SCORING DESCRIPTORS FOR LIVERPOOL UNDERGRADUATE COMMUNICATION ASSESSMENT SCALE (LUCAS)

Item	Competent	Unacceptable
A) Greeting and introduction	i) Greets patient, ii) provides full name, iii) job title, iv) brief explanation why s/he is approaching the patient. *E.g. "Good morning, my name is Jon Dough and I am a first year medical student from Liverpool University. The doctor has asked me to come and speak with you today."*	Omission of **any** of elements i) to iv).
B) Identity check	i) Check patient's full name (if consultation is with a relative or carer, the candidate should check the name of the person with whom they are speaking and their relationship to the patient), ii) check one other identifier (e.g. patient's date of birth, address etc.)	Omission of **either** i) **or** ii).

Item	Competent	Borderline	Unacceptable
C) Audibility and clarity of speech	Speech is clear or mostly clear; moderates voice or uses repetition when necessary and the patient is likely to hear all key points.	Speech is somewhat unclear in places; attempts to moderate voice or use repetition but the patient may not hear some key points.	Speech is mostly unclear i.e. voice too quiet or enunciation too fast or indistinct for patient to hear; fails to moderate voice or use repetition for patient to hear.
D) Non-verbal behaviour (NVB)	NVB facilitates (i.e. calm and confident) or largely facilitates engagement (i.e. may appear a little uneasy but this unlikely to impact adversely on the patient's engagement with the consultation).	NVB is awkward and likely to be distracting to the patient and limit his/her engagement with the consultation at times.	NVB is inappropriate to healthcare setting, or likely to be disconcerting for the patient to the extent that it prevents or substantially disrupts the patient's engagement with the consultation.
E) Questions, prompts and/or explanations (QPE) (N.B. this item is not to assess the medical content of history taking, which is rated in other OSCE stations, or on separate mark sheets)	QPEs address patient's key needs, feelings and concerns and any omissions are minor; QPEs are mostly easy to understand (e.g. jargon is used sparingly and explained).	Attempts to address the patient's needs, views and feelings, but QPEs are inadequate or incomplete so *key* needs are only *partially* covered; QPEs somewhat difficult to understand.	Fails to explore or explain issues crucial in addressing the patient's needs, views and feelings; QPEs very difficult to understand (e.g. poor choice of words and little or no attempt to rephrase) to the extent that the patient's key needs are not addressed.
F) Empathy and responsiveness	Responsive and sensitive to the patient's needs, views and feelings though there may be room for improvement (e.g. responses might be slightly perfunctory at times); makes good or adequate use of reflection/verbal acknowledgement; evidence of care and concern for the patient as a person.	Attempts to acknowledge or be sensitive to patient's main needs, views and feelings but responses are generally incomplete or inadequate (e.g. responds in a way that is obviously cursory or superficial); approach to patient appears distant or distracted.	Little or no acknowledgement of, or sensitivity to, the patient's needs, views and feelings (e.g. ignores patient's main concerns, or responds in a way that is uncaring when patient voices his/her views and feelings); approach to patient appears cold or indifferent.

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G) Clarifying and summarising; elicitation of patient's queries	Demonstrates good or adequate awareness and use of clarification, summarising and elicitation (e.g. no important areas of potential misunderstanding remain unclarified): technique of clarifying and summarising may appear slightly forced or unsubtle, but not to the extent that it could limit patient engagement.	Attempts to use of clarification, summarising and elicitation but is ineffective or incomplete (e.g. overlooks important areas of potential misunderstanding; clarifying and summarising is somewhat obtrusive or artificial or likely to limit patient engagement with the consultation).	Demonstrates very little or no awareness /use of appropriate clarification, summarising; gives no opportunity for the patient to raise queries.
H) Consulting style and organisation	Consultation likely to appear conversational and orderly to the patient though there may be occasional slips (e.g. uneasy pauses); open and closed questions used appropriately; good or adequate time management.	Consultation is likely to appear slightly disorganised to the patient; inadequate balance/use of open and closed questions; ineffective time management (e.g. candidate has to rush through the close of the consultation).	Consultation is interrogational (e.g. over reliance on closed questions or repeated use of compound questions), or haphazard and directionless (e.g. over reliance on open questions); very poor time management (consultation ends abruptly).

Item	Acceptable	Unacceptable
I) Professional behaviour	Behaviour/demeanour towards patient is courteous, thoughtful, kind. Demonstrates evidence of professional commitment.	Behaviour/demeanour towards patient is unprofessional i.e. overly casual, disinterested, discourteous or thoughtless (e.g. manner is likely to make the patient think s/he is not being taken seriously; candidate does not preserve patient's dignity).
J) Professional spoken/verbal conduct	Spoken/verbal conduct is professional. Remarks avoid any major inaccuracies, convey respect for the patient and are within the limits of candidate's experience, training and competence; appropriate reassurance.	Spoken/verbal conduct is unprofessional. This might include: i) major inaccuracy in what is said to patient; ii) remark(s) that in tone or content are dismissive, judgemental or disrespectful towards the patient; iii) remark(s) that go beyond or belie the candidate's training and competence; iv) giving false or premature reassurance (e.g. inappropriately tells patient "not to worry" or "everything will be alright").