child's name and sex and appropriately refers to Jason during the consultation.
- Address's role player's issues and questions appropriately.
- Exhibits empathy and gives time to Mr/Mrs Woźniak to express his/her concerns.
- Offers explanation regarding NF-1 avoiding medical jargon as much as possible.
- Does not push for accepting screening tests if the parents are reluctant at the beginning.
- If the parent(s) wants to know what the screening tests involves, candidate should be able to explain:
  - Blood pressure measurement.
  - Visual field assessment until 5 years of age.
  - Examination of the spine for scoliosis.
  - Skin examination for plexiform neurofibromas.
  - Monitoring of school performance (or development if preschool age).
  - Height, weight and head circumference and plot it in an appropriate growth chart
  - Genetic blood tests (optional as diagnosis is usually clinical).
  - Routine brain imaging is not recommended but there should be a low threshold for investigating unusual neurological signs or symptoms.
- Provides factually correct information regarding importance of screening for NF1.
- Facilitates meeting with the consultant if parent request/demand.
- Does not push for personal information (e.g. regarding adoption details for Mr Woźniak) but explores the issues that parents are facing and offers to arrange for support.
- Does not waste time gathering more history about or discussing the management of viral induced wheeze.
- Offers information leaflet regarding NF1 in children.

COMMUNICATION STATION 51: Febrile Neutropenia Management

CANDIDATE INFORMATION

You are: Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mother of Samuel.

Setting: Side room in paediatric ward.

Background Information

Samuel James is a 6-year-old boy with trisomy 21 who has recently been diagnosed with Acute lymphoblastic leukaemia (ALL). He has been started on chemotherapy following investigations in the specialist paediatric oncology centre. Samuel has been admitted with febrile neutropenia and is receiving antibiotics. The ST1 doctor who admitted Samuel has started intravenous antibiotics as per regional guidelines. All blood investigations including a blood culture have been sent. Parents are very worried and angry as their holiday plans had to be cancelled when Samuel has just a bit of fever and do not understand why the ST1 doctor was so insistent on admitting him and starting intravenous antibiotics.

Task

Talk to Samuel's mother about febrile neutropenia. Do not gather further history and answer any questions that mother may ask.

ROLE PLAYER INFORMATION

- Samuel's mother likes to be addressed as Katie, his father has gone to sort out the dogs at home.
- You will exhibit controlled emotions.
- You have always been upset that Samuel has Trisomy 21 and have managed his recurrent childhood infections at home with oral antibiotics as needed.
- You do not understand why Samuel needed the admission as he is extremely upset as the plans for going to his favourite theme park needs to be cancelled.
- Due to COVID restrictions you could not meet the consultant in the specialist centre as your partner (Samuel's dad) Hugo was staying with Samuel.
- You expect the candidate to provide a simple explanation of febrile neutropenia and that chemotherapy causes reduction in their white blood cell count.
- You need to be informed about the risk of febrile neutropenia while Samuel is on chemotherapy and that he should be brought to the hospital as soon as fever starts in the future.
- You associate febrile neutropenia with chemotherapy and want to stop any further treatment and would like to try Chinese medicines instead.
- You need to be informed that the candidate will speak to the consultant regarding your suggestions about Chinese medicines but would not agree for stopping chemotherapy.
- Katie does not want false reassurances that febrile neutropenia will not develop again while Samuel remains on chemotherapy.
- If you remain dissatisfied with the consultation, you would mention about making a complaints and expect the candidate to facilitate the process by providing details regarding PALS.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Explaining about febrile neutropaenia to a worried parent

- Addresses role player's issues and questions appropriately.
- Does not address the role player as mum or mother.
- Exhibits empathy and gives time to Katie to express her concerns about Samuel.
- Provides factually correct information and explains about febrile neutropenia without any medical jargon.
- Does not blame or demean the regional specialist oncology colleagues for not explaining everything to mother but may offer to arrange a meeting with them.
- Does not agree for stopping antibiotics and chemotherapy but offers to discuss with the consultant responsible for Samuel.
- Explains about PALS (Patient Advice and Liaison Service) procedures and does not block the process.
- Does not provide false reassurance that febrile neutropenia will never develop.
- May provide/mention about information leaflets.

COMMUNICATION STATION 52: Breaking Bad News

CANDIDATE INFORMATION

You are: Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mr Debashis Sen, father of 7-year-old Sagnik.

Setting: Departmental office of Paediatrics.

Background Information

Sagnik has been complaining of tiredness and left leg pain for last 3–4 weeks. He then developed bruises over his limbs without any trauma over last 7 days. He was seen be the GP/local physician earlier in the day and was sent to your hospital for assessment. He had a full blood count and peripheral smear done and it shows a total WBC count of 24000 $\times$ 10^9/L with blast cells seen in blood film. His haemoglobin is 56 g/L and Platelets are 35 $\times$ 10^9/L. Sagnik is stable at the moment and the play therapist is keeping him engaged. Your SHO has spoken to the haematologist and has been informed that the results are indicative of leukaemia.

Task

Please talk to Mr Sen regarding the blood test reports and explain plans for potential transfer to the regional oncology centre. Do not gather further history. You may answer any questions that Mr Sen may ask.

ROLE PLAYER INFORMATION

- You are Mr Debashis Sen, father of 7-year-old Sagnik.
- You are a school teacher by profession and Sagnik has an older sister who is 11 years old and is well.
- Sagnik has been unwell for 3–4 weeks and your GP/local physician initially felt that he had a mild viral illness.
- You are extremely anxious as you overheard a nurse and doctor speaking outside Sagnik's room that he has cancer.
- You expect the doctor to explain you that Sagnik is stable at the moment before the blood results suggestive of leukaemia are discussed.
- You should be asked whether Sagnik's mother wants to be present. She is unable to join as she is away visiting a sick relative in another part of the country.
- You should be explained blood results in a manner you understand, e.g. leukaemia is a cancer of white blood cells and bone marrow.
- You would say that you just do not know how you would explain such a condition to Sagnik's mother.
- Sagnik will be transferred to a regional oncology centre for further specialist investigations, confirmation of the diagnosis and commencement of treatment. If the doctor does not explain you may ask what the next steps in the management are.
- If the candidate does not explain things in a simple and empathetic manner, you will demand to see the consultant now.
- You ask whether Sagnik is going to 'make it'.
- You need to be explained that most children with modern treatments available do well with leukaemia.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Breaking bad news

- Addresses role player's issues and questions appropriately.
- Correctly addresses the child and the role player by their names.
- Exhibits empathy and gives time to Mr Sen to express his concerns.
- Checks Mr Sen's understanding of leukaemia and explains the condition in a simplified manner. Does not offer false reassurance regarding the outcome of leukaemia.
- Offers to speak to Sagnik's mother when she is available to explain his condition.
- Does not obstruct role player's request to meet the consultant and should facilitate it.
- Offers information leaflet from authentic sources, e.g. regional oncology centre, Cancer Research UK, etc.
- Provides factually correct information.
- Does not waste time explaining about the long-term management of leukaemia and focuses on the task.
- Above all exhibits empathy and does not appear to be in a rush to complete the task.

COMMUNICATION STATION 53: Blood Transfusion Causing Delay in Discharge

CANDIDATE INFORMATION

You are: Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Father of India Green.

Setting: Video consultation.

Background Information

India is a 14-year-old girl who has been diagnosed with acute lymphoblastic leukaemia (ALL) 18 months back. She is currently on maintenance therapy phase. India was admitted 3 days ago with fever and was treated as suspected neutropaenic sepsis. Neutrophil counts now are within normal limits and blood culture showed no growth at 48 hours. As India has remained apyrexial and well, her father was informed by the consultant Dr Graham that antibiotics will be stopped and India can be discharged later in the day. The junior doctor forgot to mention during the ward round that the haemoglobin is 73 g/L in today's sample. Dr Graham has decided that blood transfusion would be needed prior to discharge.

Task

Please speak to India's father about the need for blood transfusion and that this will delay the discharge to later in the evening. Do not gather further history and answer any questions which India's father may ask.

ROLE PLAYER INFORMATION

Background

- You are Arthur Green, India's father—like to be addressed as Arthur.
- India is 13 years old.
- She was diagnosed with blood cancer 18 months ago and is improving as informed by the children's cancer specialist a month ago.
- You are relieved to know that India is doing better, her fever has settled and she does not have sepsis.
- When Dr Graham updated about India's condition, you felt reassured that no bugs have grown in the blood.
- You became worried when you were requested to speak to the registrar (i.e. the candidate) as you have just returned home after the ward round and have spoken to the consultant Dr Graham only an hour ago.
- You expect an apology from the candidate after they have shared with you that the low haemoglobin was missed in the ward round.
- You do not want another blood test but want the ward team to quickly sort out the blood transfusion so that India can come home soon.
- You also want to know what the candidate would do to prevent these kind of errors in the future (you may be informed about the planned educational session later in the week and incident reporting form).
- If the candidate cannot provide a satisfactory explanation, you can become angry and demand to speak to Dr Graham.

If the candidate explores further in a sensitive manner as to why you are so upset about the issue, then only you discuss the following:

- India had similar issues in the past where important blood test results were missed, and were identified the next day. She became very unwell and needed multiple blood transfusions.
- You feel that repeating her blood tests would delay the blood transfusion and will only agree for it if the candidate explain that blood transfusion will be ordered straight away.
- Your cousin is looking after Freya, your 5-year-old daughter who needs to be picked up from school soon.

You expect from the candidate:

- To offer an apology for the error.
- Reassure that India is stable and not deteriorated since you last saw her about an hour ago.
- Give you time and space to express your previous concerns about the difficult experience you have had.
- Once you have had a chance to tell your story, you will engage better.
- Facilitate the meeting with Dr Graham if you request.
- You will exhibit controlled emotions while explaining your previous experience.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Dealing with a parent facing a difficult situation.

- Addresses role player's issues and questions appropriately.
- Do not address the role player as dad/father and address him as Arthur once the role player has mentioned about it.
- Offers appropriate apology early during the consultation process.
- Provides factually correct information regarding the inadvertent error and measures that will be taken, e.g. arrange blood transfusion without delay, incident reporting, departmental teaching.
- Explores with empathy Arthur's past experience about India and gives him time to express his concerns about previous delay in sharing all blood test results.
- Candidate should not blame the junior doctor for the error but may mention about educating them on the importance of dealing with investigation results in a timely manner.
- Shows understanding of the challenges of the situation.
- Candidate should not be obstructive but facilitate the meeting with consultant if demanded by the father.

COMMUNICATION SCENARIO 54: Speaking to a Young Person with Leukaemia

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Gemma Jones, 13-year-old girl.

Setting: Side room in the children's ward.

Background Information

Gemma has been provisionally diagnosed with leukaemia and the consultant has spoken to her parents. Gemma has been hearing the discussion and has been upset throughout the consultation. She will be transferred to the regional oncology unit for bone marrow aspiration and commencement of treatment. Her parents have gone home to sort out childcare for her younger brother and also prepare for the transfer to the regional centre. The nurse looking after Gemma has informed you that she wants to speak to a doctor regarding a few issues which she felt have remain unanswered.

Task

Please speak to Gemma regarding her issues and explore any concerns she may have. You are not expected to gather further history but should answer any questions that Gemma may ask.

ROLE PLAYER INFORMATION

Background:

- You are Miss Gemma Jones, 13 years old.
- You would like to be referred as 'Jems'.
- You live with your parents and younger brother Johnny, 9 years old.
- You love attending school and want to become a veterinarian.
- Your parents are married and there are no psychosocial or financial difficulties in the family.
- Your mother has told you that you are fully vaccinated—you are under the impression that this will protect you from all sorts of infections.
- You had a friend Isabella, who had died of brain tumour 4 years back.

Your current problems:

- You have been unwell for the last 2–3 weeks.
- You developed spontaneous bruising all over your body.
- You felt very tired, run-down, and had no energy to do anything after school.
- Your parents initially thought it was a viral illness and would get better.
- You became very upset when the doctor informed your parents that you had blood cancer and will need to go to another city for some special tests.
- You want to ask a few questions but did not want to upset your parents.
- Your parents have gone home to sort out child care for your younger brother Jamie and will be back soon.
- You are taking this opportunity to discuss a few issues with the doctor managing you.
- You were pretending things were not too bad and made a joke about the cancer and have tried to put a brave face in front of your parents.

You want to discuss: ***(Role player can choose to be EITHER very emotional, labile and tearful OR angry and aggressive)***

- Are you able to attend the school trip to France in 7 weeks' time: You have been looking forward to it for many months now, if the candidate says it is unlikely, you can highlight that you are fully vaccinated and hence should not pick up any infections.
- Candidate is likely to explain that the vaccination that is given to children in the UK covers for the common childhood illnesses and does not provide safety against all infections, and especially when Gemma will be undergoing cancer treatment, her immunity will still be low and therefore is at increased risk of picking up any infection easily.
- However, candidate may say to Gemma that this can be revisited nearer the time after the commencement of treatment.
- You saw a programme on YouTube where a celebrity had developed cancer and lost lot of hair, to the extent she became bald.
- You are feeling embarrassed and upset about what may happen to you especially as treatment can cause side effects which affect the way you look and act (hair loss, weight loss, feeling fatigued, etc.).

- You want to know whether your cancer treatment would cause similar issues, as you are worried that your boyfriend may not like you anymore.
- Candidate should exhibit empathy and sensitivity when you mention about your social relationships. Visitors may need to wear a mask, maintain hand hygiene, be well in themselves, so as not to increase the risk for Gemma to pick up infections.
- You do not like needles, and you have seen on the TV that people with cancer need to have a lot of needles and injections, is there anything the doctor can do about it.
- Candidate may explain the use of numbing cream (i.e. topical anaesthetic) that will be used for painful procedures. They may also explain that the procedure for bone marrow aspirate in the specialist centre would be done under general anaesthesia, i.e. Gemma will be temporarily put to sleep during the procedure.
- You are also worried that you might die and the effect it will have on Jamie as you are very close to him.
- Candidate should appear to be reassuring in this situation, however, should not give false reassurances that everything is going to be fine. They should tell Gemma that most children with modern cancer treatment do very well.
- You do not want false reassurances from the doctor you are talking to; however, you want lots of empathy and kindness shown to you during the consultation.
- You do not want to discuss many specifics regarding your cancer treatment, rather would want to focus on the effects of cancer and its treatment that will hamper your psychosocial well-being.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Sharing 'bad news' and speaking to an upset young person.

- Candidate should introduce themselves properly to Gemma.
- Check how the role player would like to be addressed and refer to her as 'Jems'.
- Address's role player's issues and questions appropriately.
- Provides factually correct information and provides reassurance regarding risk of death from leukaemia in an appropriate manner.
- The candidate should not appear to be in a rush to finish the task, however exhibits empathy, sensitivity and appropriate listening skills providing enough time and space required while talking to a young person.
- Candidate should be able to discuss the basic management of leukaemia if requested by Gemma.
- Candidate should empathetically address Gemma's concerns regarding psychosocial issues and body image that are likely to be caused by leukaemia treatment.
- Candidate should also mention about discussing the issues that Gemma has with the consultant.
- Candidate should not go into too much details about specifics of leukaemia treatment but should try to exhibit an understanding that the young person is actually worried about a different perspective arising out of her cancer diagnosis and address them appropriately.
- Candidate needs to exhibit an understanding that the diagnosis of cancer and its treatment is likely to affect a young person very differently and that Gemma may not have the same focus or perspective as her parents.
- Offers available information leaflet available from the oncology centre regarding what to expect while there.

COMMUNICATION STATION 55: Laryngomalacia Management and Addressing Parental Expectations

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Mother of Daisy Horton.

Setting: Outpatient clinic room.

Background Information

Daisy is a 7½-month-old girl who was diagnosed with mild laryngomalacia. She has been seen by the paediatric ENT surgeon and a conservative approach was suggested. Daisy's mother Rita Cooper remains worried about the noisy breathing which is marked when she is upset, excited or playing but not audible when she is sleeping. Mother has called the secretary and has mentioned that she would like to get Daisy referred for endoscopic supraglottoplasty (aryepiglottoplasty).

Daisy is feeding well and her weight, length and head circumference has remained between 50th–75th centiles. She is achieving her age appropriate developmental milestones. She is fully vaccinated and has never needed hospital admission. You have examined Daisy, she has been found to be clinically well except for a mild inspiratory stridor.

Task

Please speak to Daisy's mother about management of laryngomalacia and address her request for organizing endoscopic supraglottoplasty. Do not gather further history and answer any questions which Daisy's mother may have.

ROLE PLAYER INFORMATION

Background

- You are Rita Cooper, Daisy's mother—like to be addressed as Ritz.
- Daisy is 7½-month-old.
- You are a single mother and share Daisy's care with her father who lives on the other side of the town.
- Daisy was born on time, breastfed for first 3 months, and is fully immunized.
- She is growing well on just above the average line as was mentioned to you by the health visitor few weeks back.
- Daisy always had noisy breathing and you remain worried about it.
- You feel it is not getting any better and you have read about endoscopic supraglottoplasty in a mum's online forum and feel Daisy would benefit from it.

Aspects that you want to discuss with the candidate:

- You have been told by the ENT doctor that Daisy has a floppy larynx or laryngomalacia—you want to know what actually it is.
- Candidate may explain that laryngomalacia is a congenital softening of the tissues of the voice box (larynx). In infants, this is the most common cause of noisy breathing.
- Once the candidate explains about the condition, you want to know what causes this.
- In laryngomalacia, the laryngeal structures are floppy, causing the tissues to fall over the airway opening and partially block it. In most cases, it is not a serious condition—children have noisy breathing, but are able to eat and grow normally.
- You are very worried as the noise has not got better, you feel Daisy's condition must have worsened.
- You need to be explained that disease severity does not correlate with the intensity or frequency of the noisy breathing (called stridor), but with the presence of associated symptoms and you may be explained the following categories of the condition for you to understand it better:
  - Mild laryngomalacia—these patients have an audible stridor while breathing in. They have no evidence of failure to thrive (i.e. steady growth on weight centile charts)—this is the case with Daisy. Most patients are managed conservatively with observation without surgical intervention. These children are kept under regular review until the condition self resolves.
  - Moderate laryngomalacia—here stridor is associated with increased work of breathing, progressive feeding difficulties, and either weight loss or inadequate weight gain. A conservative approach may be taken, adequate dietary advice is given and the child is kept under regular review.
  - Severe laryngomalacia—here infants may suffer from life-threatening pauses in breathing (apnoeas), faltering growth, significant blue spells, significant chest and neck retractions, may need extra oxygen to breathe and may also have heart or lung issues related to the child's inability to get enough oxygen. Surgery is usually indicated in this condition.
  - Gastroesophageal reflux and minor feeding difficulties should be assessed and treated appropriately—candidate may explore whether Daisy has any of these and is likely to offer appropriate therapies if these are present.

- Once the candidate has explained to you about the condition and its management, you say that you have read in a mum's online forum about endoscopic supraglottoplasty and would like to explore it further.
- You need adequate reassurance that Daisy has mild laryngomalacia and that she would get better by the time she is 18–20 months old. If however her condition worsens, then surgery may be considered. Candidate should provide reassurance and make plans for regular follow-up.
- You need to be informed when to seek help and to attend the hospital immediately if Daisy shows any of the following:
  - Stops breathing for more than 10 seconds
  - Turns blue around the lips while breathing noisily
  - 'Pulls in' the neck or chest without relief after being repositioned or awakened.

You expect from the candidate:

- To offer a simple explanation regarding laryngomalacia, its causes and management.
- Do not want your concerns to be dismissed, and you would agree for a conservative approach if explained clearly with compassion and empathy.
- Explanation about how to manage the condition and red flag symptoms when an ambulance should be requested.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Managing parental expectations in a child with laryngomalacia.

- Addresses role player's issues and questions appropriately.
- Do not address the role player as mother and address her as Ritz once the role player has mentioned about it.
- Provides factually correct information regarding the condition and explains about the follow-up needed to monitor the condition.
- Does not agree for supraglottoplasty and provides clear explanation why it is not appropriate in Daisy's case and also discusses the management pathways.
- Candidate should not pass any derogatory remarks about the information mum obtained from mum's online forum, but professionally explains why the information is not applicable in Daisy's case.
- Provides safety net advice to mother and explains that Daisy would be managed as a case of mild laryngomalacia but will be monitored closely.
- Does not say that consultant may offer surgery but would offer to talk to the paediatrics and ENT consultant to update them on today's discussion.
- Exhibits empathy and does not ask unnecessary questions.
- May offer information leaflet about the condition.

*Candidate should not discuss about moderate or severe laryngomalacia unless specifically asked by the role player

COMMUNICATION STATION 56: Sail Sign in Chest X-ray

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Mrs or Mr Sarathi, parents of 11 months old Jackson.

Setting: Side room in the children's ward.

Background Information

Jackson was admitted to the children's ward overnight with cough and cold for 48 hours. He had mild fever. He is fully immunised. The paediatric registrar in the night had organised a chest X-ray and Jackson was diagnosed to have right sided chest infection. During the radiology meeting this morning Jackson's X-ray was reviewed and the changes in the X-ray were considered to be consistent with the sail sign and not suggestive of a right sided pneumonia. You will be you doing the ward round and your consultant Dr Shah has suggested that Jackson can be discharged home after stopping the antibiotics. All the observations has been stable and the paediatric early warning score has been 0 for the past 4 hours.

Task

To speak to Jackson's parent(s) about the chest X-ray findings (which was discussed in the radiology meeting) and discontinuation of antibiotics. You are not expected to gather further history, however you may answer any questions that parents may ask.

ROLE PLAYER INFORMATION

Background

- You are Mr or Mrs Sarathi.
- Jackson is 11 months old and he is fully vaccinated.
- You have got another daughter called Dorothy, who is six years old.
- You are married and live together.
- Jackson has been fairly healthy till now.
- Jackson attends a local nursery called Sunnyvale Tots Centre.

Current situation:

- Jackson has been unwell for the last two days with cough and cold.
- He had a mild fever which had responded well to paracetamol.
- You brought Jackson to the hospital as you were worried that things were not improving.
- You were expecting to go home after Jackson was reviewed by the doctor last night.
- You were a bit surprised when the doctor organised a chest X-ray, however you chose to follow professional advice.
- On the doctor's advice you agreed for Jackson to have a blood test, insertion of the intravenous cannula and starting intravenous antibiotics.
- You wanted to take Jackson home as he was looking better an hour later, as your partner had to go to another city for work next morning.
- Lots of adjustments had to be made for childcare when Jackson was admitted.
- You were explained that Jackson has a right-sided chest infection, evident on the chest X-ray.
- When the candidate explains to you that Jackson does not have a chest infection, you will become confused and angry.
- You want to know why the doctor in the night made a wrong diagnosis and caused all the distress to Jackson and to your family.
- You expect an apology about the wrong diagnosis. You also want to discuss about Jackson's health.
- You are likely to be explained that the night doctor considered the changes in the X-ray to be consistent with an infection, however in the morning radiology meeting (weekly radiology meeting are conducted for accurate radiological diagnosis and for educational purposes) the specialist in X-rays clarified that it was a prominent thymus gland which is a normal finding in children of Jackson's age.
- When the candidate explains to you about the clinical uncertainty that can arise in these sort of situations, without being defensive of his colleague's decision making process, you will gradually calm down and will start engaging in the conversation.
- The candidate should also explain that a decision has been made by the Consultant Paediatrician, Dr Shah, that antibiotics can be stopped and it is safe to discharge Jackson home—you will heave a sigh of relief.
- Candidate may offer you a 24 hours open access to the children's ward, should things worsen after Jackson is discharged home.
- If the candidate does not exhibit enough empathy or offer an apology, you will remain angry and want to make a complaint.
- The candidate should facilitate the process and give you information about Patient Advice and Liaison Service.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Sail sign misinterpreted as right sided chest infection.

- Should address the role player by their correct names and the child by their name and appropriate sex.
- Exhibits empathy and gives time to Mr/Mrs Sarathi to express their concerns about the actions of the doctor in the night shift.
- Candidate should be able to explain the uncertainty of clinical situations.
- Should give accurate information and be flexible in their approach.
- Should offer an apology for the distress caused to the child and his family.
- Should be able to explain the role of specialist radiology colleagues who are experts in interpreting X-ray findings.
- Candidate should be able to deliver the news in a positive light, e.g. explaining that the child can go home and then explain the radiological findings of the sail sign mimicking right sided chest infection.
- Candidate should not waste time in gathering further history or explaining management of pneumonia.
- Should not be obstructive if the parents want to make a complaint; however, should facilitate the process.
- Candidate may offer 24 hours open access at discharge or explain the red flag features after Jackson gets discharged home.
- Should offer the leaflet for PALS if parents request or ask for it.

COMMUNICATION STATION 57: Bronchial Asthma Management

CANDIDATE INFORMATION

You are: Specialty trainee at the end of level 1 training in a District General Hospital.

You will be talking to: Ms Jasmine Duke, children's nurse.

Setting: Drug/Side room in the children's ward.

Background Information

Johnny Melbourne, 5-year-old boy was admitted with acute exacerbation of bronchial asthma. He was administered intravenous salbutamol and developed signs of salbutamol toxicity. Following a discussion with the consultant paediatrician, intravenous aminophylline drip was commenced. A 2–4 hourly salbutamol and 6 hourly ipratromium bromide nebulisers has been continued. Johnny had shown signs of improvement on the current treatment. Theophylline level was done couple of hours ago and Jasmine has received a phone call from the laboratory to inform that the drug level was high at 23 mg/L (therapeutic level 10–20 mg/L). Jasmine has come to discuss with you regarding the next steps for managing Johnny. Jasmine understands that a salbutamol drip cannot be started for Johnny as he was showing signs of toxicity, e.g. increased heart rate, high blood lactate and very low potassium levels.

Task

Speak to Jasmine and make a plan for Johnny's ongoing management of acute asthma. You are not expected to gather further information; however, please explore Jasmine's concerns.

ROLE PLAYER INFORMATION

Background

- You are Jasmine Duke, a newly qualified paediatric nurse.
- You are very concerned about Johnny as this is the first time you are managing a very sick child with asthma.
- You have read about asthma and that it can be fatal in some children.
- You were happy that Johnny was making good progress on aminophylline.
- You have been closely monitoring Johnny and feel he has made significant improvement during your shift.
- You are very worried when the laboratory staff called to say that the theophylline level was high although Johnny is not showing any clinical signs of toxicity.
- Johnny is currently on a cardiac monitor and the ECG rhythm has remained normal.

Your Suggestions

- You are reluctant to stop the aminophylline drip even though blood theophylline levels are high. Johnny is currently not showing any clinical signs of toxicity.
- You are very scared that if Johnny comes to harm, disciplinary actions might be taken against you.
- You expect the candidate to exhibit empathy and listen to your concerns and not be dismissive.
- The candidate should explain that although the drug level is slightly high, Johnny has not shown any signs of toxicity and that suddenly stopping the medicine is going to be harmful for Johnny.

Candidate may discuss the following strategies:

- Offers to discuss with on-call consultant and ensure that it is safe to continue the aminophylline drip.
- To discuss with the nurse in charge and seek their opinion on what is usually done in these circumstances.
- Offer to check that the drug was prescribed and dispensed correctly.
- Cross check with the laboratory that the levels notified were for the correct patient, and the figures stated are actually correct.
- May decide to decrease the infusion rate and closely monitor the child.
- Unlikely to suggest to stop the aminophylline infusion completely or suggest change to salbutamol infusion.
- Write clearly in the patient notes about the reasons and rationale for not discontinuing aminophylline; you may request for it if the candidate does not mention it.
- Offers to discuss with the family and explain the pros and cons for continuing the aminophylline drip—you can prompt the candidate if they do not mention it.
- Appears to be reassuring and supportive and checks that you are happy with the decision.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Raised theophylline level in a child with acute exacerbation of bronchial asthma who showed signs of salbutamol toxicity.

- Addresses the role player appropriately as Jasmine would be known to the candidate being a team member and not ask how she would like to be referred to.
- Offers opportunity to the role player to explain her concerns.
- Does not appear to be dismissive of the concerns of the role player.
- Makes appropriate strategies for continuing management of acute asthma and does not agree for stopping aminophylline drip but decrease the rate.
- Does not suggest changing over to a salbutamol infusion.
- Offers to discuss and cross check with the on-call consultant for a suitable resolution in this situation.
- Agrees to document the rationale for ongoing management plans.
- Provide factually correct information.
- May make plans to conduct a training session on acute asthma management at a later date.
- Exhibits empathy and sensitivity towards a colleague who is uncertain about the situation.
- Exhibits appropriate skills for negotiation in a tricky situation whilst keeping patient safety in mind.

COMMUNICATION STATION 58: Starting Intravenous Antibiotics in Pneumonia

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Ms Brown, Jacob's mother.

Setting: Children's ward.

Background Information

Jacob is a 3-year-old boy who presented with 3 days of fever, cough, and difficulty in breathing. The nurse has handed over the following observations: heart rate 143/min, respiratory rate 47/min, saturations 91% in air and temperature of 39.5°C. Your ST2 colleague has examined Jacob and found right-sided crackles and decreased air entry. The case was discussed with the on-call paediatric consultant who has advised to do blood tests, chest X-ray (CXR) and start him on intravenous co-amoxiclav. Your consultant is in the neonatal unit. Your junior colleague reported that mother wants more information about the CXR findings and the rationale for suggesting intravenous cannula/antibiotics.

Task

Talk to Jacob's mother Ms Clare Brown and explain the importance of the blood tests, CXR and rationale for starting IV antibiotics. You may answer Ms Clare Brown's queries or concerns about Jacob.

ROLE PLAYER INFORMATION

Background

- You are Ms Clare Brown, Jacob's mother.
- You are a single mother and have another daughter, 2-year-old Tania.
- If the candidate asks about Tania, you can say she is with your mother and is in a safe place.
- Jacob is usually well and does not take any regular medicines.
- He is not vaccinated as you do not like injections.
- Jacob does not attend any childcare facility as you do not want him to pick up infections.
- You do not want to discuss any further personal or family details.

Current situation:

- Jacob has been unwell with cough, fever and finding it difficult to breathe—you have agreed for admission to the children's ward.
- You are upset that the consultant did not speak to you and left abruptly mentioning that he had to attend an emergency—you expect an apology.
- When the candidate mentions about the need for CXR, you refuse to get it done.
- If explored with empathy and sensitively, you will mention that you feel claustrophobic in the X-ray room and that Jacob may not like it.
- If the candidate pushes for it you will become angry and demand to see the consultant.
- Candidate may offer to involve play therapist. You will consider CXR if things deteriorate.
- When candidate mentions about the need for intravenous antibiotics, you will be reluctant for it, but suggest oral antibiotics as an alternative treatment.
- If the candidate offers you the opportunity to be not present in the room when the cannula is inserted and explains that a trained nurse and a play therapist will support the process, you may agree.
- Candidate should explain that the blood tests will be done at the time of insertion of cannula and it will help the decision of how long Jacob may need intravenous antibiotics.
- If Ms Brown asks, candidate should explain that there is a likelihood that the infection markers such as white cell count and C-reactive protein will be significantly elevated in Jacob's case.
- You will be reluctant but agree for counselling support if offered to you for your needle phobia when Jacob is better as this may help in getting your children vaccinated.
- If the candidate becomes pushy or patronising in their approach during the consultation, you will stop communicating and say you will only speak to the consultant.
- If you want to make a complaint, the candidate should not become defensive but offer information about patient advice and liaison services (PALS) and facilitate the process.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Difficult consultation with a parent.

- Addresses role player's issues and questions appropriately.
- Does not refer to role player as mum or mother, checks how she would like to be addressed and correctly mentions child's name and sex.
- Exhibits empathy and gives time to Ms Brown to express her viewpoints, candidate may offer support for the other child (e.g. admit to the ward if no suitable childcare for Tania is available).
- Offers explanation and an apology for the consultant needing to rush off for another emergency.
- Does not push for accepting CXR and intravenous cannula.
- Makes strategies for Jacob's management including involvement of play therapist.
- Provides factually correct information regarding importance of blood tests, CXR and antibiotics.
- Should be able to explain that in Jacob's case there is likelihood of significantly raised CRP and leucocytosis, may also mention about blood culture.
- Facilitates meeting with the consultant if mother requests/demands.
- Does not push for personal information but explores the concerns that Ms Brown has. Offers to arrange for support to help with her needle phobia.
- Does not waste time gathering more history.
- Mentions about discussing the management plan with the consultant if any amendments are made after discussion with Ms Brown.
- Offers information leaflet regarding respiratory tract infection in children (if available).
- Facilitates and offers information regarding PALS if Ms Brown wants to make a formal complaint.

COMMUNICATION STATION 59: Explaining Diagnosis of Tuberculosis and Management

CANDIDATE INFORMATION

You are: Level one trainee at the end of your training in a District General Hospital.

Setting: Side room in the paediatric assessment unit.

You will be talking to: Mr/Mrs Khan, mother of 8-year-old Arshad.

Background Information

Arshad has been unwell with cough, fever and was admitted to the hospital. His response to intravenous antibiotics has been sub-optimal. Sputum sample was sent for acid fast bacilli and microbiological confirmation has been received for sputum positive tuberculosis (TB). A chest X-ray during the admission has been reported by a specialist radiologist to be consistent with pulmonary TB. Arshad had visited his extended family in Bangladesh few months back and parents had mentioned that there were couple of people in the village who were being investigated for TB. Parent(s) have been called back to discuss the diagnosis and treatment for TB.

Task

Discuss with Mr/Mrs Khan regarding the diagnosis and your management plan. You are not expected to gather further information, however you may explore any concerns parents may have and answer their queries.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Khan, who like to be referred as such.
- You are Arshad's parent(s) who is 8 years old.
- Arshad was born in Bangladesh, and you have moved to live in the UK 4 years ago.
- He is fully vaccinated. Arshad has a BCG scar on the left upper arm.
- He does not take any regular medicines.
- You have another child, a 3-year-old daughter Rubina, she is well.
- You are married, mother is a homemaker and father is a bus driver.
- Your family had recently visited Bangladesh and you have come to know that a few people in your village are being investigated for tuberculosis (TB).

Current Situation

- Arshad was admitted to the hospital with fever, cough, weight loss three weeks ago and was treated with antibiotics which made him slightly better.
- You were informed that the medical team had sent some special tests to rule out TB.
- You have been on the internet to read about TB and understand it is a serious disease and it can spread from one person to another.
- All the other members in the family are well.

You Expect from the Consultation

- To be informed about the results about the TB tests which were done when Arshad was in the hospital.
- Candidate should explain clearly that the sputum test and chest X-ray have confirmed TB in the lungs.
- You become very worried and ask the candidate whether it is serious.
- Candidate should clearly explain it is a significant condition and needs to be treated properly.
- You remain worried about Arshad's treatment as you find it very difficult to administer oral medications to him.
- You also want to know how long will Arshad's treatment continue?
- The candidate should explain the usual treatment is of 6 months duration
  - initial 2 months of intensive therapy with 4 medications (Isoniazid, Rifampicin, Ethambutol and Pyrazinamide)
  - and subsequent 4 months with 2 medications (isoniazid and rifampicin).
- Arshad's treatment will initially be started as inpatient in the hospital, and he will have to be isolated in a cubicle (which is the usual practice in the UK, however practice in other countries may differ).
- Therapy will be continued at home once he is tolerant of treatment.
- Candidate may also mention about directly observed (or video monitored) administration of therapy for TB at home post discharge.
- Ask why Arshad developed pulmonary tuberculosis, because he has had the BCG vaccine.

- Candidate should explain that while BCG is protective against non-pulmonary TB. It does not provide 100% protection against pulmonary TB.
- The candidate should also take the opportunity to tell parent(s) about contact tracing and the need to screen close family members.
- You will show your reluctance to have your husband screened for TB as he is the sole breadwinner as a bus driver and if found to be positive for TB, he would not be able to work.
- You are also concerned that Arshad's school would come to know of his condition and he might be isolated and bullied at school.
- The candidate should explain that it as a public health concern and as Arshad is sputum positive, he might have transmitted it to others. Public health team will organise family and contact tracing and screening. This will obviously be done in a professional and confidential manner.
- Candidate may mention about referring the family to the social services for facilitating financial support.
- You expect a lot of empathy and a sensitive approach from the candidate considering the situation you are in and expect to be offered every support and help.
- The candidate may offer you an information leaflet regarding the treatment of TB and contact screening.
- You will exhibit controlled emotions; however, you may ask the same questions repeatedly as you are feeling very vulnerable and expect the candidate to give you enough time, sympathetic ear and acknowledge your concerns.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Explaining the diagnosis and management in a child with sputum-positive pulmonary tuberculosis (TB).

- Candidate should introduce themselves properly to Mr/Mrs Khan.
- Check how the role player would like to be addressed and do not refer to them as father/mother.
- Remembers the child's name and sex and appropriately refers to Arshad during the consultation.
- Address's role player's issues and questions appropriately.
- Provides factually correct information.
- The candidate should not appear to be in a rush to finish the task, however exhibits empathy, sensitivity and appropriate listening skills providing enough time and space for the parent(s) to express their concerns.
- Candidate should be able to discuss the basic management of TB with 4 drugs initially for 2 months followed by 4 months of two drug therapy.
- Candidate should empathetically address parent(s) concerns regarding their job, finances, social stigma, etc and clearly explain the public health implications of a diagnosis of TB to the family and wider community.
- Candidate should also mention about discussing the case with their consultant.
- Initial management of TB either as an inpatient or outpatient may vary and examiner should use guidance from practices used in the particular country of examination.
- Offers available information leaflet regarding TB and contact tracing.

COMMUNICATION STATION 60: Child Safeguarding Concern

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics.

You will be talking to: Tanya's mother.

Setting: Side-room in the Paediatric short stay unit at 7 pm.

Background Information

Tanya is a 13-month-old girl admitted to hospital via emergency department for diarrhoea. She is refusing to weight bear on her left leg. The emergency department doctor has noted a boggy swelling in the scalp over right parietal area. X-ray of the left lower limb has revealed a fracture of the mid-shaft of the femur. A skull X-ray has also been done and is waiting a report from the radiologist. A suitable explanation about the injuries was not forthcoming from Tanya's mother. Tanya is not dehydrated and is managing to tolerate oral fluids and is currently being observed in the short stay unit. As she has improved mother wants to take Tanya home. You have been contacted by the emergency department doctor regarding his concerns about safeguarding. You have contacted the on-call radiologist who has confirmed a skull fracture of the right parietal bone.

Tanya is growing well on the 50th centile for weight and length.

Task

Talk to the mother regarding your management plan for Tanya. You may answer any questions that mother may have.

ROLE PLAYER INFORMATION

- You are Sara, a single mother with two children.
- You have split up with Tanya's father when you were pregnant with Tanya.
- You have a new partner Jimmy, who is a truck driver and has alcohol related problems.
- The above information you will only share if the doctor explores your personal circumstances empathetically and does not push for it.
- Tanya was left in care of Jimmy for an hour when you went to the nursery to drop your older daughter Jackie, 3½ years of age.
- You are angry and confused why you have to speak to another doctor (i.e. the candidate) when you have been told that Tanya is well to go home!
- You expect a clear explanation from the candidate about what's wrong with Tanya.
- You need to be explained about child safeguarding concerns in a factual manner without any blame.
- You will also be explained about the fractures that the X-rays have revealed.
- You are very upset at hearing this but are not able to offer a clear explanation and fumble with your words.
- You do not like social services and make it clear that you do not approve/consent that the candidate will contact them.
- If the candidate does not clearly explain things you may say that this is not helpful and you will leave with Tanya now.
- Candidate should explain that Tanya has to stay in the hospital till further investigation such as detailed X-rays of other bones of the body (i.e. skeletal survey) and an eye check is completed.
- If you remain adamant that you are going to leave the candidate will explain that he/she has to involve the hospital security team and the police.
- On hearing this you will express your displeasure but will agree to stay.
- You will need to be explained that Tanya's sister Jackie will also need paediatric assessment.
- The candidate will explain during the discussion that the paediatric consultant will be involved and will physically review the child.
- You'll need to exhibit controlled anger and emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Child safeguarding concerns.

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player and the children by their names.
- Candidate needs to corroborate the injuries to suspected non-accidental causation.
- Exhibits empathy and gives time to Sara to speak and express her concerns.
- Provides factually correct information regarding child safeguarding procedures.
- Does not blame Sara but explains things in a non-judgmental manner.
- Explain that child safeguarding procedure is not to blame or judge Sara but to understand the chain of events and keep Tanya and Jackie safe.
- Explains about child safeguarding procedures including need for further investigations, e.g. skeletal survey and retinal examination.
- Do not provide false reassurance that social services would not be contacted.
- Explains that the on-call consultant will be contacted for advice and guidance.
- Can offer information leaflet regarding child safeguarding procedures.

COMMUNICATION STATION 61: Rib Fracture with Bronchiolitis

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Parent(s) of 23-day-old Karl.

Setting: Side room in the paediatric ward.

Background Information

Karl was born by forceps assisted difficult vaginal delivery at 35^{+3} weeks gestation. He was admitted with bronchiolitis yesterday. His nasopharyngeal aspirate has confirmed the presence of respiratory syncytial virus. As he started needing continuous positive airway pressure (CPAP) support, a chest X-ray was done earlier today. His condition is now stable and Karl is fed by nasogastric tube with expressed breast milk. Chest X-ray showed generalised prominence of bronchovascular markings in a perihilar distribution but no consolidation or collapse. The radiologist confirmed that the chest X-ray revealed callus formation in the left posterior 5th and 6th ribs.

Task

Talk to Karl's parent(s) about the findings on the chest X-ray and your management plan. You may answer any questions that parent(s) may have.

ROLE PLAYER INFORMATION

Background

- You are Mr/Mrs Meaden, parent(s) of 23-day-old Karl.
- Parents are married and live together.
- You also have a 3-year-girl Julie.
- You are breastfeeding Karl and he has started gaining weight.
- Karl developed difficulty with breathing and reduced feeding 2 days earlier.
- You brought him to the hospital yesterday and were told that Karl has bronchiolitis.
- He was admitted for feeding and breathing support.
- You have been given a bronchiolitis leaflet and you understand about his condition.
- When Karl needed escalation of breathing support the consultant spoke to you and informed you of the need for CPAP (continuous positive airway pressure).
- If the candidate tries to gain further history about bronchiolitis or explaining its management—you should prompt the candidate that you have been told about it by the consultant.
- A chest X-ray was done and you are expecting to be told about the findings.

You want to discuss with the doctor:

- How is Karl's breathing status—you need to be told that Karl's breathing status is stable.
- You now want to know what chest X-ray revealed.
- Candidate is likely to explain that the chest X-ray has shown mild lung changes associated with bronchiolitis and there is no evidence of pneumonia (i.e. no lung infection).
- You feel a bit reassured.
- Candidate is likely to explain further about the chest X-ray showing healing fractures of the ribs.
- You want to know whether the injury has been caused by the difficulties at the time of birth.
- You need to be told that it may be a possibility.
- You suggest that these changes on the CXR must have been caused by the bronchiolitis and the bad cough.
- You may be told that this is unlikely.
- You appear perturbed when the candidate mentions about possibility of non-accidental injury. You tell that neither of the parents have harmed Karl.
- Candidate should not blame you and be empathetic to the situation.
- Candidate may want to explore whether Karl was left in the care of anyone else, you will recall that while in the hospital midwives looked after him when you went for a shower.
- You want to know what will happen next.
- Candidate is likely to explain that:
  - They will need to check Karl from head to toe for any bruises and document it in a special booklet.

  - They will check with the children's safeguarding team whether there has been any involvement with the family in the past.
  - You will say there was no involvement with social services.
  - They may also explain about skeletal survey (which involves taking X-rays of the bones in the body), eye examination by an eye specialist and a CT scan of the head.
  - All these investigation will have to wait till Karl's breathing improves and he is not needing any support for his breathing.
- You need to be reassured that all these tests should not compromise Karl's ongoing treatment for bronchiolitis.
- Candidate is likely to offer you leaflets explaining the child safeguarding procedures and mention that they will request the consultant to come and discuss the results further with the parents.
- You remain upset and say that you understand this is necessary.
- You expect lot of reassurance from the candidate and exhibit controlled emotions.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Coincidental findings of rib fractures with bronchiolitis.

- Addresses role player's issues and questions appropriately.
- Correctly addresses role player and child by their names.
- Exhibits empathy and gives time to Mr/Mrs Meaden to express their concerns and worries.
- Explains the chest X-ray findings including the rib fractures.
- Candidate should not say/agree that birth injury is the only explanation.
- Is able to discuss the child safeguarding issues relevant to the situation and make plans for discussing with child safeguarding team and mentions about appropriate investigations, e.g. CT scan of head, retinal examination and skeletal survey.
- Does not blame parents and shows empathy necessary in this situation.
- Be courteous to parents but confident in explaining the child safeguarding procedures.
- Mentions about involving the paediatric consultant.
- Reassures parents that Karl's care would not be compromised due to initiation of child safeguarding procedures.
- Offers information leaflet available in the hospital.
- Provides factually correct information.
- Does not waste time in gaining further history about bronchiolitis or explaining its management—role player should prompt the candidate if they try to do so.

COMMUNICATION STATION 62 Child Presenting with A Scald Injury

CANDIDATE INFORMATION

You are: Level 1 Paediatric Trainee at the end of training in a District General Hospital.

You will be talking to: Ms Bushra Ayaydin, mother of 17 months old Zabbar (male child).

Setting: Side room in the Paediatric Assessment Unit (PAU).

Background Information

Zabbar was brought to the assessment unit with a scald injury. He accidentally pulled the tablecloth, table had cups of coffee sitting on top. Ms Ayaydin's friend Rochelle was visiting them and they were enjoying a cup of coffee when the accident happened. The nurse has cross checked the story with Rochelle over the phone and it was confirmed to be true. Zabbar had sustained superficial scalds over his shoulder and chest wall on one side. The nurse has contacted the children's safeguarding team and is waiting to hear back from them. The nurse has also spoken to Ms Ayaydin regarding accident prevention and home safety issues.

You have been informed by the nurse that Ms Ayaydin wants to speak to a doctor. The nurse has also informed you that there are two other children in the family aged 3 and 4 years, respectively. The oldest child was seen in the PAU few weeks back with an accidental paracetamol overdose. The specialist team in the burns unit have suggested management in the local centre and will be happy to liaise as necessary.

Task

Please speak to Ms Ayaydin as to what she is worried about. You are not expected to gather further information however, you may explore any concerns she may have and answer her queries.

ROLE PLAYER INFORMATION

Background

- You are Ms Bushra Ayaydin, mother of Zabbar who is 17 months of age.
- You like to be referred to as 'Ara'.
- You are a single mother having fled from your country a year ago due to domestic violence and circumstances around safety.
- Your partner as far as you understand is back in your own country.
- You have two other children: 3-year-old Freda and 4-year-old Ahmed—your friend Rochelle is looking after them.
- Your family is known to social services for some time and the children are supported under the 'Children in Need' category by the social workers—you will be open about it, if the candidates explore this aspect.
- You try your best to look after the children but are struggling to make ends meet. You feel the 2-bedroom council flat, universal credit and child benefit that you receive is barely enough to cater for the whole family.
- You have requested social workers for help but it has never materialised.
- You have not managed to secure a place in a child care facility and have made few appeals with the council.
- You have a few friends who are struggling with similar issues.

Current problem:

- Your initial emotion would be one of anxiety and apprehension.
- You are scared that you will again be judged and be labelled as a bad mother.
- You have heard that social services can take away children and you cannot do much about it—you love your children and do not want this to happen.
- The candidate should assure you that children's safeguarding team ensures children are safe and they will speak to you to understand what exactly happened. They do not automatically remove children from parent's care.
- You brought Zabbar to the hospital as soon as the accident happened.
- Rochelle was visiting you and you guys were enjoying a cup of coffee when Zabbar suddenly pulled the tablecloth and your cup of coffee spilled on his arm and body.
- You panicked and put some icepack on the affected areas and changed Zabbar's soaked vest.
- You are very upset that despite all your effort blisters have developed and Zabbar was in pain.
- The candidate should reassure you that appropriate pain relief and dressing has been applied and Zabbar is comfortable now.
- If you are asked about Ahmed's recent visit to the hospital with paracetamol overdose, you will explain that this was accidental when you had foolishly kept the bottle open on the dinner table and were administering a dose of it to Zabbar, who is currently teething.
- You managed to stop Ahmed from drinking much of the medicine, you brought him to the hospital to get him checked over and blood tests were done, and he was discharged a few hours later—you will only discuss it if specifically asked about it.
- You felt guilty and do not want to be judged on that incident as you now keep your medicines under lock and key.

You want to explore:

- Whether Zabbar is going to be okay and whether you will need to go to the burns unit which the nurse briefly mentioned about.
- Candidate should reassure you that the burns unit specialist has suggested management in the local hospital, but the situation will be revisited again as may be necessary in the next few days.
- You remain worried what the social workers will decide and ask the candidate about it.
- Candidate is likely to explain that the safeguarding team has been contacted and they are waiting to hear back from them with a plan. Zabbar cannot be discharged home until a decision from them is available. You do not want false reassurance that children's safeguarding team will not take this further.
- You highlight a few issues and want help from the candidate:
  - Can the hospital team write a letter to the council to provide you with a bigger house.
  - Although you have requested for financial help many a times this has not happened, you would request the doctor to help with this through the social workers.
  - Can they assist in securing place in the local nursery as this will help in providing respite to you as you feel exhausted in managing three very active and lively children.
- At the end, please ask the candidate whether this scald injury will cause long-term issues and you will be explained that Zabbar will be monitored closely and scarring is unlikely.
- You may be offered a leaflet on managing burns and scalds at home which is likely to be available from the regional burns centre.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Safeguarding concerns arising out of a scald injury.

- Candidate should introduce themselves properly to Ms Ayaydin and clarify the agenda for the consultation.
- Check how the role player would like to be addressed and subsequently refer to her as 'Ara'.
- Remembers the child's name and sex and appropriately refers to Zabbar during the consultation.
- Address's role player's issues and questions appropriately.
- Exhibits empathy and gives time to Ms Ayaydin to express her viewpoints and does not blame her for causing her child's accident by being negligent.
- Provide realistic overview on the role of children's safeguarding team and clarifies that a decision is pending in Zabbar's case.
- Makes strategies for Zabbar's management and may mention about involving paediatric community nursing team.
- Provides factually correct information regarding the scalds and its management at home.
- Explores how the older child had the paracetamol overdose but does not waste time gathering more information about it once an explanation has been provided.
- Provides realistic assurances in what a hospital doctor can provide help with and the importance of involving different relevant professionals, e.g. school admissions team in the local authority, children's safeguarding team, community nurses, etc.
- Mentions about discussing the case with the on-call consultant.
- Offers information leaflet regarding burns and scalds management.

COMMUNICATION STATION 63: Intussusception and Surgical Transfer

CANDIDATE INFORMATION

You are: Trainee at the end of Level 1 training in a District General Hospital.

You will be talking to: Mrs Emily Brown, mother of Nathan Brown.

Setting: Side room in the paediatric assessment unit.

Background Information

Nathan, 7-months-old boy, has been unwell for the last 3 days with diarrhoea and vomiting. His stool sample was sent for virology which has detected rotavirus infection. For the last few hours he has been intermittently pulling up his legs and screaming and then becomes listless and pale in between the episodes. You have examined Nathan and found him to be pale and noticed he had some abdominal tenderness as he disliked abdominal palpation and became uncomfortable. An urgent ultrasound scan of the abdomen has confirmed intussusception. You have discussed his findings with the paediatric surgical team based at the regional paediatric hospital and they have suggested that Nathan should be transferred immediately to them for specialist management.

Task

Discuss with Mrs Brown regarding the diagnosis and plan for management. You are not expected to gather further information; however, you may explore any concerns Mrs Brown may have and answer her queries.

ROLE PLAYER INFORMATION

Background

- You are Mrs Emily Brown, like to be referred to as 'Ems'.
- Nathan is 7-month-old and is usually healthy.
- You are married, a homemaker and your husband is a tattoo artist.
- You have got another child, 5-year-old daughter Tiegan.
- You do not believe in modern medicines and vaccinations, hence none of your children are vaccinated—please provide this information if specifically asked about.

You expect from the consultation:

- Nathan has been unwell for the last three days with diarrhoea, vomiting and mild fever.
- You have taken him to the doctors (i.e. GP) following your health visitor's advise and were reassured and sent home with advice to return if worsens.
- Your doctors have sent a stool sample to the hospital for testing, you do not know what it showed.
- Candidate may inform you that a bug called rotavirus has been identified which affects lots of children of Nathan's age and can make them poorly.
- For the last few hours, Nathan has been crying on and off as if in pain and pulling his knees up to his tummy during these episodes.
- As your doctor could not offer an appointment urgently, you have brought him to the emergency department.
- You are very worried as Nathan was rushed for a jelly scan (i.e. ultrasound scan) of his tummy after starting a drip through his veins.
- The lady who did the scan appeared very worried and got another colleague to confirm her findings.
- You do not know what is going on and expect the candidate to provide a clear answer about Nathan's condition.
- The candidate should explain that the jelly scan has confirmed that Nathan has a condition called intussusception where some of the bowel loop telescopes into another which has implications for its blood supply.
- The candidate may also explain that there is a positive association between rotavirus infection and intussusception but should not undermine you for not getting Nathan vaccinated.
- They should remain empathetic and provide reassurance that it is not your fault that Nathan has developed intussusception.
- Candidate thereafter is likely to explain that Nathan will have to be transferred immediately to the regional paediatric hospital for assessment by the paediatric surgeons.
- You further tell the candidate that Nathan's last nappy has bloody stool with mucous in it and you feel that Nathan has dysentery, something you read about on the internet.
- You also expect a clear explanation as to why this is not dysentery.
- The candidate should explain what intussusception is and clarify that this presentation of 'bloody stool with mucous in it' is called red currant jelly stool and is a classical presentation.

- You may be offered a drawing to explain the diagnosis.
- You want to know whether Nathan definitely needs an operation.
- Candidate should explain that the transfer is for assessment of Nathan by the specialist surgical team, that they may do another jelly scan, then they will be able to decide whether an operation or pushing air through his bottom (i.e. air enema) will reduce the intussusception.
- You expect a lot of empathy and sensitive approach from the candidate considering the situation you are in and expect to be offered every support and help.
- You do not have a car and the candidate may offer to speak to the ambulance team to ensure you can travel with Nathan or offer to arrange a hospital transport for your travel.
- Candidate may offer you information leaflet regarding intussusception which will be available from the paediatric surgical centre.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Intussusception and transfer to a surgical centre.

- Candidate should introduce themselves properly.
- Candidate should refer to the role player by their name, 'Ems', and not as mum or mother.
- Do not confuse between the patient Nathan and his sister Tiegan and should refer to Nathan as 'he'.
- Exhibits enough empathy and sensitivity as expected of the situation.
- Acknowledges mother's concerns and makes appropriate plan.
- Provides factually correct information.
- Candidate should not appear to be in a rush in this situation to finish the task, however, should exhibit empathy, sensitivity and appropriate listening skills.
- Candidate should give enough time and space for the mother to express her concerns and anxiety.
- Candidate should not undermine mother for her decision to not vaccinate her children.
- Candidate may also ask about Tiegan briefly and ensure that she is looked after by someone reliable.
- Candidate should mention about discussing the case with their consultant.
- Candidate should be able to clarify what intussusception is, clarify that the planned transfer is for further assessment and a definitive plan for treatment has not been made as of now.
- Offers available information leaflet regarding intussusception.

COMMUNICATION STATION 64: Supporting and Educating a New Trainee

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics.

You will be talking to: Jacob Otieno, ST1.

Setting: Postnatal ward.

Background Information

Jacob is a ST1 trainee and recently been posted in the postnatal ward. He is quite upset with the charge midwife, who he has previously commented is 'always after him'. He finds her very annoying as she often interferes with his work. The midwife also mentioned to you that Jacob often does baby examination with his watch and rings on and skips hand hygiene procedures. Jacob also does not enter the clinical findings in the Newborn and infant physical examination (NIPE) database which has created additional work for the midwives, e.g. two infants at risk of developmental dysplasia of the hips were not referred for an ultrasound scan.

Task

Talk to Jacob about hand hygiene and the importance of adhering to newborn screening guidelines. Do not gather further information. You may answer Jacob's queries or concerns.

ROLE PLAYER INFORMATION

Background

- You are Dr Jacob Otieno, ST1 doctor.
- You have moved from Kenya recently to the UK.
- You have worked in Kenya for 5 years and were a respected and recognized member of the team who the nursing colleagues relied upon. You have never been questioned on your decisions back home.
- You do not like to picked on by the midwives and feel they disrespect and demean you despite you working so hard!
- You missed face to face induction and have watched the induction videos.
- You did not understand the online training about the Newborn and infant physical examination (NIPE) recording and felt it is a waste of time recording normal findings in an electronic database.
- You would like to be offered an opportunity for face to face training on ANTT (Aseptic Non Touch Technique) and computer systems—you hope the candidate may facilitate this training.
- You request the incidents not to be reported to the consultant but if appropriately explained will agree that your educational supervisor would be involved in supporting you.

If approached in a sensitive manner, you will discuss:

- You want to go back to Kenya but want to repay the loans you have taken for coming to the UK—you will only share your information at a later stage regarding your difficult financial circumstances only if the candidate exhibits enough empathy and does not push for personal information.
- You agree for additional tutorials and support during your on-call shifts.
- You will be reluctant but agree for counselling support if offered to you as you really want to improve.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Supporting and educating a new trainee.

- Addresses role player's issues and questions appropriately.
- Exhibits empathy and gives time to Jacob to express his viewpoints.
- Do not provide false reassurance about not escalating candidate's concerns to Jacob's educational supervisor as the situation necessitates it.
- Provides factually correct information regarding importance of hand washing, and documentation.
- Explains importance of team working and the importance of having an open culture in the work environment and the safety net it provides to keep patients safe.
- Does not blame or demean the junior colleague, understands cultural differences, and explain how educational supervisor may offer help and support.
- Does not push for personal information but explores the difficulties that Jacob is facing and offers to arrange for support.
- Does not waste time explaining about the management of the clinical conditions but may offer to arrange tutorial at a later date.

COMMUNICATION STATION 65: Febrile Convulsion

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics in a District General Hospital.

You will be talking to: Medical student Arthur.

Setting: Seminar room in the ward.

Background Information

Arthur is a 4th year medical student doing his placement in paediatrics for last 3 weeks. He is very enthusiastic and keen to learn. You (the candidate) have just finished the ward round. Arthur was part of the team when you and your consultant Dr Hamilton reviewed Samuel John, a 17-month-old boy who was admitted overnight with simple febrile convulsion. Samuel's mother was very worried and requested for a CT scan of the brain. Dr Hamilton spent a long time speaking to Samuel's mother and explained why a CT was not indicated for him. Samuel's mother was reassured following the discussion and is waiting for his discharge. Arthur wanted to catch up with you as he reportedly was not happy with the decisions made for Samuel by Dr Hamilton.

Task

Talk to Arthur to explain about the decision making process for Samuel. Do not gather further history and answer any questions which Arthur may ask.

ROLE PLAYER INFORMATION

Background

- You are Arthur, a 4th year medical student doing your placement in paediatrics.
- You are very interested in a career in paediatrics and come to join ward rounds in the evening and over the weekends.
- You heard Dr Hamilton mention about simple febrile convulsion but you were not aware that such a classification exists!
- Once you have been explained about febrile convulsion and the differences between simplex and complex febrile seizures, you ask the candidate whether it is okay to discuss the decisions made for Samuel's management.
- You are especially worried that Samuel was not offered a CT scan of the brain when requested by his mother.
- If the candidate explains it properly you appear to understand but are not convinced that CT scan was not indicated in Samuel's case.
- If the candidate tries to convince you by saying that CT involves lot of radiation you counteract by saying you have read that the modern scanners use minimal radiation.

If the candidate explores further in a sensitive and empathetic manner as to why you strongly feel about the need for CT scan, then only you come out with the following story (otherwise please do not discuss the story):

- You had a cousin Freya who was 5 years younger than you.
- At 2½ years of age Freya presented to the hospital with a 12 minutes convulsion.
- You heard that Freya was discharged from the hospital and 2 days later had a further convulsion and was rushed to the hospital.
- A CT scan of the brain was done which showed a big brain tumour.
- Freya died due to the brain tumour 5 months later.

You Expect from the Candidate

- To explain with sensitivity and understand the emotions that you are experiencing after meeting Samuel.
- Give you time and space to express the traumatic experience you had.
- Once you have had a chance to tell your story, you will feel ready to be explained the difference between the two scenarios and why CT scan may not be appropriate for Samuel.
- Explanation about HeadSmart symptom card would be of help for you to understand the difference between seizures due to brain tumour and febrile convulsion.
- You will exhibit controlled emotions while explaining your previous experience.
- If the candidate does not provide a satisfactory explanation, you can say at the end that you will ask the consultant for his opinion.

PS: HeadSmart campaign aims at spreading awareness of the common childhood signs and symptoms of brain tumour. The HeadSmart symptom checker highlights the differences in the signs and symptoms that children show depending on their age. Further information can be found by visiting the Brain Tumour Charity website at: https://www.thebraintumourcharity.org/

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Febrile convulsion discussion with a trainee.

- Addresses role player's issues and questions appropriately.
- Do not waste long time in clarifying roles as the candidate will know Arthur from previous contacts.
- Provides factually correct information regarding classification of febrile convulsion.
- Candidate explains why CT scan is not appropriate in Samuel's case and do not over emphasize on radiation exposure.
- Explores why Arthur feels so strongly about the need for CT scan in Samuel and picks up on Arthur's cue on benefit versus risks of radiation exposure.
- Explores with empathy Arthur's past experience and gives him time to talk about his cousin Freya.
- Candidate may use the HeadSmart symptom card to explain the difference between brain tumour and febrile convulsion.
- Provides factually correct information and explains about febrile convulsion in a way that would be understood by a medical student.
- Candidate may make arrangement to meet up with Arthur in few days to answer any further queries on the topic.

COMMUNICATION STATION 66: Discussion About Importance of Chaperone

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Dr Luke Jones, F2 doctor.

Setting: Seminar room in Paediatrics department.

Background Information

Luke is a foundation year 2 doctor in the department. Few colleagues have commented that Luke seems to be on the phone all the time. At times Luke appeared distraught after his prolonged phone calls. On a couple of occasions ward nurses have commented that Luke seemed to be in a rush and does not wait for the nurses to join while examining adolescent females and does not bother to ask whether they would like a chaperone to be present in the room. One of the mothers has expressed displeasure with the situation to the ward sister but did not want to make a formal complaint.

Task

Talk to Luke regarding the importance of chaperone in paediatric practice. Do not gather further information. You may answer any questions that Luke may ask.

ROLE PLAYER INFORMATION

Background

- You are Luke, a foundation year 2 doctor.
- You are enjoying you paediatrics placement.
- You find the team very supportive and have learnt a lot over the last 2 months.
- You have been asked by the ward sister to speak to the registrar (i.e. candidate).
- You are scared that you have made some mistake, hence the meeting has been arranged.
- When you are informed by the registrar (i.e. candidate) about team members mentioning about you not using chaperone, you become upset and gently moan about some nurses being after you.
- You have read the GMC Good Clinical Practice and understand the importance of chaperone in clinical practice.
- You will volunteer that while dealing with a child or young person: You always assess their capacity to consent to the examination and if you feel they lack the capacity to consent, you always seek their parent's consent.
- When the registrar (i.e. candidate) mentions about your excessive use of mobile phone at work, you try to evade the questions by saying that you recently had some change of personal circumstances and you were trying to sort out your life!
- You do not want to be reported to the consultant and try to persuade the registrar a few times during the conversation.
- If the registrar (i.e. candidate) explains the importance of involving your educational supervisor and how they can help you in providing support and guidance—you will agree for it.

If the candidate explores your personal circumstances empathetically, you will discuss about the following issues:

- You have been a high achiever.
- Your relationship with your long-term partner has come to an abrupt end.
- You have not been eating and sleeping well.
- When reminded about the importance of a chaperone, you mention you were possibly distracted by your personal circumstances and thank the registrar for their openness about the situation and that you are already working on it.
- You would agree for any support offered including counselling.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion with a junior colleague regarding the importance of chaperone in paediatric practice

Domains	Meets standards	Borderline	Below standards
Introduction	Appropriate exchange of greetings, clarifies the agenda for the meeting	Mentions the agenda for the meeting but may not be structured	Starts talking without a proper clarification of the agenda
	Comfortable interacting with Luke as is expected with a junior team member	Slightly unsure how to address the role player	Checks how the role player likes to be addressed when Luke should be known to the candidate
The consultation process	Structured discussion, pays attention to cues and explores and addresses concerns	Limited structure, occasionally picks up on cues and tries to address them	Discussion not structured, does not pick up or ignores cues, follows own agenda
	Checks Luke's understanding and addresses his concerns appropriately	Makes attempt to understand and somewhat addresses Luke's concerns and worries	Remains fixed on the given task of use of chaperone and makes minimal/no attempt at addressing his concerns and worries
	Does a balanced discussion and exhibits empathy and sensitiveness needed of the situation	Attempts a good discussion and at times needs prompting	Unstructured approach, may go into a information gathering mode, asks unnecessary or unrealistic questions, and lacks empathy
	Provides factually correct information, do not get persuaded by Luke about his request not to involve the consultant	Provides correct information but at times may lack the appropriate balance. May appear to get persuaded by Luke about his request of not involving the consultant	Appears to provide information which may be factually incorrect or at times appear to blame Luke or sound patronising. Agrees not to involve the consultant
Overall approach and engagement	Exhibits appropriate empathy, addresses Luke's concerns and expectations	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards Luke's concerns and expectations, seems disinterested with the situation
	Picks up cues during consultation, and genuinely explores further to understand Luke's personal circumstances	Occasionally picks up cues and makes an attempt to explore further but may not be able to associate it being contributory to the whole situation	Does not understand or disregards cues, makes no attempt to explore how Luke's personal circumstances is affecting his professional work
	Exhibits good communication skills with a trainee in difficulty and provides opportunity to Luke to express his issues. Makes plan for the support necessary	Appropriate communication skills with a trainee in difficulty and provides some opportunity to Luke to express his issues. Does not make a clear plan for the support necessary	Communication skills with Luke may not be ade-quate, provides minimal opportunity to him to express his concerns. No attempt of providing support

COMMUNICATION STATION 67: Audit *vs* Research

CANDIDATE INFORMATION

You are: A ST4 in Paediatrics in a District General Hospital.

You will be talking to: Miss Lucy Rogers, Year 4 Medical student.

Setting: Seminar room in Paediatrics department.

Background Information

Lucy is a year 4 medical student. She is in her 2nd week of placement in your department. You have just finished ward round. George a 5-year-old boy with new diagnosis of type 1 diabetes mellitus. Lucy wants to speak to you about George and why he cannot be given metformin instead of insulin as his mother brought it up during the discussion in the ward round. Lucy further requested to do an audit project during the summer holidays and feels it would be a great idea to see the benefits of metformin in children with type 1 diabetes mellitus.

Task

Talk to Lucy about her ideas for the summer project. Explore and discuss Lucy's ideas and thoughts about the audit she wants to do.

ROLE PLAYER INFORMATION

Background

- You are Lucy Rogers, a year 4 medical student.
- You are enjoying your paediatrics placement.
- You are passionate about research and want to find newer treatments for chronic childhood illnesses.
- You have just finished your placement in obstetrics and you learnt about use of metformin in mothers with gestational diabetes.
- When you heard George's mother asking for a diabetes pill, you felt it would be a good idea to ask the candidate about it.

When the candidate explains about Metformin:

- You are likely to be told that metformin is not a suitable treatment for type 1 diabetes in children.
- You would say that during your recent placement in obstetrics, you have come across many pregnant ladies who are on metformin and therefore the babies in the womb are getting exposed to it—so surely it would be safe for children as well.
- Candidate may explain that in children with type 1 diabetes the child's body no longer produces the important hormone insulin and hence it needs to be given exogenously.
- You do not want to go in any further discussion about diabetes management as you want to discuss about your idea for the audit project.

You will now want to explore what the candidate feels about your summer project:

- You feel it may be a good idea to try to use metformin in children with type 1 diabetes and do an audit to see what happens.
- At this point the candidate may want to explore your ideas about what constitutes an audit.
- You tell that clinical audit is a quality improvement process that measures current patient care and outcomes against agreed standards of best practice.
- You however do not understand if the candidate tells you why your project idea is not an audit but research.
- You now want to know the difference between audit and research.
- Candidate is likely to explain that research is done with the purpose to create new knowledge regarding most beneficial practice, e.g. metformin versus insulin as you want to study.
- You seem to start understanding the concept but request the candidate to tell you a bit more about the differences.
- You are likely to explained the following differences:
  - Research is usually based on an idea (hypothesis) or explores themes whereas audit is based on the comparison of practice against established standards such as national guidelines, hospital guidelines, etc.
  - Research is usually done on a large scale over a prolonged period whereas audit is usually done on a smaller scale over a short time period.
  - Research may involve patients receiving a completely new treatment, being given different treatments or a new surgical procedure whereas audit never involves patients receiving new treatment and does not affect accepted treatment of patients.

  - Research needs a statistically valid sample size and requires extensive statistical analysis whereas audit usually does not necessarily need a statistically valid sample size and is followed by basic statistical analysis.
  - Results of research may be generalisable to a wider population but there is no binding to act on the findings. However, results of an audit are usually relevant to the area evaluated and there will be clear responsibility to act on findings through development of an action plan.
  - Findings from a research can have a wide influence on clinical practice while audit findings usually only influence practice within the local area.
  - Research always requires approval from ethics committee whereas audit does not usually require ethical approval.
  - The candidate may summarise by saying that without research we cannot know the most effective practice. In comparison, without audit we cannot know if it is being implemented or practiced appropriately.
- You may now say that you will read more about it.
- Candidate may fix another appointment to explore some ideas about your summer audit project.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion with a junior colleague regarding the application of evidence based medicine in clinical practice

Domains	Meets standards	Borderline	Below standards
Introduction	Appropriate exchange of greetings, clarifies the agenda for the meeting	Mentions the agenda for the meeting but may not be structured	Starts talking without a proper clarification of the agenda
	Comfortable interacting with Lucy as is expected with a student doing placement in the department	Slightly unsure how to address the role player	Checks how the role player likes to be addressed when Lucy should be known to the candidate
The consultation process	Structured discussion, pays attention to cues and explores ideas and views	Limited structure, occasionally picks up on cues and tries to address it	Discussion not structured, does not pick up or ignores cues, follows own agenda
	Checks Lucy's understanding and addresses her concerns appropriately	Makes attempt to understand and somewhat addresses Lucy's concerns	Remains fixed on the given task and makes minimal/no attempt at addressing her concerns and worries
	Does a balanced discussion and divides time on type 1 diabetes treatment and explaining difference between audit and research	Attempts a good discussion but may need prompting to initiate discussion about audit and research	Unstructured approach, may go into an information gathering mode, continues lengthy discussion about type 1 diabetes treatment. Ignores cues that Lucy wants to discuss about audit and research
	Provides factually correct information, does not get persuaded by Lucy about her ideas for a summer project on using Metformin in type 1 diabetes treatment	Provides correct information but at times may lack the appropriate balance. May appear to get persuaded by Lucy about her ideas for a summer project on using metformin in type 1 diabetes treatment	Appears to provide information which may be factually incorrect or at times appear to be potentially harmful. Agrees for a summer project on using metformin in type 1 diabetes treatment
Overall approach and engagement	Addresses Lucy's concerns and expectations appropriately without being patronising	Tries to understand concerns and expectations but at times may sound patronising	Disregards Lucy's ideas and expectations, seems disinterested with the situation
	Picks up cues during consultation, and moves towards discussing about audit and research	Occasionally picks up cues and makes an attempt to explore further but may not be able to associate that Lucy also wants to discuss about audit and research	Does not understand or disregards cues, makes no attempt to understand that Lucy also wants to discuss about audit and research
	Exhibits good communication skills with an enthusiastic medical student and clarifies her doubts about an audit in a supportive manner.	Appropriate communication skills with a medical student and tries to clarify her doubts about an audit. Supportive aspect not uniform throughout the discussion	Communication skills with Lucy may not be adequate, provides minimal opportunity to her to express their agenda. No attempt at providing support. Goes into lecture mode.

COMMUNICATION STATION 68: Discussing Evidence-based Medical Practice

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Dr Sejal Patel, FY2 doctor.

Setting: Junior doctors room in the paediatric department.

Background Information

Sejal is an Foundation Year 2 doctor attached to paediatric department for last 2 months. She saw a 2-year-old child with diarrhoea and vomiting in paediatric assessment unit 2 days ago and admitted the child after discussing with you. Sejal wants to have a discussion with you regarding management of diarrhoea and vomiting in young children.

Task

Please talk to Sejal about evidence-based medicine (EBM) on this topic.

ROLE PLAYER INFORMATION

Background

- You are Dr Sejal Patel an FY2 attached to the paediatric department for last 2 months. You have worked in internal medicine, care of elderly, cardiology and orthopaedics departments before your paediatric placement.
- You are enjoying paediatrics and considering applying for specialty training post in paediatrics.
- You requested to catch up with the registrar to discuss some practices in paediatrics which are very different to what you came across in adult practice.
- You assessed the child and felt the child was dehydrated though you were not sure of the degree of dehydration. The child was passing urine but mother felt it was less than usual. The child also had low grade fever around 38°C.
- You felt the child has an infective diarrhoea which could be bacterial or viral. You wanted to check some blood tests including FBC, urea, creatinine, electrolytes and blood culture and then start the child on intravenous fluid and intravenous antibiotics as the child was vomiting. You also wanted to do a stool culture.
- However when you discussed the child with the registrar (the candidate), you were advised to start the child on frequent small volume of oral rehydration solution, monitor vital signs regularly and closely monitor urine output.
- He also wanted you to do a urine dipstick rather than blood or stool culture. You were not sure about the rationale for this management plan and wanted to discuss this.
- After admission the child's urine output became even less and he was given intravenous fluid for 12 hours. The child recovered well and after 48 hours was discharged.
- You are feeling that the child should have been given intravenous fluid from the very beginning.
- You are also worried that by not doing any blood tests we could miss serious diagnoses like significant electrolyte abnormality/bacterial infections/heamolytic-uraemic syndrome, etc.
- Ask questions like 'why should not we consider rare conditions as they are rare but not impossible'.
- If told about evidence based medicine, ask whether individual children can come to any harm from following evidence based medicine?
- At times you felt that this is a cost saving exercise rather than achieving best possible outcome.
- You are likely to be directed to read the NICE guidelines on management of gastroenteritis in children.
- Thank him/her for his/her time at the end.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion on evidence-based medicine (EBM) in clinical practice.

Domains	Meets standards	Borderline	Below standards
Introduction	Formal introduction is not needed as working together. Should enquire how she is coping in paediatrics and if she is feeling supported	Formal introduction is not needed as working together	Formal introduction saying I am a doctor and confirms her name
	Expresses pleasure that she wants to discuss about patient she has seen	Checks what she wanted to talk about and but does not express any pleasure that she wants to discuss about the condition and its management	No greetings. Goes directly into discussion.
The consultation process	Listens to Sejal's concerns regarding the child's management without interruption or showing displeasure	Listens to Sejal's concerns regarding the child's management with a few interruption but not showing any displeasure	Dismissive of her concerns and mentions things like adult and paediatric practices are different
	Explains the rationale for preference of oral rehydration solution even if vomiting and not in shock. Explains the possible adverse effects of intravenous fluids. Explains the potential worsening of symptoms with antibiotics. Explains that unnecessary investigations do not contribute in improving outcome	Explains the rationale of the management strategy including preference of oral rehydration even if vomiting and not in shock. Does not explain potential adverse effects of intravenous fluids and antibiotics	Agrees that intravenous fluids should have started from the beginning. Agrees that antibiotics should have been considered. Agrees that blood tests are necessary
	Explains that evidence based medicine is about improving outcome and reducing harm and not about cutting cost or reducing workload. Explains the process of building up evidence	Explains that evidence based medicine is about improving outcome and reducing harm and not about cutting cost or reducing workload. However does not explains the process of building up evidence	Agrees that Evidence Based Medicine can harm individual patients
	Explains that cost is also an important factor and interventions which are not likely to improve outcome but incur a cost can lead to resources being diverted from where necessary. It is also important to consider the pain and distress the child will undergo for the blood tests. It would only be worth doing it if the potential benefit is considered to outweigh the 'cost'	Explains that cost is also an important factor and interventions which are not likely to improve outcome but incur a cost can lead to resources being diverted from where necessary. It is also important to consider the pain and distress the child will have to go through for the blood tests. It would only be worth doing it if the potential benefit is considered to outweigh the 'cost' (misses one of these points)	Does not take financial implications or child's distress into consideration

Contd…

Contd…

Domains	Meets standards	Borderline	Below standards
	Checks Sejal understands the rationale for the practice and offers to go through it again if necessary. Encourages her to read about EBM and directs her to potential sources of information including NHS website	Checks Sejal understands the rationale for the practice and offers to go through it again if necessary. However does not encourage her to read about EBM or directs her to potential sources of information including NHS website	Does not check her understanding of principles of EBM
Overall approach and engagement	Shows respect as a colleague and listens to her point of view sensitively	Shows respect as colleague but few occasions where becomes impatient or interrupts	No respect as colleague and dismissive of her point of view as minimal experience in paediatrics
	Makes her feel welcome and appreciates that it may be a difficult discussion for her as she has little paediatric experience. Also encourages her to come with similar queries as this is a good way of reflective learning	Makes her feel welcome and appreciates that it may be a difficult discussion for her as she has little paediatric experience.	Delivers a lecture or agrees that the child was treated inadequately
	Exhibits good communication skills with a colleague with dignity and mutual respect	Exhibits good communication skills with a colleague with dignity and mutual respect with occasional impatience	Exhibits poor communication skills with a colleague with no dignity or mutual respect

COMMUNICATION STATION 69: Withdrawal of Life Support

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics.

You will be talking to: Sophia Kelly, a student nurse.

Setting: NICU counselling room.

Background Information

Baby boy George was born at 26 weeks of gestation after mother went in to spontaneous labour and delivered quickly. George was in poor condition at birth, requiring resuscitation. He was ventilated and needed alot of inotropic support. Over the last 2 days his ventilator requirements have gone up and he is currently on 80% oxygen. An USS of his head revealed bilateral grade 4 IVH. George's parents have asked you whether we should withdraw treatment. After consultation with the parents a decision to withdraw life support was taken. George died almost immediately after extubation. Sophia has been helping looking after George, and she is extremely upset. She wants to know why George's life support was stopped.

Task

Explain to Sophia the ethics and legality of withdrawing life support.

ROLE PLAYER INFORMATION

Background

- You are Sophia Kelly, final year nursing student.
- You were helping the senior nurses looking after a baby born at 26 weeks gestation. The baby was on ventilation support and inotropes.
- The baby needed significant escalation of ventilatory support. You were also told that the baby had grade 4 bleeding inside his head.
- Though you understood that the baby was very sick and may have died with best effort you still feel that it is fundamentally wrong to switch off breathing support for anybody.
- Explore if there was any chance that the baby could have survived even with major neurodisability.
- If it was inevitable that the baby would have died then why switch off ventilation rather than wait for his natural death.
- Ask if this is a cost saving exercise and whether it is actually legal to take somebody off life support machine.
- Unless already explained by the doctor ask in which situations life support can be withdrawn.
- Candidate is likely to explain the following:
  - The "Brain Dead" child—the criteria of brain-stem death are agreed by two senior health professionals. Treatment in such circumstances is futile and the withdrawal of current medical treatment is appropriate.
  - The "Permanent Vegetative State"—here the child is reliant on others for all care and does not react or relate with the outside world.
  - The "No Chance" situation—the child has such severe disease that life sustaining treatment simply delays death without significant alleviation of suffering and continuing treatment to sustain life further is inappropriate; candidate may say that George has been adjudged in this category by the consultants.
  - The "No Purpose" situation—although the patient may be able to survive with treatment the degree of physical or mental impairment will be so great that it is unreasonable to expect them to bear it; candidate may say that George has also been adjudged in this category by the consultants.
  - The "Unbearable" situation—the child and/or family feel that in the face of progressive and irreversible illness further treatment is more than can be tolerated. Parents may wish to have a particular treatment withdrawn or to refuse to consent for further treatment irrespective of the medical opinion that it may be of some benefit. This is something which George's parents have discussed at times.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Speaking to a nursing student about withdrawal of life support.

- Answers role player's questions appropriately.
- Do not ask how she would like to be addressed as Sophia works for the same team and the candidate and they would have known each other in a professional capacity.
- Gives time to Sophia to express her concerns without interrupting and appear to acknowledge her views in a sensitive manner.
- Mentions the child's name and sex correctly during the discussion.
- Clearly explains the situations where withholding/withdrawal of life support may be considered.
- Acknowledges that it is not an easy situation and offers support to Sophia and the team.
- Provides factually correct information.
- Does not waste time explaining the management of a premature neonate or the decision taken for George.

COMMUNICATION STATION 70: Purpuric Rash Management

CANDIDATE INFORMATION

You are: A Specialty Registrar (ST4) in Paediatrics.

You will be talking to: Louise Barnes, an FY2 doctor.

Setting: Seminar room in the Paediatric department.

Background Information

Louise is an FY2 doctor who is working in the paediatric department for last 2 months. There was a child with purpuric rash who was seen in the assessment unit and the registrar on duty diagnosed it as Henoch-Schönlein purpura (HSP). He admitted the child and sent some blood investigations but did not start the child on any antibiotics. Louise is very concerned as she saw a child with very similar rash during her student placement who was diagnosed to have meningococcal disease and deteriorated very quickly. That child required paediatric intensive care unit (PICU) retrieval.

She wants to understand the approach to managing a patient with purpuric rashes and has requested to speak to you.

Task

Talk to Louise about differential diagnoses of purpuric rashes and their management.

ROLE PLAYER INFORMATION

Background

- You are Louise Barnes an FY2 working in the paediatric department for the last 2 months.
- You were upset when you saw a child with a non-blanching rash and fever during your student placement, who deteriorated very quickly and needed to be urgently retrieved by the PICU team.
- You expect the candidate to be supportive when you discuss about your previous difficult experience.
- You have heard that the child suffered lot of complications from the meningococcemia.
- You feel that this child (Maji) also has similar looking rash and you cannot understand why he has not been started on antibiotics.
- Keep insisting that if there is even a small chance of it being meningococcal disease rather than HSP, Maji should have been started on antibiotics immediately.
- Ask how one can differentiate HSP and meningococcal disease clinically.
- Candidate should explain about the clinical features of HSP and meningococcal disease.
- They should also explain why Maji was considered to have HSP and not meningococcal disease, for his safety he is being monitored as an inpatient.
- If the candidate is not able to satisfy your concerns, you say that you will discuss it with the consultant on ward round.
- You can then ask how HSP is managed and candidate may discuss it further and guide you to read the departmental guidelines.
- Candidate may also bring to your attention the existing NICE guidelines on diagnosis and management of meningococcal disease, sepsis, fever, etc.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Educating a junior colleague about management of purpuric rashes.

- Addresses role player's issues and addresses her by name (candidate should not ask how Louise would like to be addressed).
- Exhibits sensitivity and listens to Louise's point of view.
- Candidate should be supportive to Louise while she expresses her previous difficult experience of coming across a child with meningococcal disease during her student placement.
- Checks Louise's understanding from time to time but not in a condescending way.
- Candidate should be able to explain the typical presentation of both HSP and meningococcal disease.
- Should be able to point out that absence of fever, history of preceding upper respiratory tract infection, child being systemically well and typical distribution of the HSP rash are enough to differentiate these two conditions.
- Should be able to explain that by the time children with meningococcal rash develop such extensive purpura they are very unwell with some degree of haemodynamic instability.
- Also should point out that Maji is admitted and would be monitored for any possible deterioration.
- Candidate may discuss the concept of antibiotic stewardship (i.e. indiscriminate use of antibiotics).
- Should provide factually correct information.
- Candidate may direct Louise to the NICE guidelines on 'Meningitis (bacterial) and meningococcal septicaemia in under 16s: recognition, diagnosis and management' (CG102).

COMMUNICATION STATION 71: Dengue Fever with Low Platelets

CANDIDATE INFORMATION

You are: A Registrar in Paediatrics in a District General Hospital.

You will be talking to: Dr Sam Fairfield.

Setting: Doctor's room in the Paediatric Ward.

Background Information

There is a 6-year-old child called Tanish with confirmed Dengue fever with warning signs. He is now on day 6 of illness and has been afebrile for almost 24 hours. His platelet count today is 25×10^9/L and he has developed some petechial spots where the blood pressure cuff was applied. He has no other evidence of active bleeding. Dr Sam Fairfield is a FY2 trainee and is currently doing his paediatrics rotation for last 2 months. Sam is rather concerned that no platelet transfusion has been planned despite low platelet count and petechiae.

Task

Talk to Sam regarding the pathophysiology of bleeding in dengue fever and the indications for platelet transfusion. You are not expected to gather further information but explore Sam's concerns.

ROLE PLAYER INFORMATION

Background

- You are Dr Sam Fairfield doing your paediatric rotation as FY2 doctor.
- You have done adult medicine, orthopaedics, vascular surgery and care of the elderly before your paediatric placement.
- You are surprised that a lot of clinical practices are very different in paediatrics.
- You are very concerned about Tanish with dengue fever as you feel he is getting worse with time as his platelet counts are decreasing.
- He has tachycardia (although you are aware that paediatric ranges for heart rate and other vitals can be different to adults), though his blood pressure is normal. He has a generalised oedema and his platelet count is falling sharply. It was 98×10^9/L about 12 hours ago and it is 25×10^9/L now. You are also concerned about the petechiae that Tanish has got and you know it can be due to the meningitis bug.
- You are also very surprised that Tanish is having quite a lot of fluids despite the oedema and he is not being given diuretics.
- However, your overwhelming concern is about the platelets. You are worried that he might be having internal bleeding which is the cause for tachycardia.
- You thought of bringing this up during the ward round this morning but did not as you have very little paediatric experience and the consultant might think you are questioning his decision making process.

Your Approach during the Discussion

- You start by thanking the candidate for taking time out to talk to you.
- Mention at the beginning that you are sorry if you are asking any inappropriate or 'stupid' questions.
- Mention that you do not have any previous paediatric experience but you can see that a lot of practices are different from what you have learnt from your rotation in adult medicine.
- If asked for examples mention that most infants with respiratory symptoms are not given antibiotics which surprised you. Practically all adult patients with respiratory symptoms are prescribed antibiotics.
- Also, a lot of infants with fever gets a lumbar puncture which is not common in adult practice.
- Then mention that you are very worried about Tanish the child with dengue fever. His platelet counts seem to be getting worse.
- Your most significant concern is the low platelet count and risk of serious bleeding.
- Ask how one can be sure that there is no 'internal' bleeding which could be the cause for his tachycardia.
- Ask if there is any level below which platelets should be transfused and if there is any evidence for that.
- Ask about the causes of bleeding in dengue fever.
- Ask if any harm could be done by giving platelet transfusion to Tanish.
- Ask what are the potential side effects of platelet transfusion.
- If there is time at the end ask about giving diuretics and restricting fluid as he has a lot of oedema.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Platelet transfusion in dengue—teaching a junior colleague.

Domains	Meets standards	Borderline	Below standards
Introduction	Should not formally introduce themselves as they are working in the same department	Introduces self	Introduces self formally, asks how the role player would like to be referred
	Calls the doctor by name and asks about how they are finding paediatrics. Encourages them to ask questions	Calls the role player as Dr Sam or Dr Fairfield. No enquiry about how they are finding paediatrics	Does not address the role player by name at all. No enquiry about how they are finding the paediatrics rotation
The consultation process	Listens to Sam's concern for the child with empathy and acknowledges that these are reasonable concerns	Listens to Sam concerns but interrupts frequently	Dismissive of the concerns and asks Sam to read about dengue fever
	Explains that the pathophysiology of bleeding in dengue fever is complex and it involves capillary dysfunction, abnormal clotting and also platelet dysfunction. Bleeding in dengue is not linearly related to platelet counts	Overall structure acceptable but some lack of confidence and sometimes may not appear convincing	Unstructured format, no mention of pathophysiology of bleeding in dengue fever. Agrees that platelets can be given
	Explains that there is no benefit of giving prophylactic platelets and it would not prevent bleeding episodes. The only indication would be if there is active bleeding and some units follow a protocol of transfusing if the count is less than 10×10^9/L. However, should mention that there is no evidence base for transfusing platelets	Explains that there is no benefit for prophylactic platelets but does not appear confident. Thinks there is evidence for giving platelets below certain levels even if there is no bleeding. Not sure of the indication for platelet transfusion in dengue fever	Thinks there is value of prophylactic platelet transfusion under certain levels. Does not know the indication for platelet transfusion in dengue fever
	Aware of harms of transfusion of blood products including platelets. Should be aware of serious hazards of transfusions*	Aware of harms of transfusion but not entirely sure of complications	Not aware of complications of transfusion of blood or blood products

Contd...

Contd…

Domains	Meets standards	Borderline	Below standards
	Should be able to answer the question about diuretics as there is severe capillary leak, there is intravascular volume depletion and intravenous fluids are needed to maintain an acceptable intravascular volume and cardiac output. However, in some children diuretics may be indicated in the recovery phase	Understands and can explain the need for intravenous fluids rather that diuretics at this stage. However, not aware of use of diuretics	Agrees that diuretics can be a better option and may even agree for Tanish to be prescribed these
Overall approach and engagement	Exhibits appropriate empathy, addresses Sam's concerns	Tries to be empathetic but may not be evident at times, tries to understand Sam's concerns and expectations	Minimal or no empathy shown, disregards Sam's concerns as inexperience
	Picks up cues during consultation, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Exhibits good communication skills with a colleague who is genuinely concerned about a child	Exhibits good communication skills with a colleague who is genuinely concerned about a child but inconsistently	Exhibits poor communication skills with disregard to the colleague's emotional status

*Please note that serious hazards of transfusion is a term used in the UK clinical practice. It may also be called TRALI in clinical practice in other countries.

COMMUNICATION STATION 72: Autistic Spectrum Disorder Associated with Sensory Processing Disorder

CANDIDATE INFORMATION

You are: ST4 in Paediatrics in a District General Hospital.

You will be talking to: Eileen Casely, a newly qualified physician associate working in paediatrics.

Setting: Seminar room in the paediatrics department.

Background Information

Nazmal is a 5-year-old boy with autism. He has also been diagnosed with sensory processing disorder. He has been suffering with intermittent diarrhoea, recurrent abdominal pain and attended for blood tests including a coeliac screen in the paediatric outpatient department.

Eileen was assisting you when you tried to obtain the blood samples. Eileen noted that you had to use 2-play therapists and sedation with chloral hydrate as it was difficult to do blood tests because of Nazmal's neurobehavioural condition and associated sensory processing disorder. Eileen has been quite traumatised by the situation and wants to speak to you regarding autism and how sensory processing disorder affects children.

Task

Speak to Eileen regarding autism and challenges posed by children with sensory processing disorder while conducting invasive investigations, e.g. blood test. You are not allowed to gather further information but need to explore and explain what autism is and how sensory processing disorder affects children.

ROLE PLAYER INFORMATION

Background

- Eileen is a newly appointed Physician Associate (PA) after qualifying last month.
- You have never seen any children with autism having an intravenous cannula sited.
- You are very traumatised by seeing the whole episode.
- You have requested the doctor to support you and do a quick debrief about the episode.

You are meeting the candidate in the seminar room:

- Candidate may start the conversation with a meet and greet approach, ask how Eileen is feeling, mention how she is valued in the team before trying to explore the real agenda of the meeting—this approach is likely to build up a rapport and confidence in Eileen to initiate an open conversation.
- The candidate is expected to explain that this is an unusual situation due to Nazmal's autism and sensory processing disorder.
- Eileen wants to know more about autism.
- The candidate should explain that autism is a developmental disorder of childhood that affects language and social skills.
- The candidate should be able to enumerate the cardinal features of autism, i.e. triad of impaired social interaction, speech and language disorder, ritualistic/repetitive behaviour.
- You now want to find out regarding sensory processing disorder.
- Candidate should be able to describe sensory processing disorder (SPD) which is a complex disorder of perception, sensory stimuli are differently processed in the child's brain for touch, smell, vision, taste, sound, etc.
- The candidate should be able to comment that SPD often co-exists with other comorbidities such as Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Attention Deficit Disorder (ADD), or Developmental Coordination Disorder (DCD), or a combination of these.
- The candidate should be able to clarify that as Nazmal has SPD along with ASD and that he is likely to be more sensitive to touch and therefore needs special preparation including sedation for his blood tests.
- If Eileen asks regarding treatment, candidate should be able to comment that there is no specific medicine for these conditions and they may need multi-disciplinary team (MDT) intervention (specialist health visitor, community paediatrician, Child and Adolescent Mental Health Services (CAMHS), specialist school teacher, educational psychologist, speech and language therapist, occupational therapist).
- The candidate should mention that this is a long-term condition.
- Candidates may say that children might outgrow SPD if it is present in isolation but when it co-exists with ASD it is usually a lifelong feature.
- Eileen might now say that she will read about Autism and SPD. Candidate may fix another time and date to talk about it further and explore Eileen's understanding and whether she has recovered from the traumatic experience.
- Candidate may guide you to some learning resources on ASD and SPD and may offer to speak to your supervisor should you require further support or counselling.
- The candidate should address your concerns and views with empathy and sensitivity and acknowledge how difficult it must have been for you.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Difficulty in blood sampling in a child with Autistic Spectrum Disorder and Sensory Processing Disorder

Domains	Meets standards	Borderline	Below standards
Introduction	Appropriate exchange of greetings with Eileen, clarifies the agenda for the meeting	Mentions the agenda for the meeting but may not be structured	Starts talking without a proper clarification of the agenda
	Comfortable interacting with Eileen as is expected with a colleague working in the department	Slightly unsure how to address the role player	Checks how the role player likes to be addressed when Eileen should be known to the candidate
The consultation process	Structured discussion, pays attention to cues and explores Eileen's ideas and views	Limited structure, occasionally picks up on cues and tries to address it	Discussion not structured, does not pick up or ignores cues, follows their own agenda
	Checks Eileen's understanding and addresses her concerns appropriately	Makes attempt to understand and somewhat addresses concerns	Remains fixed on the given task and makes minimal/no attempt at addressing her concerns and worries
	Does a balanced discussion regarding autism and SPD and puts it into context difficulties that Nazmal faces during invasive procedures	Attempts a good discussion but may need prompting to initiate discussion	Unstructured approach, may go into a information gathering mode, continues lengthy discussion about autism and sensory pro-cessing disorder
	Provides factually correct information	Provides correct information but at times may lack the appropriate balance	Appears to provide information which may be factually incorrect
Overall approach and engagement	Exhibits appropriate empathy, addresses Eileen's concerns and expectations	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards ideas and expectations, seems disinterested in Eileen's distress
	Picks up cues during consultation, and moves towards discussing about SPD and the challenges it poses while performing invasive procedures	Occasionally picks up cues and makes an attempt to explore further but may not be able to associate that Eileen wants to know about these two conditions	Does not understand or disregards cues. Fails to understand that Eileen is keen to learn regarding these conditions and is trying to understand why she got traumatised
	Exhibits good communication skills with a traumatised junior colleague and clarifies her doubts about these conditions	Appropriate communication skills with a junior colleague and tries to clarify her doubts. At times may appear to be hierarchical and impatient	Communication skills with Eileen may not be adequate, provides minimal opportunity to her to express herself. No attempt at providing support. Goes into a lecture mode

PS—Physician Associate is a rapidly growing healthcare role in the United Kingdom, working alongside doctors in hospitals and in GP surgeries. They usually are biomedical graduates with some background in the healthcare services, e.g. nurses, biomedical scientists in the laboratory, physiotherapists, etc. PAs support doctors in the diagnosis and management of patients. They undergo training for 2 years in the University to perform a number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor. PAs are not able to prescribe medicines or order investigations involving ionizing radiation, e.g. X-ray, CT scans, etc.

COMMUNICATION STATION 73: Edward Syndrome

CANDIDATE INFORMATION

You are: A Registrar in Neonatology in a District General Hospital.

You will be talking to: Ms Jenny Simmons, trainee advanced neonatal nurse practitioner (ANNP).

Setting: Doctor's room in the neonatal unit.

Background Information

A baby was born at 30 weeks gestation and who was diagnosed with Edward syndrome (following amniocentesis at 18 weeks) and potentially inoperable complex cardiac defect prenatally on antenatal scans. The family was not offered resuscitation for the newborn baby at parental request following antenatal counselling. Termination of pregnancy was not done as parents decided against it. Baby was christened and died peacefully in parent's arms at 3½ hours of age. Jenny has been very upset as to why no efforts were made to support the baby with advanced neonatal care.

Task

Talk to Jenny regarding ethics of non-intervention or palliative care in this case. You are not expected to gather more information but please explore her concerns and address them during the discussion.

ROLE PLAYER INFORMATION

Background

- You are Jenny Simmons, trainee ANNP.
- You were involved with the care of a baby who was born a few hours ago.
- The baby looked very unwell and died at 3½ hours of age.
- You have read the clinical notes.
- You are very upset that there was no attempt to resuscitate or support the baby with advanced neonatal care.
- You are very upset and feel this decision was inappropriately made, baby was not given a fair chance for survival.

Your Expectations from the Discussion with the Candidate

- You are very upset but still thank the doctor for taking the time to talk to you.
- Say at the outset that you are very sad that the baby died and you are surprised that there was no attempt to resuscitate the baby or offer advanced neonatal care.
- Candidate is likely is explain regarding the situations where advanced neonatal care may not be offered:
  - The "Brain Dead" child—the criteria of brainstem death are agreed by two senior health professionals. Treatment in such circumstances is futile and withdrawal of ongoing medical treatment is appropriate.
  - The "Permanent Vegetative State"—here the child is reliant on others for all care and does not react or relate to the outside world.
  - The "No Chance" situation—the child has such severe disease that life sustaining treatment simply delays death without significant alleviation of suffering and continuing treatment to sustain life further is inappropriate; candidate may say that the newborn has been adjudged in this category by the consultants and the parents.
  - The "No Purpose" situation—although the patient may be able to survive with treatment the degree of physical or mental impairment will be so great that it is unreasonable to expect them to bear it; candidate may also say that the baby has been adjudged in this category by the consultants.
  - The "Unbearable" situation—the child and/or families feel that in the face of progressive and irreversible illness further treatment is more than can be tolerated. Parents may wish to have a particular treatment withdrawn or to refuse to consent for further treatment irrespective of the medical opinion that it may be of some benefit. This is something which parents would have discussed few times before they have came to the decision of no resuscitation or advanced neonatal care support.
- Jenny mentions that the baby could still be alive if baby was put on a ventilator.
- Unless the doctor has already mentioned it ask how and when do we decide that no resuscitation would be done.
- Ask if it is legal to not resuscitate—in this situation the candidate is likely to explain that based on the above principles and advanced care plan agreed with the parents

the decision was made prior to the birth of the baby that no active interventions but only supportive management will be provided so that parents could spend some quality time before the baby died.

- Ask what would have happened if the parents did not agree and Jenny keeps repeating the same topic a few times and expects the candidate to explore further from your cues.
- If the candidate explores empathetically, Jenny will mention she had a baby brother (called Junior) 45 years back who had Down syndrome and was not offered any operative care. He died at 3 months of age from what you understood was a big ventricular septal defect—your parents are still coming to terms with it.
- Candidate should address the situation sensitively and may mention how sorry they are at Jenny's loss, however, the surgical care for congenital heart defects was not advanced at that time.
- Ask if there is any situation where health professionals can refuse to attempt resuscitation even if the parents/carer do not agree—the candidate should mention about the brain dead child and vegetative state child, and that at times hospital legal team may provide help and support.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Edward syndrome with inoperable cardiac defects whose parents chose pallative care:

Domains	Meets standards	Borderline	Below standards
Introduction	Candidate should not formally introduce themselves as they work in the same department and are likely to know Jenny. Appropriate greeting and asking how Jenny is feeling would be needed	No greetings and candidate may do a formal introduction	Starts talking without greetings and no acknowledgment that Jenny is upset
	Encourages Jenny to ask questions	Candidate is more focused on finishing the task and may not answer the questions appropriately	Does not address Jenny by her name. No attempt at engaging Jenny in the discussion
The consultation process	Listens to her concern for the baby with empathy and acknowledges that these are reasonable concerns	Listens to her concerns but interrupts frequently	Dismissive of the concerns and asks her to read about Edward syndrome and departmental guidelines on palliative care
	Explains that Edward syndrome is a genetic abnormality with trisomy of chromosome 18. Infants with Edward syndrome tend to have multiple congenital anomalies including major heart defects and their life expectancy is very limited. 90% of children with Edward syndrome die within 1 year of age	Overall structured approach but some lack of confidence and sometimes may not be convincing	Goes on explaining in much details about Edward syndrome and loses focus on the actual task
	Explains that even if the child was resuscitated, and put on ventilator, chance of survival would have been very low. Even if the baby survived and got discharged from the neonatal unit, the quality of life would be very poor causing distress to the baby	Explains that the chance of survival would be very low and mentions poor quality of life and painful procedures but unstructured and some lack of confidence	Does not mention about poor quality of life and procedural pain at all
	Should be able to explain the situations where Life Sustaining Treatments (LST) can be withheld or withdrawn as per RCPCH 2015 document. Should be able to explain the situations where continuation of care would be futile	Has overall idea for situations of withholding or withdrawing LST but may not be able to explain it properly	No clear idea of where LST can be withheld/withdrawn

Contd…

Contd…

Domains	Meets standards	Borderline	Below standards
	Should be able to explain that it is best to get the parents/carers onboard after detailed discussion about the baby's condition. The guiding principle should be in the best interest of the child	Explains the best interest concept and importance of getting the parents onboard but lacks confidence in putting in context	Does not mention best interest of the child concept. Thinks parents agreement may not be required
	Can explain that if the team treating a child feels that the child's condition is such that continuing/instituting LST is not in the best interest of the child as per the RCPCH document then the hospital authority can go to a court of law if the parents want to continue LST. If the court agrees LST can be withdrawn/withheld even without agreement form parents	Understands the concept but cannot explain succinctly	Does not know this provision exists
Overall approach and engagement	Exhibits appropriate empathy, addresses Jenny's concerns	Tries to be empathetic but may not be evident at times, tries to understand concerns and expectations	Minimal or no empathy shown, disregards Jenny's concerns as inexperience
	Picks up cues during consultation about Jenny's brother, and tries to explain/reassure as appropriate	Occasionally picks up cues and makes an attempt to explain/reassure as appropriate	Does not understand or disregards cues, no attempt to explain further or reassures inappropriately
	Exhibits good communication skills with a colleague who is genuinely concerned about a child	Exhibits reasonable communication skills with a colleague who is genuinely concerned about a child but inconsistently	Exhibits poor communication skills with disregard to the colleague's emotional status

COMMUNICATION STATION 74: Explaining ADHD Diagnosis

CANDIDATE INFORMATION

You are: Trainee in Paediatrics at the end of Level 1 training in a District General Hospital.

You will be talking to: Miss Lucy Fox, a 4th year medical student.

Setting: Doctors room in the paediatric ward.

Background Information

Lucy is attending her paediatrics placement with your team. She was sitting as an observer in the morning hospital general paediatric clinic with you and has met William, 3 year old boy whose mother has been having ongoing concerns regarding attention deficit hyperactivity disorder (ADHD). Lucy had noticed that William loved exploring the clinic room and would not sit quietly on the chair.

You also had a quick chat with William's maternal grandmother and aunt separately with his mother's permission who accompanied the child to the clinic. They informed that William is quite an easygoing child and is not difficult to look after, they do not feel he is hyperactive; he is a fun-loving child. He also enjoys making puzzles, meticulously puts together puzzle pieces and spends hours engrossed in completing one. William is starting at a preschool next week. He is quite careful and does not usually hurt himself by being too boisterous.

William's mother is a single parent, and this is her only child; she works long hours. William is very fond of his mother and loves spending time with her when she is around. Lucy is eager to know more about ADHD and 'why you felt William did not fit the criteria for ADHD?'

Task

Talk to Lucy regarding childhood behavioural problems and explain to her why you think William does not have ADHD. You may answer any questions that Lucy may ask.

ROLE PLAYER INFORMATION

Background

- You are Lucy Fox, a 4th year medical student.
- You are enjoying your paediatric placement and are keen to learn more as you want to become a paediatrician.
- You attended the morning paediatric clinic with the candidate where you met William (aged 3 years) amongst a few other patients.
- You have briefly read about attention deficit hyperactivity disorder (ADHD) which is characterised by:
  - inattentiveness (difficulty in concentrating and focusing)
  - hyperactivity
  - impulsiveness
- After listening to the consultation between the candidate and William's mother, and observing him not sitting quietly on the chair which other children did and exploring the clinic room, you felt that William does fit into the criteria for ADHD.
- You were somewhat surprised when the candidate explained to William's mother that he does not fit the criteria for diagnosing ADHD.

You wanted to meet the candidate to discuss your concerns and understand how ADHD is diagnosed:

- You will ask the candidate why they felt William does not have ADHD.
- You are likely to be explained that:
  - William is only 3 years of age, it is common for children of this age to be boisterous and be inquisitive about their immediate environment.
  - ADHD is usually diagnosed after the age of 6 years although features are usually noticeable before that age.
  - Usually the features are reported from multiple sources, e.g. carers, nursery or preschool. His grandmother and aunt did not report similar concerns.
  - Also William is due to start preschool soon. It will be sensible to see whether concerns similar to those highlighted by his mum are also reported from the preschool staff.
- You were not sure that William's mum's concerns were adequately addressed during the clinic. She felt that William has ADHD and would get additional support if he gets diagnosed.
- Candidate may acknowledge that you were very observant during the consultation and that you are such a strong advocate for patients and their families.
- Candidate should however explain that William's mother being a single parent is likely to be facing difficulties, managing challenges of a busy job and a child who demands her undivided attention and involvement after she is back from work. She needs her personal time to rest and relax.
- You would ask the candidate whether their decision has been swayed away from the diagnosis due to William's grandmother and aunt's version of how he behaves an interacts with them.
- Candidate may mention that prior to making a diagnosis of ADHD, information from multiple sources is required to ensure that a correct diagnosis is made.

- Candidate may also mention that children with ADHD usually have a short attention span, gets easily distracted, may make careless mistakes, are not able to stick to tasks that are time-consuming and constantly keeps changing activity—William is reported to be very good at puzzles and he loves making them meticulously which shows his ability of being attentive and focus on activities.
- You highlight to the candidate that boys with ADHD are also more likely to show disruptive behaviour, William was quite unsettled during the clinic consultation.
- Candidate should acknowledge and politely explain to Lucy that children at this age often like to explore the environment and being in the clinic room with three adults, he may have felt left out and was trying to keep himself engaged or was trying to attract his mother's attention.

Lucy remains a bit upset and if her concerns are not addressed by the candidate, you will explain:

- Your sister has a 7-year-old son, Jordan, who has been extremely boisterous and your sister always struggled to manage him as a single mother.
- You just came to know that Jordan has been referred for an assessment for possible ADHD.
- You sister has developed depression and is on medication and had to leave her job as teacher.
- You feel had your sister's concerns been addressed in the past in a timely manner, her life, mental wellbeing and job would have not suffered.
- Candidate should acknowledge you sharing your personal experience and may gently remind the need for maintaining a professional, evidence based approach while assessing patients.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion with a medical student about diagnosing a case of attention deficit hyperactivity disorder (ADHD).

- Addresses role player's issues and questions appropriately.
- Does not waste time in clarifying roles, as the candidate will know Lucy who was an observer in the clinic.
- Candidate explains why criteria for diagnosis of ADHD were not met in William's case.
- Explores why Lucy feels so strongly about the need for diagnosing ADHD for William.
- Explores with empathy her concerns.
- Addresses role player's issues and questions appropriately.
- Candidate should explain to Lucy regarding the need for three essential components, i.e. hyperactivity, poor attention span and impulsivity for establishing a diagnosis of ADHD and it needs to be reported from multiple settings.
- Candidate should be able to explain that William showed inquisitiveness and explorative behaviour common at his age. William spends a lot of time with his grandmother and his aunt and both of them never thought his behaviour is impulsive or disruptive. His mother works long hours and William tends to exhibit attention seeking behaviour in her presence.
- Candidate may guide Lucy to read the NICE guideline (NG87) entitled. 'Attention deficit hyperactivity disorder: diagnosis and management'.
- Provides factually correct information regarding ADHD in a way that would be understood by a medical student.
- Candidate may make arrangement to meet up with Lucy in a few days to ensure that she does not have any further questions about ADHD.

COMMUNICATION SCENARIO 75: Juvenile Myoclonic Epilepsy

CANDIDATE INFORMATION

You are: Trainee at the end of Level 1 training in Paediatrics in a District General Hospital.

You will be talking to: Natasha, a year 4 medical student doing her paediatrics placement.

Setting: Coffee room in the children's ward.

Background Information

Natasha was sitting as an observer in the clinic. Megan was seen in the clinic today following her diagnosis of epilepsy two months ago.

Megan is a 13-year-old girl who presented 3 months ago with a year's history of: Early morning clumsiness, toothbrush flying out of her hands and dropping cereal bowl, it slips out of hands very easily. Her mother mentioned that these episodes can happen in clusters during which she is intermittently clumsy for about 45 minutes in the mornings. Mother initially thought this is a teenage thing as she is extremely moody during these episodes and blamed possible hormonal changes for this. Her neurological examination at the initial presentation and when repeated today was entirely normal. An EEG done prior to her diagnosis of juvenile myoclonic epilepsy (JME) was reported to be within normal limits.

A diagnosis of JME was made by the consultant 2 months ago and Megan has responded well to treatment with Levetiracetam and has become asymptomatic.

Task

Please speak to Natasha regarding the diagnosis and management of JME.

ROLE PLAYER INFORMATION

Background:

- You are Natasha, a fourth year medical student.
- You are doing your paediatrics placement and thoroughly enjoying it.
- You want to become a paediatric neurologist in the future.
- You accompanied the candidate today in the clinic and enjoyed the experience.
- You were particularly intrigued by Megan's diagnosis of juvenile myoclonic epilepsy (JME) and have requested to meet up with the candidate to discuss it further.
- You would thank the candidate for taking time out to discuss Megan's case with you at the start of the conversation.

You would like to discuss: ***(You can choose to be an attentive listener OR a very enthusiastic student who would interrupt and try to take over the discussion a lot of the time)***

- You have read about paediatric epilepsy in general but do not know much about JME.
- You want to know how Megan was diagnosed with JME when her EEG was normal—you were under the impression that for diagnosing epilepsy, the EEG must be abnormal.
- The candidate is likely to explain that epilepsy is often a clinical diagnosis. EEG is abnormal in a few specific epilepsies and shows typical abnormal patterns.
- You want to discuss about the treatment choices for Megan.
- You have read that sodium valproate is a good choice for generalised epilepsy, and you were a bit surprised as to why sodium valproate was not considered or prescribed for Megan.
- The candidate is likely to explain that sodium valproate in young female of childbearing age can affect the unborn child. This effect can linger for years even after the sodium valproate has been stopped.
- You would like to know about the long-term prognosis of a patient with JME.
- If the candidate knows about the prognosis they may say that with time and age, the frequency of seizures decreases and most young people grow out of the condition. However, if the candidate does not know they should offer to look it up and meet up with you at a later date.
- You expected that the candidate will discuss regarding the general safety measures that are discussed with the family of a patient with epilepsy, however, if the candidate does not discuss it, please bring it after the 6 minutes warning bell goes off.
- General safety measures that are discussed with a patient with epilepsy, e.g. using a shower instead of a bath, letting a responsible adult know when they go for a shower, not locking the bathroom door, not cycling in busy streets, wearing a helmet while cycling, avoiding high places or climbing trees, avoiding flashing lights, etc.
- The candidate is likely to explain that seizures in JME can get triggered by staying up late at night, having their electronic devices on. It is important that a healthy regular lifestyle is maintained with adequate sleep.

- You came across the epilepsy nurse specialist Dorothy, however, you were not sure what exactly their role is in managing children's epilepsy—if the candidate does not mention or discuss it, please bring it up in your discussion.
- The candidate should be able to discuss the role of an epilepsy nurse specialist in providing liaison, supporting treatment and monitoring in the community and being a link with the school, providing staff education in administering rescue anticonvulsant medicines, etc.
- You have read about sudden unexpected death in epilepsy (SUDEP) and if the candidate has explained things satisfactorily during the discussion, please ask about it.
- Megan has a very low risk of SUDEP.

WHAT MAY BE EXPECTED BY THE EXAMINER?

Scenario: Discussion with a medical student about diagnosis and management of Juvenile myoclonic epilepsy (JME).

- Addresses Natasha's (i.e. role player's) issues and questions appropriately.
- Does not waste time in clarifying roles, as the candidate will know Natasha who was an observer in the clinic.
- Candidate is expected to clarify regarding the role of EEG in diagnosing epilepsy:
  - Epilepsy is a clinical diagnosis and in right context specific EEG abnormalities will contribute to the clinical decision.
  - It is not compulsory to have an abnormal EEG to diagnose epilepsy.
  - An abnormal EEG without a correlating clinical picture is not diagnostic for epilepsy.
- Candidate explains how the diagnosis of JME was made in Megan's case based on her clinical picture.
- Candidate should explain to Natasha why sodium valproate is not indicated in managing a young female with epilepsy and the choice for an alternate pharmacological agent which have a higher safety profile, e.g. levetiracetam in this case.
- Candidate should be able to explain the general and specific safety measures that are discussed with a patient with epilepsy.
- Candidate may guide Natasha to read the epilepsy guideline (NG217) entitled 'Epilepsies in children, young people and adults' (https://www.nice.org.uk/guidance/ng217)
- Provides factually correct information regarding epilepsy, JME, SUDEP, etc. in a way that would be understood by a medical student.
- If the candidate does not know specific information about an aspect of diagnosis or management of epilepsy in children, they should not provide factually incorrect information, rather should offer to look it up and clarify things at a later date.
- Candidate may make arrangement to meet up with Natasha in a few days to address any questions about Megan's diagnosis and management.