UNIVERSITY OF DUNDEE
College of Medicine, Dentistry and Nursing

Consultation and Communication Skills (CCS)

Year 2
2011-12 - Semester 1
Respiratory

Tutor Guide

Respiratory Clinical Skills
Consultation Skills
Session 1 (weeks 1 and 2 of block) – Outline

9 am **Introductory PPT – To 20 students**
Focused history
Contextualisation
Three basic formats – Diagnostic, Review and Acute

Room 1
20 mins
Diagnostic history – Respiratory Clinic: Coughing up blood
Seven students with one SP

1. Set the scene – Respiratory clinic, student asked to see new patient, letter from GP.
2. Briefly discuss initial thoughts
3. One student to initiate consultation
Initiation steps
Ensure clarity on what needs to be discussed
Allow brief period of gathering information
4. Encourage group to identify steps needed for a diagnostic consultation (as per *Talking to Patients – A Pocket Guide*)

Room 2
20 mins
Review history – GP: review of asthma
Seven students with one SP

1. Set the scene – Respiratory clinic, student asked to see new patient, letter from GP.
2. Briefly discuss initial thoughts
3. One student to initiate consultation
Initiation steps
Ensure clarity on what needs to be discussed
Allow brief period of gathering information
4. Encourage group to identify steps needed for a review consultation (as per *Talking to Patients – A Pocket Guide*)

Room 3
20 mins
Acute care history – A&E: unconscious man with chest trauma, parent
Seven students with one SP

1. Set the scene – A&E, motorbike accident, unconscious with severe chest trauma – need history from parent
2. Briefly discuss initial thoughts
3. One student to initiate consultation with parent
Initiation steps
Ensure clarity on what needs to be discussed
Allow brief period of gathering information
4. Encourage group to identify steps needed for an acute care consultation (AMPLE history: **A**llergy, **M**edications, **P**ast medical history, **L**ast meal, **E**vents leading to injury- as per *Talking to Patients – A Pocket Guide*)

10.35am Plenary
Answer questions re focus, context or format of histories
Set up students for next session – **Review history COPD in GP**.
PLEASE ASK THEM TO PREPARE – ie WHAT WOULD THEY WANT TO KNOW IN SUCH A CONSULTATION?

Respiratory Clinical Skills
Consultation Skills
Session 2 (weeks 3 and 4 of block) – Outline

9am **Group introduction**
COPD review history
Writing up a patient record

Rooms 1, 2 and 3
75 mins
Review history – GP chronic disease review clinic
Seven students
One real patient or SP in each room

1. Set the scene – GP clinic, student asked to see known patient, outline of history available.
2. Briefly discuss initial thoughts
3. Run the consultation with either one or several students taking turns
4. Set up the rest of the group for analysis and feedback –
- Content – What information?
- Process – How do you get this?
- Perception – What is the doctor thinking?

5. Timeout – analyse where you are and what you need to do:
- Steps needed for a review consultation (see *Talking to Patients – A Pocket Guide*).
- Identifying the patient's perspective and responding to it – and why this is so necessary.
- Consider carefully the skills being used to gather information, build the relationship and structure the consultation.

6. Document the consultation with the students using the standard approach (PC, HPC, PMH, DH, SH, RoS) with the following format within the HPC –

Diagnosis and duration
Current issues & ICE
Effects of condition on life
Management pharmacological
non-pharmacological
Monitoring
Complications of disease
of treatment
Risk factors for other/allied disease

7. Discuss why this format might be useful – aids communication to others, ensures little missed, etc.

10.35am Plenary
Questions regarding the 'review history' format
Questions regarding writing up patient record
Relate review history to OSCE (there will be review history in the OSCE)

Respiratory Clinical Skills – session1
Simulated Patient Script
Diagnostic history - Coughing up Blood

Name: **Michael/Michelle Slater**
DOB: **05/05/1945**

You are a retired office worker.

Current Problem
You are known to have COPD (Chronic Obstructive Pulmonary Disease). This has given you a long term cough and lots of creamy coloured spit. You know this came from all the smoking you did.

But - over the last two weeks you have had several episodes of **coughing up blood**.

- You think you have had about 6 episodes in total and went to your GP after the first episode
- The blood is fresh, and bright red and about the size of your thumbnail when it comes up.
- It is mixed in with your usual sputum.

You were diagnosed with COPD 4 years ago when you became breathless and you were started on inhalers.

- Your breathing has not altered a great deal since then.
- You successfully stopped smoking at the time of the diagnosis
- You are not more breathless than normal
- You can manage approx ½ mile on the flat.
- You can manage all of your daily activities around the house.
- You get out of the house daily to walk for the papers.
- You can climb a single flight of stairs before you get breathless.

You have had a slight constant ache on the left side of your chest but it is not severe and you have put it down to a pulled muscle. No other pains anywhere (not chest, throat, abdomen etc).

You have felt more tired of late. Your appetite and weight are OK.

Past Medical Problems
Chest pains – Diagnosed as angina10 years ago, have not used GTN spray for the past two years
High blood pressure

Drug history
GTN Spray
Bendroflumethiazide 2.5mg Once Daily
Seretide 500 Accuhaler 1puff twice a day – (circular purple inhaler)
Tiotropium 18ug Once daily – (white inhaler device with flip-top cap and green button)
Salbutamol 100 2puffs as required – (standard blue inhaler)

Social Circumstances
Live with wife. Have three grown up children
Retired office worker
No asbestos exposure
No foreign travel
Ex-smoker 4 years ago – previously 20/day for 40 years
No alcohol

Family History
Parents died in their 70s. Heart disease.

You are concerned about the possibility of cancer. Your GP said it might be a possibility, which is why you have been sent to clinic. This has worried you a fair bit. What is the next step? How soon can you have some proper investigations? You are a bit annoyed that you haven't had an x-ray yet.

The Causeway Practice
Causeway Road
Dundee
DD2 5GH

Respiratory Outpatients
Ninewells Hospital
Dundee
DD1 9SY

Dear Dr,

Michael/Michelle Slater DOB: 05/05/1945
33 St Stevens Row CHI: 0505452435
Dundee

I would be grateful if you could see this patient. They presented to my practice today after a single episode of haemoptysis and complaining of feeling generally unwell for some months. M is known to have COPD which is well controlled, and is an ex-smoker. A medication list is attached below.

Many thanks in advance.

Yours,

Dr S. Petrie

Medication

GTN Spray
Bendroflumethiazide 2.5mg OD
Seretide 500 Accuhaler 1 puff BD
Salbutamol 100 2 puffs as required

No allergies known.

Respiratory Clinical Skills – session 1
Simulated Patient Script and Student Briefing
Review history - asthma

Name: **Peter/Petra Singleton**
DOB: **06/06/1946**

You are a retired council administration manager.

You have come to see the practice nurse at the GP surgery today for your annual asthma review. You are very happy to talk to a medical student first.

You are known to have asthma. This has been a problem for the last fifteen years or so. Before that you had few chest problems. One of your sons also has asthma – but he had it from a child.

When it is bad your asthma makes you cough, particularly at night, you get a little wheezy and you feel short of breath when you do anything strenuous like climbing stairs. You suffered it for two years before seeing the GP as you thought it was just a series of colds. You have never had any chest pains, nor have you coughed up blood.

Your asthma has been much better since you started on inhalers. You use a blue one (a reliever) called salbutamol whenever your chest feels a little tight. You haven't used this at all in the last two months or so – probably the best things have been for ages.
You also use a purple inhaler regularly – one puff each morning and one at night. You have been doing this for years. You are wondering if you should cut down on the purple inhaler now as you haven't had any symptoms for some time.

If asked –
You do still get quite a few 'colds' over the winter which go to your chest – you have asked for antibiotics several times over the last few years, it just depends which GP is on duty as to whether you get them. You've always got better after a few weeks anyway.

You used to record breathing measurements in a daily diary when you first went to the GP – but you haven't done that for years.

Past Medical Problems
Knee pains – you see a physio from time to time. They are not bad at the moment.

Medications
Seretide 500 Accuhaler 1puff twice a day – (purple circular inhaler)
Salbutamol 100 2puffs as required – (blue standard inhaler)

Social Circumstances
Live with partner. Have two grown up children
You have never smoked.
You drink wine socially – but infrequently.

Family History
Parents died in their 70s. Both strokes.

Student briefing
You are a 4th year student in General Practice. You are spending the afternoon with the practice nurse who is doing an annual asthma review clinic. You have been asked to see the next patient by yourself. They are:

Peter/Petra Singleton 06/06/46.
Asthma for 15 years.
Meds - Seretide 500 Accuhaler 1puff twice a day: Salbutamol 100 2puffs as required.

Respiratory Clinical Skills – session 1
Simulated Patient Script and Student Briefing
Acute history – chest trauma

Name: **Jon/Jane Johnston, parent of**
Patient: **Keith**
DOB: **07/07/77**

You are happy to speak to this junior doctor who is helping look after your son Keith who has just been admitted to A&E because of a motorcycle accident.

You are worried, but not overcome with emotion – you can cope with this quite rationally.

You are a retired. Keith, your son, was visiting you today and as he set off home he was hit by a white van. It was as he left your drive. You didn't see the accident, but you saw the aftermath. Keith was unconscious on the road making snoring/snorting noises. The driver of the van was very distressed and had called the ambulance straight away.

The police and the ambulance arrived very quickly – you came to A&E with your son. You have only been in casualty for a couple of minutes but already people have cut Keith's leathers off and are putting tubes all over the place.

You have been taken to a side room so the doctor can ask some questions.

This is what you know about Keith:
He is 35, unmarried, but lives with a girlfriend in Glenrothes. He works in a record shop in Kirkcaldy. He is normally fit and well apart from asthma. It usually doesn't affect him much – he tends to carry a blue puffer around with him which he uses from time to time. You don't think he's on any other medication. He is allergic to cut grass (causes a skin rash where it touches) – but not to any medications that you are aware of.

He does drink alcohol a bit – but never before he goes on his bike. He had one accident two years ago when he had to have an operation as he broke two bones in his ankle. The left one?

He stayed with you last night. You had a nice meal and he left this morning after breakfast, which you had at about 8.00am. He ate some Cheerios and had a cup of coffee.

You don't know who Keith's GP is – but Gemma, his girlfriend will know and you have her mobile number. She doesn't know about the accident yet.

Briefing for students

You are a senior medical student in A&E. You have been asked to take a history from a trauma patient's relative whilst the doctors are doing an 'ABC' on the patient.

Keith Johnston (07/07/77) has just been brought in by ambulance. His father has accompanied him. He appears as a white male, age 30-40 in motorcycle leathers. He is unconscious and has been intubated by the paramedics. He has IV access in both antecubital fossae. He is strapped to a backboard with neck imobilisation.

On handover you discover that Keith was hit sideways by a transit van as he was exiting a driveway – van travelling approximately 30mph. He was thrown clear of his bike. Unconscious at the scene: unresponsive. He has obvious chest contusions and a right leg deformity above ankle.

The paramedics have found a salbutamol inhaler in his backpack.

Respiratory Clinical Skills – Session 2
Simulated Patient Script (if needed)
Review history - COPD

Name: **Michael/Michelle Slater**
DOB: **05/05/1945**

You are a retired office worker.

Current Problem
You are known to have COPD (Chronic Obstructive Pulmonary Disease). This has given you a long term cough and lots of creamy coloured spit. You know this came from all the smoking you did.

You were diagnosed with COPD 4 years ago when you became more breathless and you were started on inhalers.

- Your breathing has not altered a great deal since then.
- You successfully stopped smoking at the time of the diagnosis
- You are not more breathless than normal
- You can manage approx ½ mile on the flat.
- You can manage all of your daily activities around the house.
- You get out of the house daily to walk for the papers.
- You can climb a single flight of stairs before you get breathless.

Six weeks ago you went to see the GP as you had coughed up some blood – she referred you to the doctors at Ninewells who talked to you, took an x-ray and some blood tests and looked down your throat. They said they didn't think you had cancer. They think you strained something in your throat whilst coughing – however, they want to see you back in another month.

You still have had a slight, but constant ache on the left side of your chest – which came the same time as you started coughing up blood. It is not severe and you had put it down to a pulled muscle, but now you are a little more worried as it hasn't gone away. You are still coughing up blood, less than before and irregularly. It's dark red, small amount.
You have no other pains anywhere (not chest, throat, abdomen etc).

Your appetite and weight are OK.

You see the practice nurse, or a GP once each year to check up on your COPD and you see them each year for a flu jab. You did have an extra jab two or three years ago for pneumonia. It must have worked as you haven't had pneumonia!

Past Medical Problems
Chest pains – Diagnosed as angina10 years ago, have not used GTN spray for the past two years
High blood pressure

Drug history
GTN Spray
Bendroflumethiazide 2.5mg Once Daily
Seretide 500 Accuhaler 1puff twice a day – (circular purple inhaler)
Tiotropium 18ug Once daily – (white inhaler device with flip-top cap and green button)
Salbutamol 100 2puffs as required – (standard blue inhaler)

Social Circumstances
Live with wife. Have three grown up children
Ex-smoker 4 years ago – previously 20/day for 40 years
No alcohol

Family History
Parents died in their 70s. Heart disease.

Patient Record – example of completed record for a review appointment

Name: Michael/Michelle Slater **DOB:** 05/05/1945 **CHI** Unknown

Current Problem/Presenting Complaint
Review appointment for COPD

History of Current Problem/Presenting Complaint
COPD diagnosed 4 years ago.

Current limitations and issues
Stable. Breathing restricts life due to exercise tolerance limits – ½ mile flat walk or one flight stairs.
Can't do sport any more. Activities of daily living OK.
No exacerbations and not required antibiotics over last year. Never had admission to hospital.

Recent haemoptysis, started 6 weeks ago, small quantities mixed with spit, bright or dark red. Also noted, since same time, pain left side anterior chest – 3/10, constant, ache, not pleuritic in nature, no radiation, gradual onset, not worse on moving, not tried analgesia. Had review at Resp clinic NWH four weeks ago inc. X-ray, bloods and 'throat examination' (?laryngoscopy) – patient informed was probable tear in throat from coughing. Review due one month. Remains concerned re haemoptysis and possible cancer.

Management
Inhalers – Salbutamol, Seretide and Tiotropium. No change in the last year.
No home oxygen.
No breathing exercises.
Flu and pneumococcal vac. up to date.

Monitoring
GP chronic disease management clinic – annual
No review from NWH on regular basis.
Not in touch with Specialist Resp/COPD nurse.
Not had ABG done.

Complications
Nil other. No oral problems.

Risks factors for allied disease
Ex-smoker since diagnosis. 40 pack years.

Past Medical History
Angina - 2001 (but not used GTN for last 2 years)
Hypertension – 1995 approx.
No history of cancer, MI, asthma,

Medications
GTN Spray
Bendroflumethiazide 2.5mg once daily
Seretide 500 Accuhaler 1puff twice a day
Tiotropium 18ug once daily
Salbutamol 100 2 puffs as required
No known allergies

Social Circumstances
Lives with wife. Three grown up children
Ex-smoker 4 years ago – previously 20/day for 40 years
No alcohol.

Family History
Both parents died in their 70s. Both from heart disease. Nil else in family.

Review of systems
Not done.