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]

SURGICAL

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.

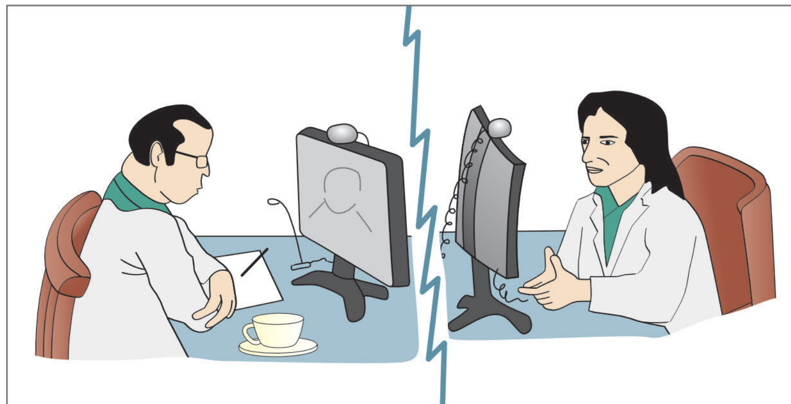
Practical Tips for Preparing for the Communication Stations

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 viewpoints 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.