

## **Station Instructions**

# Station 2

# Year 4 BHSCT MOSCE

## Background information to station:

You are a Foundation Doctor working in General Practice.

A 5-year-old child was diagnosed with asthma today. They are being commenced on 2 puffs as required of Salbutamol and 2 puffs twice daily of Budesonide (inhaled steroid) using a spacer device.

The child's mother would like to know more about the treatment.

## Specific student instructions:

- 1. Counsel the parent about the child's new diagnosis of asthma.
- 2. Explain and demonstrate to the parent how to use the salbutamol and steroid inhalers using the placebo inhalers and spacer device provided.

A child mannequin is provided to help you demonstrate the inhaler technique

There will be a warning bell when 1 minute is left in the station.



## **Examiner Instructions**

## Station 2

# Year 4 BHSCT MOSCE

## Station Author: Dr Caroline Lavery, edited by Pappitha Raja

#### Assessment outcome:

This station assesses the student's ability to counsel a parent about a new diagnosis of

asthma and the use of inhalers.

### Background information to station:

Students are asked to perform the role of a Foundation Doctor working in General Practice. They are asked to review this patient who has been diagnosed with asthma; to counsel them on the diagnosis and demonstrate utilisation of inhalers.

The student should begin by confirming the parent's relationship to parent and what the parent already knows about asthma. The simulated patient will then ask the following 7 questions:

### 1. What is asthma?

G: Explains in non-medical jargon e.g. a condition with variable narrowing of the airways due to excessive irritation and inflammation

- Why has this happened to my child?
   G: Explains narrowing can be precipitated by various triggers e.g. cold, smoking, exercise, strong emotions, dust, dander AND Explains it is often a condition that runs in families; often part of a triad of atopic conditions [eczema, hayfever, asthma]
   G: both; A:one; P:neither
- 3. Which symptoms do I need to watch out for? SOB, wheeze, chest tightness G: 3; A: 2; P: 0-1
- 4. Is there anything child can do as well as taking the medication to stop things getting worse?

Avoidance of triggers, flu vaccination, avoiding secondary smoke inhalation, taking medications as recommeded G:any; P:none

- 5. What is in these inhalers and when do I use them? Blue, 'reliever' inhaler- salbutamol- only used for attack- widens the airways by relaxing the muscular layer. Brown, 'preventer' inhaler- steroid- used twice dailydampens down inflammation- helps to prevent attack and keep more sustained control G:both correct
- Are there any side effects? Blue/salbutamol- fast heart rate, tremor of hands. Brown/steroid- dry mouth, hoarse voice



G:3-4; A1-2; P=0

### Station number: Respiratory/GP

7. Please show me how to use these inhalers

Explains indication- inhalers deliver medication into lungs and airways where it is needed. Dose is released by pressing canister.

- Stand upright
- o Check expiry date, check number of doses left
- Shake inhaler vigorously, remove cap
- $\circ$  Hold inhaler with index finger on top, thumb on bottom
- o Breathe out fully, then place mouth around mouthpiece making a tight seal
- Press firmly down on inhaler while simultaneously taking a deep breath in
- $\circ$  Hold breath for 10 seconds then replace cap

G: Clear explanation with minor omissions only; A: more than 2 omissions; P: major omissions and unclear/poorly explained

### Potential areas of serious concern:

+ After using inhaler mouthpiece gives to patient to use



## PAEDIATRIC INHALER COUNSELLING MARKING SHEET

DETAIL / question	MARK	WEIGHTING			
1a. Overall introduction including identification of self					
and patient					•
(Name & role, purpose of encounter, confirms		2	1		0
patient's agreement)	G A P				
1b. Confirms parent's relationship to patient	GAP		1		0
2. Rapport & professional manner (shows interest,		2	1		0
respect, concern, appropriate body language, closure)	G A P		1		0
3. Attention to infection control throughout	G P	1		0	
4. Establishes parent's understanding of asthma	G P	2		0	
5. What is asthma? G: Explains in non-medical					
jargon					
e.g. a condition with variable narrowing of the airways due to excessive irritation and inflammation	G A P	4	2		0
6. Why has this happened to my child? G: Explains					
narrowing can be precipitated by various triggers e.g. cold,					
smoking, exercise, strong emotions, dust, dander AND					
Explains it is often a condition that runs in families; often					
part of a triad of atopic conditions [eczema, hayfever,					
asthma] G: both; A:one; P:neither	GAP	4	2		0
7. Which symptoms do I need to watch out for?					
SOB, wheeze, chest tightness G: 3; A: 2; P: 0-1	GAP	2	1		0
8. Is there anything child can do as well as taking					
the medication to stop things getting worse?					
(avoidance of triggers, flu vaccination, avoiding					
secondary smoke inhalation, taking medications as		2		0	
recommended) G:any; P:none 9. What is in these inhalers and when do I use	G P	2		0	
them? Blue,					
'reliever' inhaler- salbutamol- only used for attack-					
widens the airways by relaxing the muscular layer.					
Brown, 'preventer' inhaler- steroid- used twice daily-					
dampens down inflammation- helps to prevent attack					
and keep more sustained control G: both correct	GAP	6	3		0
10. Are there any side effects? Blue/salbutamol- fast					
heart rate, tremor of hands. Brown/steroid- dry mouth,					
hoarse voice G:3-4; A1-2; P=0	GAP	2	1		0
11. Suggests rinsing the mouth after using steroid inhaler					
to reduce risk of oral candidiasis/thrush	G P	1		0	
12. Please show me how to use these inhalers					
(See examiner instructions) G: Clear explanation with					
minor omissions only; A: more than 2 omissions; P:					
major omissions and unclear/poor	G A P	6	3		0

### Station title: Explanation of treatment Station duration: 6 mins Station Speciality: Healthcare of Children



G P	1		0		
			0		
G P	1		0		
SAAJAND	4	3	2	1	0
EVPBF	5	4	3	2	1
		EVPBF 5	4 3 EVPBF 5 4	4         3         2           EVPBF         5         4         3	4         3         2         1           EVPBF         5         4         3         2

Total score /40 (excluding Global Mark



# **Simulated Patient Instructions**

## Station 2

# Year 4 BHSCT MOSCE

## Background information to station:

Students are asked to perform the role of a Foundation Doctor working in General Practice. You have just been diagnosed with diagnosed with asthma. The student is expected to counsel you about the diagnosis and demonstrate utilisation of inhalers.

## How the role should be portrayed:

You are a little anxious about the diagnosis you have just been given.

You may choose your own name and date of birth.

You don't know anything about asthma but you think your cousin has it.

Please ask the following 7 questions:

- 1. What is asthma?
- 2. Why has this happened to me?
- 3. Which symptoms do I need to watch out for?
- 4. Is there anything I can do as well as taking the medication to stop things getting worse?
- 5. What is in these inhalers and when do I use them?
- 6. Are there any side effects?
- 7. Please show me how to use these inhalers

## <u>Background</u>

You have had breathlessness and chest tightness, intermittently for 6 months,

especially during weekdays

You work as a painter and decorator



- + Past Medical Conditions: none
- + Family History: father- eczema, cousin asthma
- + Drug History: Nil. No allergies.
- + Social history: never smoked, non-drinker, lives with partner.
- + The student will talk you through the inhaler technique:
  - o Stand upright
  - $\circ$  Check expiry date, check number of doses left
  - Shake inhaler vigorously, remove cap
  - $\circ$  Hold inhaler with index finger on top, thumb on bottom
  - o Breathe out fully, then place mouth around mouthpiece making a tight seal
  - $\circ$  Press firmly down on inhaler while simultaneously taking a deep breath in
  - Hold breath for 10 seconds then replace cap
- + Once student demonstrates inhaler technique and asks you to perform:
  - $\circ$  first time- do not take deep breath in before inhaling dose
  - o second time- perform the whole routine correctly

### Clothes/props: Nil specific

First sentence (after introductions) if student starts with open question: I have just been told I have asthma

Potential question	Response
What do you know about asthma?	I have heard of it but I don't know anything about it. I think my cousin has it.
Do you know why you're being started on inhalers?	To help child's breathing



## **Site-Coordinator Instructions**

## Station 2

# Year 4 BHSCT MOSCE

## Equipment check list:

- Simulated patient, any age, any gender
- Blue (salbutamol; β2 agonist) placebo inhalers
- Brown (steroid) placebo inhalers
- Asthma leaflet
- 3 chairs
- Table for equipment
- Cleaning wipes
- Hand gel/wash