

Clinical Skills required in PLAB

Four skill areas in OSCE are judged. These are as follows:

- Clinical examination (four stations)
- Practical skills (two stations)
- Communication skills (four stations)
- History taking (four stations)

These will be discussed one by one below. In these 4 areas, managing long-term and acute conditions and patients in peri-operative and emergency situations, as well as palliative and terminal care is assessed.

Clinical Examination

Clinical examination: Ability to organize a physical examination of a simulated patient is assessed. The simulated patient would be an actor who is trained to show signs when needed.

Where a station comprises uncomfortable or intimate examinations anatomical models are used. In these stations:

- Do not speak to the model as this will gain no marks for doing so
- Tell the examiner what you are doing and why only when instructors asks you
- Do not perform any actions on an anatomical model that are unsafe or painful to a real person.
- You must be able to carry out any fundamental physical examination like examination of the abdomen, breast, chest, hand, heart, and joints, do a rectal or bimanual vaginal examination and use the correct equipment for the examination of the ear, eye or nervous system.
- Perform an examination or other procedure on a high-fidelity simulator that can be programmed to show normal and abnormal clinical signs.
- A role player may speak from outside the room by a microphone connected to the simulator.

Practical Skills

Ability to perform common practical procedures is assessed and treatment of a simulated patient or an anatomical model is asked for:

- Do not speak to the model

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- Tell the examiner what you are doing and why only when instructors asks you
- Do not perform any actions on an anatomical model that would be unsafe or painful to a real person

The practical skills include:

- Checking blood pressure
- Performing venepuncture
- Inserting a cannula into a peripheral vein
- Calculating drug dosage
- Giving intravenous injections
- Mixing and injecting drugs into an intravenous bag
- Giving intramuscular and subcutaneous injections
- Basic cardio-pulmonary resuscitation (adult and child)
- Suturing
- Interpreting an electrocardiogram (ECG), X-rays or results of other investigations
- Interpreting basic respiratory function tests
- Performing urinary catheterisation
- Taking a cervical smear
- Safe disposal of sharps

Communication Skills

Communication skills are tested by analysing the interaction between the candidate and another person, usually simulated patient or the examiner. The examiner checks the approach to the patient all throughout the examination, but in some stations communication will be the core skill for which marks are awarded.

Communication skills may include:

- Explaining diagnosis, investigation and treatment
- Involving the patient in decision-making process
- Communicating with relatives
- Communicating with health care professionals
- Breaking bad news

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- Seeking informed clarification for invasive procedure or getting consent for a post-mortem
- Handling anxious patients or relatives
- Giving instructions on hospital discharge
- Giving suggestions on lifestyle, health promotion or risk factors

While all stations last 5 minutes and the examiner assesses interaction with simulated patients, tasks such as breaking bad news should be finished within 5 minutes in the clinical environment. Complete judgement comes within the 5 minutes.

Speak to the simulated patient as if it is the first time you have seen them.

The examiners will be considering-

Approach to the patient.

- Familiarize yourself and elaborate or clarify the purpose of the consultation
- Be polite, respectful, non-judgemental and maintain the patient's dignity
- Be empathic and respect the patient's emotions or concerns and show sensitivity to potential pain

Explaining and advising

- Check what the patient already knows and wants to know
- Explain clearly at a level of detail and pace that the patient can follow
- Checking at intervals if the patient is understanding or has any questions
- Provide appropriate reassurance and handle any uncertainty well while refraining from false reassurance
- Not alarm the patient unnecessarily and be able to explain clearly the necessity for urgent action when showed
- Show attempts to check the patient has understood

Involving patient in the management

- Respect patient autonomy
- Help the patient to make a decision based on available information and advice
- Explain information and its implications clearly like benefits, risks and options so that patient is in a position to make informed decisions
- Avoid showing irritation towards the patient

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- Check the patient's understanding and feelings about the information
- Explain the decision

History Taking

It is highly important to take an accurate history from the patient and make a reasoned diagnosis if needed based on

- Patient's problem concisely and reasonable
- Listening carefully to the patient's symptoms as well as concerns
- Using clear language and question at a comfortable pace, refraining from interrogative questioning
- Taking any essential steps to check information and form the summary of understanding

Below mentioned are examples of symptoms with which patients might come:

- Diarrhoea
- Wheezing
- Vaginal bleeding
- Palpitations
- Abdominal pain
- Headache
- Anxiety
- Weight loss
- Joint pain
- Difficulty in swallowing
- Episodes of loss of consciousness.