

## **Instructions to Candidates:**

**You are a Foundation doctor in General Practice.**

**Catherine Blythe recently sustained a Colle's fracture. She was sent for a DEXA scan which confirms osteoporosis. She is attending today to find out the results.**

**Please explain this diagnosis to the patient and address any questions she may have.**

**You do not need to prescribe any medication.**

## **Station Information**

<b>Station Reference</b>	PRIME-OSCE 3
<b>Station Title</b>	PRIME OSCE Training: Explain Osteoporosis
<b>Student Description</b>	
<b>Author</b>	Harish Thampy
<b>Year Group</b>	PRIME OSCE Training
<b>Clinical Domain</b>	Musculoskeletal Health
<b>Clinical Competency</b>	Sharing Information / Explanation

## **Information for Site Organisers**

### **Type of patient required:**

Simulated patient (history only).

### **Patient information:**

Female SP age 50+

### **Resources and equipment needed:**

Alcogel - please place within easy reach of the candidate

Candidate pink notepaper, black pens and clipboard in case the candidate wishes to make notes

Chairs x 3

### **Setting up the station:**

The examiner's chair should be positioned so that he/she can observe faces of both candidate and patient/relative/colleague.

## **Information for the Examiner**

### **What is the overall aim of this station?**

This station assesses the candidate's ability in explaining a diagnosis of a common condition in simple understandable language. They should be able to confidently and accurately answer the questions posed by the patient.

### **What is expected of the candidate?**

Briefly revisit the history - why was the scan arranged, what does the patient understand about what it was for  
Explores risk factors that may have contributed (in this case increasing age, gender, smoking status, previous oral steroid use for COPD)

Elicit patient's prior understanding of the condition

Explain condition in lay terms, avoids jargon - what it is, what the implications are, what the treatments are (lifestyle and pharmacological)

Elicits the patient's ideas, concerns and expectations and addresses these

Answers questions posed by the patient confidently and accurately

### **Marking Guidance:**

**If you award a global judgement below 'Excellent', it is extremely important you provide constructive feedback on key areas the candidate should develop further i.e feedback which justifies the grade awarded.**

**The excellent (7)/ very good (6) candidate** will explore the background to why the test was done and the patient's understanding of its indication and any expectation of what the results might be. They will be able to explain to the patient the condition in terms that they can understand. They will avoid the use of medical jargon. They will be familiar with the condition and use their knowledge to provide a clinically accurate explanation. They will check understanding and provide the patient opportunities to ask questions. They will be able to confidently respond appropriately to their questions regarding aetiology and management.

**The good (5)/ satisfactory (4) candidate** may not fully establish a clear context/background for why the test was done or what the patient was expecting it to show. They will explain the diagnosis generally in clear terms but at times may be unstructured or revert to jargon. They will generally attempt to check the patient's understanding. They should be able to answer the patient's questions accurately.

**The failing candidate (1, 2, 3)** will generally launch straight into explanation without establishing any background history. They will use monologues and be doctor-centred in their approach and may cause undue alarm. They will not check the patient's understanding, or if they do, do so in a way that is mechanical/unnatural. They will struggle to confidently and accurately answer the patient's questions and will over-rely on seeking the advice of seniors/ giving leaflets as a way of covering up gaps in their knowledge.

### **Clinical information relevant to the station:**

From [www.gpnotebook.co.uk](http://www.gpnotebook.co.uk):

Osteoporosis is a progressive, systemic skeletal disorder characterised by loss of bone tissue and disruption of bone micro architecture which leads to bone fragility and a consequent increased risk of fracture.

- bone formation exceeds bone resorption in youth, but by the third decade of life there is a gradual loss of bone mass. Hence osteoporosis is usually an age-related disease.
- in contrast to osteomalacia, the bone mineralization process is normal

It is the most common bone disease affecting the human

- prevalence increases with age, it can affect both sexes, but women (especially post-menopausal women) are at greater risk because the decrease in oestrogen production after the menopause accelerates bone loss to a variable degree
- it is estimated that annually there are 180,000 osteoporosis-related symptomatic fractures in England and Wales. Of these, 70,000 are hip fractures, 25,000 are clinical vertebral fractures, and 41,000 are wrist fractures

The World Health Organization (WHO) has established diagnostic criteria for osteoporosis based on the measurement of bone mineral density (BMD), expressed as the T-score, which is the number of SD below the mean BMD of young adults at their peak bone mass:

- normal BMD: T-score of -1 SD or above
- osteopenia: T-score of between -1 and -2.5 SD
- osteoporosis: T-score of -2.5 SD or below
- established (severe) osteoporosis: T-score of -2.5 SD or below with one or more associated fractures

In addition to increasing age and low BMD, other clinical factors have been associated with increased fracture risk. Some of these clinical risk factors are at least partly independent of BMD, and include

- parental history of hip fracture
- alcohol intake of 4 or more units per day
- prior fracture
- long-term systemic use of corticosteroids
- rheumatoid arthritis

### **Treatment**

Treatment for osteoporosis should include not only drug treatment but also advice on lifestyle, nutrition, exercise and measures to reduce falls. Advise on smoking cessation where indicated, and moderation of alcohol intake. Advise regular weight-bearing exercise. Evidence suggests this has a modest but significant effect in improving bone density

Pharmacological rxs:

- bisphosphonate - first line is alendronate. Taken once a week.
- ensuring patient is calcium/Vit D replete - usually means starting something like adcal/ calcichew

## **Information for the Simulated Patient**

### **Opening statement:**

I want to find out what my scan showed

### **About you:**

You are Catherine Blythe, age as per SP

You work as a checkout assistant in Tesco

You live with your husband. Children have grown up and left home for university now.

You smoke 15 a day (and have done for over 20 years) and drink about 3 glasses of wine a week.

### **Current situation / problem:**

You slipped and had a fall about 8 weeks ago. You landed on your left hand - you heard a crack and it was extremely painful so you went to A&E. You had an X-ray and was told you had broken one of the bones. You were placed in a cast. You had to attend the fracture clinic a number of times and they took off the cast last week. You were told that it seems to be healing well.

One of the things that your GP arranged when they found out about what happened was a scan of your bones. You had this 2 weeks ago. You are not sure what it was for but are keen to find out the results.

### **Your ideas, concerns, feelings and expectations:**

You are not really sure what the scan was for. Once you find out it showed osteoporosis express your worries that you thought this was something that only old people got.

### **Questions:**

- What did the scan show?
- What is osteoporosis?
- What could have caused it?
- Can I do anything to help?
- Do I need to go on any tablets?

### **Previous medical history:**

You have COPD (diagnosed about 10 years ago) and are on inhalers for this. You have needed to have courses of steroid tablets to manage episodes where you have been more breathless and wheezy (your GP gives you a 5 day course where you take 8 tablets a day). You probably have needed this 3 times a year for the past few years.

Your periods started about age 13 and you went through the menopause age 46. You didn't go on HRT.

### **Medical problems in the family:**

Nil

### **Medication:**

You are on a seretide inhaler which you take twice a day and a blue (salbutamol) inhaler which you use as needed if you get breathless.

You have no known drug allergies.

### **How to play the role:**

You are easy to talk to and are keen to find out as much as you can.

## **Marking Domains**

### **01. Overall conduct of the consultation with patient/relative/carer**

- Introduces self, states own role and checks identity of patient/ relative/ carer
- Explains and agrees the purpose of consultation
- Establishes and maintains rapport
- Attends to the comfort, safety and dignity of the patient if applicable
- Demonstrates empathy and sensitivity
- Discusses patient information sensitively and with awareness of confidentiality if applicable
- Maintains a fluent, coherent and competent approach
- Manages time, completes task and closes appropriately
- Follows appropriate infection control measures throughout

### **03. Sharing Information with a patient/relative/carer**

- Briefly clarifies relevant history to establish background
- Explores and takes account of the patient's understanding
- Appropriately elicits and acknowledges the patient's feelings, ideas, concerns and expectations
- Provides factually correct information tailored to the patient
- Facilitates understanding and accurate recall, e.g. through chunking and checking
- Refers appropriately to other sources of information
- Encourages questions, responds appropriately
- Summarises and agrees next steps in partnership with the patient

### **04. Non-verbal Communication**

- Maintains appropriate body language and eye contact
- Maintains a calm and composed demeanour
- Demonstrates active listening (e.g. remaining focused on the patient)
- Uses or offers visual methods for conveying information e.g. diagrams
- Uses appropriate seating position

### **11. Management Planning**

- Discusses carefully considered, safe and appropriate management options
- Suggests appropriate investigations if applicable
- Promotes self-care where appropriate
- Involves the patient in shared decision making, taking the patient's views into account
- Allows opportunities for the patient to ask questions; responds appropriately
- Communicates the management plan effectively

### **13. Clinical Knowledge**

- Identifies the underlying problem(s)
- Demonstrates an appropriate depth of understanding of the clinical condition/pathology
- Applies clinical reasoning skills to interpret information in the clinical context
- Applies knowledge to the patient's current problem
- Comes to appropriate conclusion(s)