

VETERINARY  
**communication**  
SKILLS

OSCE Assessor Training

## **Welcome to the Communication Skills OSCE Assessor DVD**

The DVD and accompanying notes were designed as a resource for OSCE assessor training sessions. They were developed to enable new assessors to watch communication skills OSCE stations in action and to discuss the candidates' mark sheets, in order to prepare the assessors for the actual exam. The guidance notes and lesson plan have been written to assist the trainer in their first session. The accompanying actor and candidate instructions and mark sheets are a photocopiable resource to use in the session.

Please send any questions, comments or feedback to;

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Further copies of this document can be downloaded from;  
[http://www.live.ac.uk/documents/osce\\_training.pdf](http://www.live.ac.uk/documents/osce_training.pdf)

## Guidance Notes for Setting Up the Training Session

### 1. Choose your trainer carefully.

The trainer must be experienced in veterinary communication skills. i.e. have knowledge of the Calgary-Cambridge model, have facilitated multiple student groups and preferably had experience of communication skills OSCEs.

### 2. Select the main scenario to be used in advance.

The trainer must select the main OSCE scenario to be used in advance of the session. They will need to be very familiar with this scenario and to have watched each version of the OSCE several times. It could also be advisable to view in advance all of the OSCEs planned to be used in the training session.

### 3. Choose your examiners carefully.

They must be trained communication skills facilitators – preferably with experience of taking student groups for communication skills training.

### 4. Ideal group size.

For this training session is 6 – 10 people.

### 5. Note on standard setting in OSCEs

The mark sheets have included an area for the global scoring of each candidate (GP, JP, JF, BF). These global ratings can be used to determine the pass mark. There are other methods of standard setting which can also be used.

## Information for the trainer

### Itchy Cat

Student 1 – Borderline

Student 2 – Borderline

Student 3 – Bad

Student 4 – Good

### Infected Goats

Student 1 – Borderline

Student 2 – Borderline

Student 3 – Bad

Student 4 – Good

### Distressed Pony

Student 1 – Good

Student 2 – Bad

Student 3 – Borderline

Student 4 – Borderline

### Vomiting Dog

Student 1 – Borderline

Student 2 – Borderline

Student 3 – Bad

Student 4 – Good

N.B. The feedback is for use when training staff about formative OSCEs.

## Lesson plan: A two and a half hour training session

### OSCE examiner training and feedback on formative exams - communication skills

Time	Action
0 – 10	An introduction to why OSCEs are used in assessing communication skills.
10 – 20	Models of communication skills. Introduction of Calgary-Cambridge model.
20 – 40	Good practice in OSCE examining – take one of the OSCEs from the DVD as an example. Good practice should include, making sure all examiners for each station meet with the writer of that station. Discuss mark sheet, expectations, visualisation of what might happen in the exam and the kinds of things students might say. Visualisation of beginning, middle and end of exam and what to be looking for/ listening for.  Plan for reviewing exam after it takes place to identify any changes that need to be made in the OSCE.
40 – 45	Watch one of the borderline participants from the OSCE you have just discussed.
45 – 50	Watch it again whilst marking it
50 – 55	Discussion of how delegates marked (in pairs)
55 - 75	Watch the other 3 OSCE participants at the same station and mark them at the same time.
75 – 90	Discussion in small groups and then feedback to the whole group.
90 – 105	Watch one more participant in two more OSCE stations (at least) and mark them. Make sure of those two one is pass and one is fail. If there is more time available watch borderline participants on the same station.
105 – 110	Discussion with a partner on your marking.
110 – 125	Feedback on formative OSCEs. Watch one participant at an OSCE station, discuss feedback with partner, watch the feedback. Advice to give: one thing you did well and one thing to work on.
125 - 130	Summary of session.

Although the above plan indicates the session to last 130 minutes, we suggest 2 and a half hours are to be allowed as some of the sections may overrun and you may find some of the discussions extended.

# Itchy Cat OSCE

## Actor Instructions

You are Mrs Peters. You have come along to see the veterinary surgeon with Primrose, your 5 year old black and white cat. Primrose has not been to see the vet for several years, in fact since she was a kitten. She was spayed and vaccinated at 6 months of age. Lately she has been grooming herself excessively and has been leaving clumps of black and white fur all over your furniture and carpets! You think she might have an allergy to something, as she seems to be so itchy. She scratches at her ears a lot too. She is eating normally but sometimes coughs up a furball. You feed her on the Whiskas pouches, which she loves. She has three of these per day, of various flavours, and ad lib water. She does not seem to be drinking excessively. She goes outside to the toilet so you have no idea whether she has diarrhoea. You last wormed her several years ago, probably when she had her vaccinations.

You will be shocked when the vet says that they have found fleas and flea dirt in Primrose's coat. You are meticulous about housework and your house is spotless! However, if you are treated with empathy and listened to, you will admit that you have found insect bites around your own ankles.

## Candidate Instructions

You have been conducting a consultation with Mrs Peters, who has brought in her itchy cat, Primrose. You have already taken a history, and it appears that Primrose has been over-grooming, and scratching at her ears. She is eating well, but occasionally vomits furballs. Otherwise she seems well. On clinical examination, you have found lots of flea dirt (and a couple of live fleas) in Primrose's coat. This is the most likely reason (but not the only one) for Primrose's itchiness. She has a few scabs and sores along her spine, and her skin is generally inflamed.

Your task is to complete the consultation and explain your findings. You will recommend that Primrose is given a short-acting corticosteroid injection to reduce the itchiness, is treated with Frontline spot-on and that Mrs Peters spray the house with an environmental spray.

## Itchy Cat OSCE Mark Sheet

<b>Opening and general:</b>				
Orientation - summary to start this part of consultation	Yes	No		
Maintains appropriate eye contact/body language	Yes	No		
Appropriate pitch and pace of voice	Yes	No		
Maintains rapport – uses name, shows interest, respect and concern	Yes	No		
Picks up on client cues – worries about fleas and cleanliness	Yes	No		
Acknowledges client feelings and concerns	Yes	No		
Gives information in manageable chunks	Yes	No		
Checks client understanding at each stage	Yes	No		
Gives opportunity for client questions	Yes	No		
Uses appropriate language – avoids jargon	Yes	No		
Repeats important pieces of information	Yes	No		
<b>Specific information-giving criteria:</b>				
Establishes cat lifestyle	Yes	No		
Explains flea hypersensitivity	Yes	No		
Shows how to apply spot-on	Yes	No		
Explains use of environmental spray	Yes	No		
Explains use of corticosteroid	Yes	No		
Explains side-effects of corticosteroid	Yes	No		
Includes possibility of other cause	Yes	No		
<b>Closing:</b>				
Closes consultation with clear way forward	Yes	No		
Provides safety-net if condition worsens	Yes	No		
<b>Global Score</b>	GP	JP	JF	BF
GP = Good Pass / JP = Just Pass / JF = Just Fail / BF = Good Fail				

# Infected goats OSCE

## Actor Instructions

You are Dr. Phillips, a “hobby farmer” with a small goat herd, (20-25 British Toggenburg females) that you keep for milk production. You then make cheese, which you sell at local farmers markets. However, as this does not even cover your costs, you also work as a pharmacy assistant in the local town.

For the past couple of years, you have lost 2-3 kids (out of an average of 15 kids/year) soon after birth. You have had the latest ones post-mortemed, and you have been informed by telephone that they had clostridial disease. You have come in to the practice today for some advice regarding what to do in light of the post mortem results.

You vaccinate the herd once yearly (with Heptavac) at the moment, and you tend to buy different feed each time depending on what’s cheapest. After all, you are not making any money from this business, so you need to keep costs as low as possible so that you at least break even. You will be reluctant to change anything that may lead to increased costs.

## Candidate Instructions

You have asked Dr Phillips to come into the practice to give him the results of a post-mortem examination on two British Toggenburg kids that died fairly suddenly and unexpectedly. You have not met this client before. The PM report shows that the kids died from peracute *Clostridium perfringens* Type D infection. Dr Phillips currently vaccinates with a 7-in-1 Clostridial vaccine at 8 and 12 weeks, then once yearly. Your aim in this consultation is to get the client to look again at vaccination schedules and consider using the vaccine strategically at 4-6 weeks pre-kidding, then twice yearly after an initial course at 12 and 16 weeks. This is a better protocol for goats. Also, the client changes feed quite often, buying whatever is cheapest. This may also be a risk factor for clostridial disease, so you will need to advise him to choose one type of food and stick with it.

## Infected Goat OSCE Mark Sheet

<b>Opening and general:</b>				
Introduction– name and role	Yes	No		
Checks identity of client	Yes	No		
Orientation – summarises what has happened to date	Yes	No		
Establishes rapport – uses name, shows interest, respect and concern	Yes	No		
Maintains appropriate eye contact/body language throughout	Yes	No		
Has an appropriate pace and pitch of voice throughout	Yes	No		
Listening skills – listens attentively, responds to client’s questions	Yes	No		
Picks up on client cues – this is a hobby farm	Yes	No		
Questioning skills –clear questions, combination of open and closed	Yes	No		
Uses appropriate language, avoids jargon	Yes	No		
Giving information – gives small amounts of information, checks client’s understanding	Yes	No		
Empathic response acknowledging client’s feelings and concerns about finances.	Yes	No		
<b>Explanation:</b>				
Explains post-mortem findings in jargon-free language	Yes	No		
Discusses current vaccination policy in non-judgmental way	Yes	No		
Discusses current feeding husbandry in non-judgmental way	Yes	No		
Suggests new strategy for feeding and vaccination	Yes	No		
Explains financial benefits of proposed new strategy	Yes	No		
Gives client clear options	Yes	No		
<b>Closing:</b>				
Summarises proposed plan	Yes	No		
Checks that client agrees with plan	Yes	No		
Provides safety-net in case of further deaths	Yes	No		
<b>Global Score</b>	GP	JP	JF	BF
GP = Good Pass / JP = Just Pass / JF = Just Fail / BF = Good Fail				



## Distressed pony OSCE

### Actor Instructions

Your name is Ms Phillips. You own a small-scale riding school with an active Riding for the Disabled group. You have 15 horses and ponies altogether. You have just done your late-night stable rounds and are very worried about Piper, a 20 year old part-Welsh gelding. He is showing signs of mild colic, but he has had no previous colic history and you know that this is very unusual for him. You also know that in older ponies, strangulating lipomas (pendulous fatty tumours that trap bits of bowel in them when they move around inside the abdomen) are a common cause of colic and quickly require surgical intervention. Piper is particularly special as he is the star RDA pony, exceedingly patient and willing with the most severely disabled children.

You have taken his temperature, which is normal. You have also monitored heart rate and respiratory rate, as you are a very experienced horse owner. His heart rate is 66/minute and his respiratory rate 10/minute and he is starting to get a bit of sweat on his neck. His gums are pink. He is not trying to roll or lay down, but he frequently turns and looks at his belly. You would like the vet to visit and either put your mind at rest, or take Piper in for surgery.

You should open the phone call with, "Hello – is that the vet?"

### Candidate Instructions

It is 11pm and you are on call for a busy equine practice. You are just back from another call when the telephone rings. After 8pm at night, your practice charges a call-out fee (£50) plus normal visit fee (£25) and any other treatment costs.

Please talk to the client on the phone.

## Distressed Pony OSCE Mark Sheet

<b>Opening and general:</b>				
Introduction - practice name	Yes	No		
Introduction– name and role	Yes	No		
Checks identity of client and patient	Yes	No		
Confirms client location	Yes	No		
Orientation – summarises what has happened to date	Yes	No		
Establishes rapport – uses name, shows interest, respect and concern	Yes	No		
Has an appropriate pace and pitch of voice throughout	Yes	No		
Listening skills – listens attentively, responds to client’s questions	Yes	No		
Picks up on client cues – previous experience with colic	Yes	No		
Questioning skills –clear questions, combination of open and closed	Yes	No		
Uses appropriate language, avoids jargon	Yes	No		
Empathic response acknowledging client’s feelings and concerns about pony	Yes	No		
<b>Gathering information:</b>				
Asks immediate history of current colic	Yes	No		
Asks about previous colic	Yes	No		
Asks about heart rate	Yes	No		
Asks about respiratory rate	Yes	No		
Asks about temperature	Yes	No		
Asks about any other clinical signs	Yes	No		
Asks about patient role in riding school	Yes	No		
Summarises information given	Yes	No		
<b>Closing:</b>				
Summarises what will happen during visit	Yes	No		
Gives financial estimates	Yes	No		
Advises client on what to do until vet arrives	Yes	No		
<b>Global Score</b>	GP	JP	JF	BF
GP = Good Pass / JP = Just Pass / JF = Just Fail / BF = Good Fail				

# Vomiting dog OSCE

## Actor Instructions

You are Mr Able. You have brought your 2 year old crossbred dog, Buster, to the veterinary practice as he has been off food for 2 days, depressed and vomiting for 24 hours (5 or 6 times yesterday, even after drinking water, but no blood - yellowish fluid with foamy appearance). He has not passed any faeces for 48 hours.

He was last at the vet's about 3 months ago for his annual vaccinations, when you saw the vet you are seeing today. Buster has been very healthy up till now, and you have had him since he was 6 weeks old. He has only ever been to the vet's for regular vaccination and worming treatment.

You have had dogs previously, all of whom lived until reasonable ages, but your last two old dogs died of renal failure. This is what is concerning you about Buster. The signs are very similar.

Buster is normally fed on Butchers canned food with a biscuit mixer. You usually walk him for 45 minutes twice a day, but since he became ill he does not want to go very far.

## Candidate Instructions

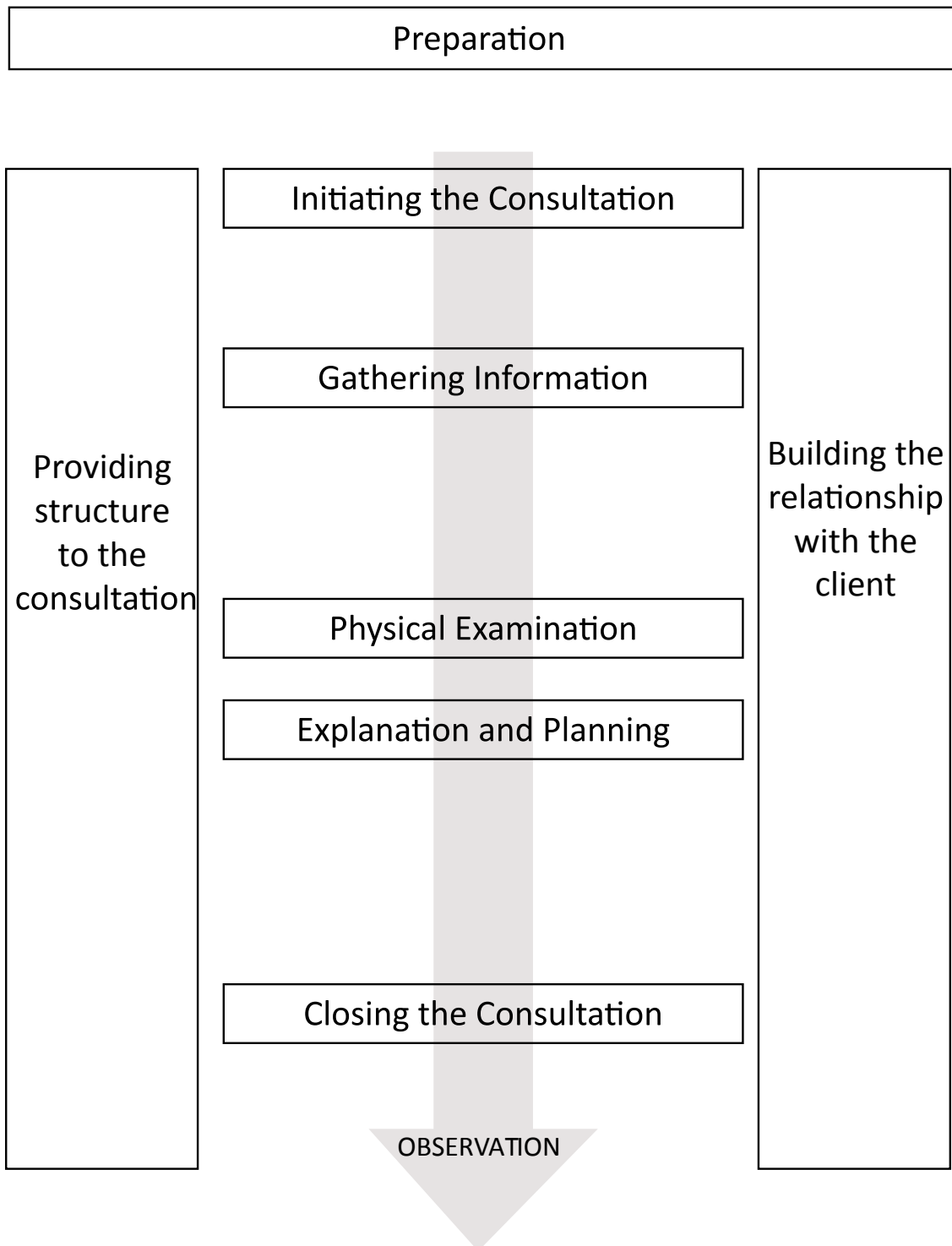
You have been working for 6 months in your first job, in a 5-person small animal practice with good facilities (ultrasound, digital X-ray, blood haematology and biochemistry in-house analyser, hospitalisation facilities).

Your next client, Mr Able, has brought in Buster, his two-year-old cross-bred dog, who is vomiting. You have seen Buster once before, to vaccinate him, about 3 months ago. Your task is to take a detailed history from the client. Please end the history-taking by indicating you will start the physical examination.

## Vomiting Dog OSCE Mark Sheet

<b>Opening and general:</b>						
Introduction– name and role	Yes	No				
Checks identity of client	Yes	No				
Orientation – purpose of consultation (open question)	Yes	No				
Establishes rapport - uses name of client and animal, shows interest, respect and concern	Yes	No				
Maintains appropriate eye contact and body language throughout	Yes	No				
Has an appropriate pace and pitch of voice throughout	Yes	No				
Listens attentively and responds to client’s questions	Yes	No				
Picks up on client cues	Yes	No				
Questioning skills –clear questions, combination of open and closed	Yes	No				
Uses appropriate language – avoids jargon	Yes	No				
Asks client what they think might be wrong	Yes	No				
Acknowledges client feelings and concerns	Yes	No				
Repeats or summarises back information gathered	Yes	No				
<b>Specific history-taking criteria:</b>						
Asks about duration of problem	Yes	No				
Asks about frequency of vomiting	Yes	No				
Asks about blood in vomit	Yes	No				
Asks about defecation	Yes	No				
Asks about general demeanour	Yes	No				
Asks about long-term history	Yes	No				
Checks vaccination status	Yes	No				
<b>Closing:</b>						
Closes history-taking with clear summary						
Signposts progression to clinical examination						
<b>Global Score</b>			GP	JP	JF	BF
GP = Good Pass / JP = Just Pass / JF = Just Fail / BF = Good Fail						

# The Calgary-Cambridge Consultation Model adapted for the Veterinary Consultation



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