

UNIVERSITY OF DUNDEE
College of Medicine, Dentistry and Nursing



CoBSE

Community Based Simulation Exercise

Tutor Pack

GP block
Year 4

Welcome to the CoBSE. Thank you for helping run this new venture. This exercise should be enjoyable – please encourage the students to learn, but make sure you have a bit of fun too.

Introduction

The Community Based Simulation Exercise (CoBSE) is an introduction to home visits. There are several aspects that we look at:

Aim and objectives

- To introduce students to the practice of medicine in a community environment and to highlight challenges that this creates.

More specifically at the completion of the exercise we expect the students to be able to

- identify difficulties in performing technical skills in a non-clinical environment
- describe basic fundamentals of prescribing in the community
- describe the difference between decision making and diagnosis
- demonstrate an understanding of communication difficulties between secondary and primary care
- identify and role-play doctor-patient communication skills helpful in a community setting
- identify appropriate opportunities for health promotion.

Students

All students will attend the CoBSE on day 2 of their 4th year GP block. This is their first experience of general practice in phase 3 of the curriculum. The session will last for 3 hours and will be repeated allowing half the students on the block to attend in the morning and half in the afternoon. Their alternate session of the day will be spent with the BASICS team. We expect about **8 students** to attend for each exercise.

Let them know we *are* expecting them to play the part of a doctor in general practice, *not* a 4th year medical student. This is NOT the role they should adopt in the rest of the GP block!

Students should participate in the scenes in pairs. One 'registrar' who attends the patient and one 'senior partner' available for advice by phone or in person.

Tutors

The tutors are all GPs with an interest in communication skills teaching.

Patient

The patient script for the pilot CoBSE has been written so that it could be played by any age of adult.

Location

The exercise is to be run in the **clinical skills centre** in Ninewells. Two areas will be used – the communication suite has been adapted to simulate the front room of the patient's flat. A video link with two views will be fed through into one of the seminar rooms where the rest of the group and the tutors can watch and record the exercise.

The exercise is constructed to run in three 'scenes' with the same patient over the course of one week.

Feedback

I suggest you set up feedback with the students in a manner with which you are comfortable (SET-GO, ALOBA, Pendleton...or whatever).

Technical equipment

The action is to be recorded digitally on a hard drive so that you can replay and review the footage as necessary. One of the technicians, (Watty, Ritchie, Craig or Mark) in clinical skills should be available to help with operation and technical difficulties. I suggest you familiarise yourself with the equipment before the exercise begins.

Props

The following items will be provided for the students

- Doctor's bag with essential equipment
- Home visit patient synopsis sheet
- List of 'contacts' that the student may wish to telephone
- Prescription pad
- Admission templates and stationary

In addition the patient will have

- Medication prescribed for scenes 2 and 3
- Discharge letter from hospital for scene 3
- Telephone

Telephone

At the start of scene 2 remove the participant pair from the seminar room and allocate the remaining students to telephone answering roles – eg admitting FY2 medicine, surgery, psychiatry, district nurse, procurator fiscal, mental health officer....

Patient's number 35275

Seminar number 40020

Suggested timing of CoBSE sessions

	Timing	am	pm
<ul style="list-style-type: none"> • Introduction <ul style="list-style-type: none"> ○ brief overview ○ objectives ○ exercise – not how students should behave in practice ○ student booklets ○ set up pairs and allocate roles – ‘registrar’ and ‘partner’ ○ focussed history and examination 	10 mins	9.00	1.00
<ul style="list-style-type: none"> • Dr.s kit and how to use it – <ul style="list-style-type: none"> ○ patient call sheet ○ bag ○ prescribing ○ referral ○ telephone in patient’s front room – generic number 40020 ○ list of contacts 	10 mins	9.10	1.10
• Set up feedback	5 mins	9.20	1.20
• Set up first pair for scene 1	5-10 mins	9.25	1.25
• <i>Run scene 1</i>	20 mins	9.35	1.35
• Debrief and feedback	15 mins	9.55	1.55
• Coffee	15 mins	10.10	2.10
<ul style="list-style-type: none"> • Set up second pair Remove pair from seminar room. Allocate admitting doctor and ambulance control roles to other students. 	5 mins	10.25	2.25
• <i>Run scene 2</i>	20 mins	10.30	2.30
• Debrief and feedback	15 mins	10.50	2.50
• Short break	5-10 mins	11.05	3.05
<ul style="list-style-type: none"> • Set up third pair and <i>Run scene 3</i> 	25 mins	11.15	3.15
• Debrief and feedback	15 mins	11.40	3.40
• Revisit objectives and consolidate main learning points	10 mins	11.55	3.55

You will see that timings are tight, which means you probably want to be quite snappy with moving on to the different scenes.

The actor will organise himself for the new scenes each time. Please ring the phone in his ‘flat’ just before each scene begins so that he can get ready.

CoBSE setting overview for tutor

Scene 1

Main objectives

- Technical skills in non-clinical environment
- Prescribing
- Dealing with uncertainty
- Confidentiality (if neighbour is contacted)

Tuesday late morning/afternoon. The patient, Gordon Mouse, lives alone with no family. He has probable undiagnosed agoraphobia and transport difficulties and has requested a home visit. He has an acute chest infection – not too severe just now. PC cough and little SOB. He has no significant past chest problems. He's wearing normal clothes in a 'boys flat' – not tidy but not overly messy either. Gordon has a good next door neighbour – but they are out every lunchtime (contactable on mobile).

Underlying ideas/concerns - Gordon doesn't want to go in to hospital. His Mum died of pneumonia – she was a long term smoker, as is he.

- Expected outcome – prescribe an antibiotic.

Scene 2

Main objective

- Identify the difference between decision making and diagnosis
- Explore the process of 'admission'

Friday late morning/afternoon. Same patient, 2 days later. The neighbour rang for the GP to visit as Gordon is more unwell. Gordon is mildly confused. He is disoriented in time but OK with place and person. He makes some sense but still is not quite right. The house is a bit more of a mess. Gordon is sweaty (spray with water) and reluctant to move from the couch. Wearing extra jumper and under blanket.

- Expected outcome – admit to local hospital (acute medicine)

Scene 3

Main objective – to explore

- communication difficulties: hospital ⇔ patient & hospital ⇔ GP
- opportunity for health promotion
- patient education

Same patient, four days later after discharge from ward. The discharge letter is poorly written. LRTI – OPD follow up 6 weeks. Moxifloxacin 400mg od for 6 more days (patient has tablets). Gordon describes his hospital stay. He is unsure what hospital has said – needs clarification on diagnosis. He's also worried that they mentioned pneumonia, which his Mum died from. He still has a cough.

- Expected outcome – review, reassurance, health promotion and appropriate use of home visit requests

CoBSE – Patient script and scene description

Name - Gordon Mouse DoB 01/02/70
88 Balunie St
Dundee
DD4 8TR
Tel

Background

You live alone in a council flat in Dundee having grown up in the city. You are unemployed and receive income support. You have had a few temporary jobs, mostly word of mouth stuff for cash in hand. You don't go out much and don't have many friends. Your Mum died last year (pneumonia), you didn't know your Dad. You have never had children or any significant relationship. You don't have a car and there is not a bus stop very close by. You've lived like this since you left school in Dundee age 15 with no qualifications. Your next door neighbour (John Reid) looks in on you from time to time; you like them. You have their mobile number- they are out most lunchtimes.

You don't take recreational drugs (never really tried). You do smoke cigarettes, 10-15/day. You drink cheap cans of beer (maybe two or three a night) from the local corner shop, which is where you buy your food – mostly canned or ready meals. You eat a lot of toast and watch a lot of telly.

You are probably a little depressed, although no-one has ever 'diagnosed' this.

You haven't ever been in hospital before. You very rarely go to the doctor. You have no allergies. You take no prescription medicines.

You have never had a problem with your chest before. You don't have asthma.

Scene 1 – Tuesday morning/afternoon. Gordon's front room.

You have been unwell for the last twelve hours. You got fevers and sweats last night and felt quite rotten. You have had a cough for the last three days. You are bringing up green spit and have a bit of a wheeze. You would probably be short of breath if you did anything active – but have not tried. You have not had a sore throat or runny nose. You have not taken any medicines/paracetamol. You don't have any in the house

You didn't feel well enough to get to the GP across town – so you have requested a home visit.

Dress

You are wearing sloppy clothes (slippers, jogging bottoms, sweatshirt). Unshaven if a male. Hair definitely not done – greasy if anything. No make-up, male or female.

Ideas, concerns, expectations

You are worried you are quite sick with a chest infection. Your Mum died of pneumonia – that lays on your mind a bit – but you realise you are not that bad. You want the GP to give you some medicine/antibiotics to make it better. You don't want to go into hospital. There is no other agenda.

What the student is expected to do with you

You probably have a chest infection. They may prescribe some antibiotics and some paracetamol.

Scene 2 - Same flat, three days later (Friday)

The flat is a bit of a mess.

GP has been called by the next door neighbour earlier in the morning as they felt you were less well.

You are less well. You feel hot and sweaty some of the time – with bouts of chills and shivering on and off. Because of the shivering you have put on an extra jumper to try to keep warm. You have a duvet on the sofa. Your skin and hair is damp (may need wetting).

Your cough is just as bad. Not a lot worse. You still cough up green spit. You coughed up blood once last night (small amount of dark red blood). You feel more short of breath than three days ago – but can still talk in full sentences.

You are getting a bit confused at times. You know who you are – and where you live – and you know who the doctor is and why they are there. But you get the day of the week, month and year wrong if asked. You ramble a bit about seeing your Mum last week. You seem to have forgotten that she has died.

You think you have been taking the antibiotics that the doctor gave to you – but are not sure. You take paracetamol when you remember – perhaps too often.

What the student is expected to do with you

You are obviously less well today and probably need admission to the local hospital for some intravenous antibiotics.

You are still not keen on going in to hospital – but agree without very much resistance.

Scene 3 – Same flat, following Tuesday

You have been in hospital over the weekend and were discharged yesterday (Monday). Your next door neighbour picked you up and brought you home. You have a brown envelope for the GP given to you by the hospital and they have given you some tablets to take.

You remember being in bed hooked up to tubes and drips although the first 24 hours or so are a bit of a blur. The doctors took lots of blood samples from you. They said you had pneumonia.

You still have a cough. It is not as bad as it was and you no longer have any fevers or chills. You are coughing up clear spit now. You are not particularly short of breath, but you do feel very tired and washed out.

You are worried about the fact that you have pneumonia (which killed your Mum) and that you still don't feel right. You have used the excuse of giving the brown envelope to the GP to get them to come (more of an excuse to yourself). You are a bit embarrassed to be calling them out again. You really want them to check you over again.

What the student is expected to do with you

The student will want to talk about your experience in the hospital. They may examine you again but they are likely to reassure you that you will continue to improve on the current medication.

They may encourage you to stop smoking.

Finally,

I'm Rob Jarvis, GP, and Senior Clinical Teacher in the Medical School. I've been responsible for introducing CoBSE to Dundee. If you have any comments please let me know (r.jarvis@cpse.dundee.ac.uk).

Thanks for the help in bringing this together -

Mark, Craig, Watty, Ritchie and the Gordons.

Maureen.

Neil, Cathy, Jon and Mairi.

Jean and Lucy.

RJ

Appendix 1 - Contacts list

Rabbitwarren GP contacts list

Reception	Drs Brown, Black, Green and Bing
GP partners	Rabbitwarren Health Centre
	Dundee
	DD1 4SY
Ninewells Hospital	
Perth Royal Infirmary	
Carseview	
Royal Victoria Hospital	
District nurse	
Health visitor	
Midwife	
Pharmacist – Balunie St	
Social work	
Nursing home	
Undertaker	
Police	
Procurator fiscal	
Mental health officer	
Physiotherapy	
Podiatry/chiroprapist	
Community dental	
Family planning	
Ambulance – Emergency GP priority	
Volunteer drivers	

Telephone 40020

Appendix 2 – Patient home visit details

Biographics

Gordon Mouse

DoB 01 02 70

CHI 0102700000

Address 88 Balunie St
Dundee
DD4 8TR

Tel 01382 35275

Consultation history

03 08 07 Scalp itch – 2/52. Not unwell. Try Nizoral

23 02 05 Testis pain. Right. Three day history following fall off bicycle. OE normal, nil tender. PU OK. SOU – NAD. Advice.

20 09 00 Coryza 2 weeks. OE Well. ENT – normal. Advice

Clinical reminders

03 08 07 Current smoker 10-15/day

03 08 07 Smoking cessation advice

03 08 07 Alcohol 5-7 units/week

03 08 07 BP 132/68

03 08 07 Weight 78 kgs

23 02 05 Current smoker 10-15/day

13 06 96 DPT

02 04 92 DPT

Adverse reactions

Nil recorded

CoBSE – 4th year GP introduction 2008-09

Instructions for admitting FY2 on Ward 15 NWH

You are the admitting doctor for ward 15 (acute medical admissions) at Ninewells Hospital. You take the telephone referrals from GPs.

So far today you have had 16 admissions, four onto CCU and one patient with possible meningitis who appears quite sick, one FY1 has just gone off crying and things are a little stretched. You were out late last night at a concert. You are tired. All this may make you a bit grumpy.

You do have a supportive registrar and consultant, fortunately.

You must obtain the following details from any telephone admission

- Patients name
- CHI number
- Coming from where/ETA?
- Problem/provisional diagnosis

It is not your responsibility to arrange transport for the patient. The GP should organise the ambulance if necessary.

Remember – you must agree that the admission is appropriate. If you do agree to admit the patient, ask the GP to send them to “Ward 15, Ninewells”.

Appendix 4

CoBSE – 4th year GP introduction 2008-09
Instructions for ambulance control

You are playing the role of ambulance control. Today you are answering the "GP priority line". GPs are allowed to order an urgent ambulance in one of the following categories

- Emergency – immediate response with blue lights and sirens
- Urgent – immediate response but without blue lights and sirens
- Within the hour
- Within two hours
- Within four hours

Your responses on answering the phone should be (GP response in italics)

Hello, ambulance control

Hello I'd like to order an ambulance please

Do you require a blue light?

*No**

What is your name please Doctor?

Doctor

I have no record of you on my system, which practice are you with?

Dr Brown – Rabbitwarren Health Centre, Dundee

I have that - From where are we collecting the patient?

88 Balunie Street, Dundee DD4 8TR

And where are they travelling to?

Ninewells Hospital – ward 15

What is the patient's name?

Gordon Mouse

What is the patient's contact number?

01738 35275

What is the patient's problem?

Acute confusion with respiratory infection

Within what timescale do you require the ambulance?

2-3 hours

Thank you Dr That is ordered. The ambulance will be with the patient within three hours. Good bye.

* If the GP says 'Yes' then you must ask 'Is the patient conscious and breathing?', after their answer say 'I have dispatched a blue light call'. Then continue with the questions.