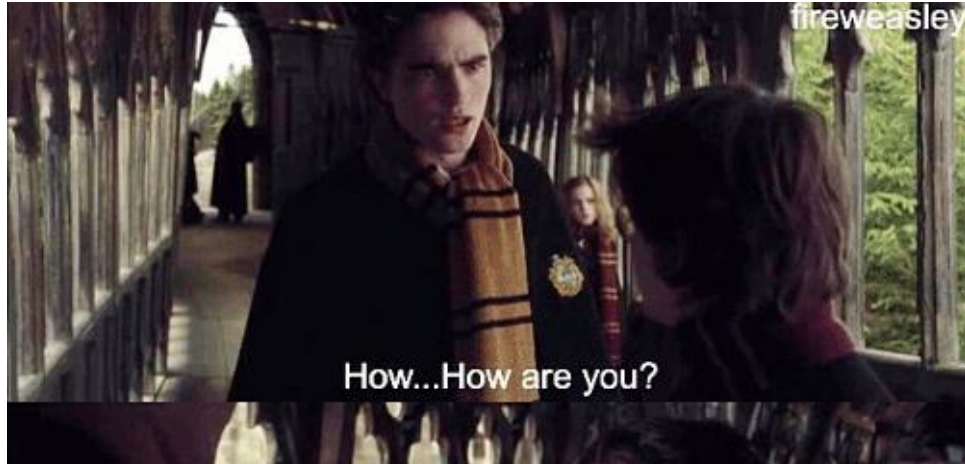


# OSCE Hints and Tips

Dr Georgina Elliot  
**BL Finals Survivor**





How...How are you?



 **SIMPLY**  
*FINALS*

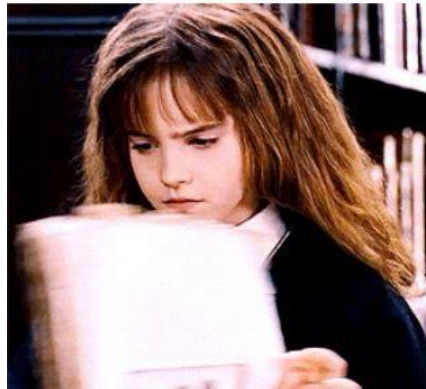
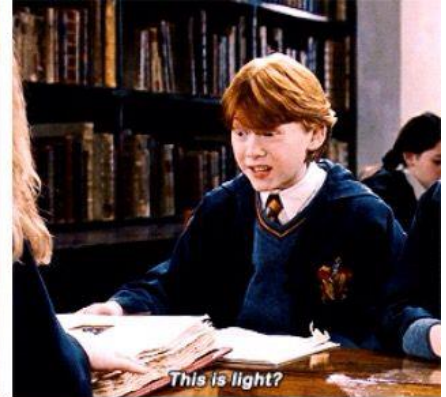
# What we will cover

- Practical skills: What to cover in your revision
- Male catheter, ABG, IM & S/C injection
- What to cover in sign safari
- Explaining stations
- General tips and advice



# What we won't cover...

- Covered in other lectures:
  - Clinical skills
  - SBAR and presenting
  - O2 therapy
  - Blood transfusion
  - Prescribing
  - A-E assessment
  - ECGs
  - Inhaler technique (resp)
  - Lumps and bumps
- The less common stations
- Things you already know how to do



# Practical Skills

## Things that involve needles

Venepuncture  
Cannulation  
ABG  
IM injection  
Subcutaneous injection  
Drawing up medications  
Blood cultures

## Things that don't involve needles

Male catheter  
Blood transfusion & reactions  
Hand washing & scrubbing  
Ophthalmoscopy  
O2 administration  
Fluid prescribing & administration  
Airway management  
Basic life support & CPR  
Urine dip  
NGT Insertion

## Things that aren't really practical skills

Breast exam  
PEFR and explanation  
SBAR  
PR Exam  
A-E assessment  
Inhaler technique  
Prescribing +/- identifying errors





# Practical Skills

## Things that involve needles

Venepuncture  
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## Things that aren't really practical skills

Breast exam  
PEFR and explanation  
SBAR  
PR Exam  
A-E assessment  
Inhaler technique  
Prescribing +/- identifying errors



# Male Catheter

1. ICE
2. Prepare
3. Clean
4. Instillagel
5. Tube
6. Bag

Gloves (1<sup>st</sup> pair)  
Gloves (2<sup>nd</sup> pair)

## Indications

- Diagnostic:
  - Measuring output
  - In & Out for a clean sample
  - Imaging
- Therapeutic
  - Acute urinary retention
  - Chronic obstruction
  - Irrigation post-surgery

## Contraindications

- Urethral trauma
- Pelvic fracture

## Common pitfalls:

- Not asking for a chaperone
- Not explaining/ gaining consent
- Not acknowledging a mistake
- Not reading the vignette

## When do you give antibiotics?!

- “I would consult my trust policy to see what their local guidelines are”
- Catheter change
- Surgical patients



<https://www.youtube.com/watch?v=2iLPfCAMgZs>



# ABG

1. ICE
2. Checking contra-indications
  - Infection at the site
  - Anatomical malformations (inc. Allen's test)
  - Anticoagulation
3. Offer local anaesthetic
4. Wash hands
5. Prepare equipment
6. Clean area
7. Needle in at 30-60 degrees
8. Wait for it to self-fill
9. Pressure on the site
10. Run within 10 minutes



<https://www.youtube.com/watch?v=0BSv4iN8T2E>



# IM & Subcutaneous Injection

1. ICE
2. Checking contra-indications
  - Anticoagulation
  - Allergy to any ingredients
  - Check expiration date
3. Offer local anaesthetic
4. Wash hands
5. Prepare equipment, including drawing up the drug if necessary
6. Clean area
7. Z-technique for IM, pinch skin for SC
8. Needle in at 90 degrees (IM) or 45-60 degrees (SC)
9. Aspirate
10. Inject
11. Remove needle quickly and pressure on the area
12. Post-injection advice

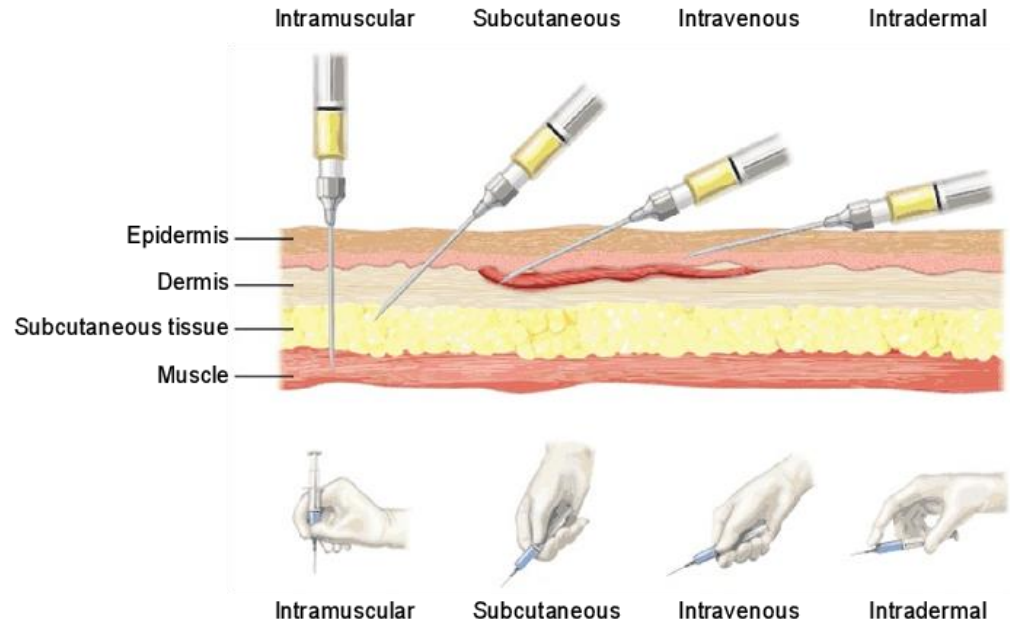
## SAFETY CHECK!

- **Drug:** Correct drug, expiry date
- **Patient:** Patient details against the wristband, patient details against the prescription
- **Prescription:** Allergies, date and time prescribed, dose



# IM & Subcutaneous Injection

Injection Sites	
IM	SC
Deltoid	Lower abdomen
Vastus Lateralis (anterior lateral thigh)	Upper outer aspect of the arm/thigh
Upper outer quadrant of the buttock	Upper buttock



# Sign Safari



## Cardio

- Metallic valve
- Systolic murmurs
- Peripheral vascular disease
- AF
- Fluid overload
- Basal crackles
- Raised JVP
- Abnormal ECGs

## Resp

- Fibrosis crackles
- Wheeze
- COPD: crackles, barrel chest
- Chest wall deformities
- Pneumonectomy
- Chest drain

## Gastro

- Jaundice
- Spider naevi
- Caput medusae
- Ascites- shifting dullness
- Stoma
- Abdominal scars
- Hepatosplenomegaly
- Lumps and bumps
- Erythema nodosum
- PEG

# Sign Safari



## Neuro

- Diabetic neuropathy
- Spinal cord lesion
- PD
- CVA
- Peroneal nerve palsy
- Bell's palsy
- Any visual field defect

## Other

- Goitre
- Rheumatoid hands
- Skin lesions

# Things you won't think of doing

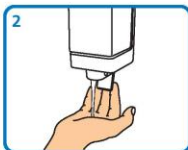
- Take a manual blood pressure
- Take someone's temperature
- Re-familiarise yourself with an ophthalmoscope
- Thyroid examination
- Urine dip
- Hand-washing and scrubbing in



# Hand-washing technique with soap and water



Wet hands with water



Apply enough soap to cover all hand surfaces



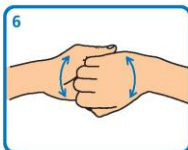
Rub hands palm to palm



Rub back of each hand with palm of other hand with fingers interlaced



Rub palm to palm with fingers interlaced



Rub with back of fingers to opposing palms with fingers interlocked



Rub each thumb clasped in opposite hand using a rotational movement



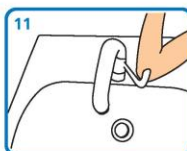
Rub tips of fingers in opposite palm in a circular motion



Rub each wrist with opposite hand



Rinse hands with water



Use elbow to turn off tap



Dry thoroughly with a single-use towel



Hand washing should take 15-30 seconds





# Explaining stations

- Easy marks! Mixture of theory and comm skills
- Introduce yourself and explain why you are there
- Ask them what they already know
- Give information in chunks and then ask if the patient has understood
- If it's particularly important, you can ask the patient to explain back to you what you've said
- Ask if they have concerns/ need anything repeated/ leaflets & websites
- Specific scenarios to revise: epilepsy, blood pressure medications, T2DM medications, insulin and sick-day rules, inhalers, hormone replacement therapy, methotrexate, COCP
- You can't predict everything!



# Explaining Drugs

## **What**

- What is this drug? Short and snappy- what is this drug for? “Amlodipine is a medication we give it to patients to help control their blood pressure”

## **How?**

- How it works, briefly (try and avoid jargon like “antihypertensive”)

## **For how long?**

- Is this lifelong or will they be able to come off it?

## **Why?**

- Short and long-term benefits and side-effects, will they feel any different? What to do if they have side effects

## **Do I have to take it?**

- Good chance to explain it is their choice and possible alternatives

## **Monitoring and SAFETY NETTING**



# Some (simply) final advice...

1. DON'T PANIC
2. Use the clinical skills centre
3. 3 days is a long time-allow yourself time to relax
4. Introduce yourself and wash your hands
5. Be safe and professional and you will be fine!



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GOOD LUCK!!



 **SIMPLY**  
*FINALS*

# Drawing up medications

1. ICE
2. Prepare equipment
3. Check:
  1. Drug: Correct drug, expiry date
  2. Patient: Patient details against the wristband, patient details against the prescription
  3. Prescription: Allergies, date and time prescribed, dose
4. Choose the smallest syringe for the volume you need
5. Draw up drug using a BLUNT NEEDLE- this may not be available in the OSCE, in which case use the other colour available (likely green)
6. Dispose of needle directly into sharps bin

