OSCE Hints and Tips

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BL Finals Survivor
How...How are you?

Spectacular
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

<table>
<thead>
<tr>
<th>Things that involve needles</th>
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<td>Airway management</td>
<td>Prescribing +/- identifying errors</td>
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<td></td>
<td>Basic life support &amp; CPR</td>
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<td>Urine dip</td>
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**SIMPLY**

**FINALS**
Male Catheter

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

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

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<tr>
<th>Injection Sites</th>
<th>IM</th>
<th>SC</th>
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<tr>
<td>Deltoid</td>
<td></td>
<td>Lower abdomen</td>
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<tr>
<td>Vastus Lateralis (anterior lateral thigh)</td>
<td>Upper outer aspect of the arm/thigh</td>
<td>Upper buttock</td>
</tr>
<tr>
<td>Upper outer quadrant of the buttock</td>
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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 ophlalamoscope
• Thyroid examination
• Urine dip
• Hand-washing and scrubbing in
Hand-washing technique with soap and water

1. Wet hands with water
2. Apply enough soap to cover all hand surfaces
3. Rub hands palm to palm
4. Rub back of each hand with palm of other hand with fingers interlaced
5. Rub palm to palm with fingers interlaced
6. Rub with back of fingers to opposing palms with fingers interlaced
7. Rub each thumb clasped in opposite hand using a rotational movement
8. Rub tips of fingers in opposite palm in a circular motion
9. Rub each wrist with opposite hand
10. Rinse hands with water
11. Use elbow to turn off tap
12. Dry thoroughly with a single-use towel

Hand washing should take 15–30 seconds

Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care
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!
GOOD LUCK!!
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