

COMMUNICATION FEEDBACK GUIDELINES

Interviewing doctor:

Feedback from:

Date:

Patient problem:

Patient age: - Male / Female

Case complexity:

Task: OSCE - history; diagnosis; investigations; management; counsel the patient

(NB. see over for explanation of symbols and terminology)

	COMMENTS ON OBSERVING OSCE ROLE-PLAY AS IT HAPPENS
STRUCTURE/ORGANIZATION <ul style="list-style-type: none"> • Information gathering • Logical sequence • Transitions between tasks/phases & overall task management 	
INTERACTION <ul style="list-style-type: none"> • Non-verbal • Backchannels • Clarification • Turn-taking • Questioning • Interpersonal • Professional 	
WORD CHOICE <ul style="list-style-type: none"> • Medical and technical language • Everyday language X • Grammar, sentence structure 	
SPEECH CLARITY <ul style="list-style-type: none"> • Speech errors • Speech rate • Rhythm • Intonation • Stress • Vowels • Consonants 	
OTHER <ul style="list-style-type: none"> • Cultural aspects X • Clinical knowledge 	

OVERALL SUGGESTIONS

EXPLANATION OF SYMBOLS AND TERMINOLOGY

\sqrt	Done well; $\sqrt\sqrt$ done very well etc.
X	Needs attention; XX needs extra attention etc.
STRUCTURE/ORGANIZATION	
• Information gathering	Eliciting clinical information through listening, asking open and targeted, focused questions
• Logical sequence	Does the sequence of questions have a clear, logical progress
• Transitions between tasks/phases	The tasks (e.g. history, diagnosis, management, counseling) clearly addressed and distinguished; transitions between these tasks smooth; were all set tasks completed
INTERACTION	
• Non-verbal	Body language, e.g. eye contact, posture
• Backchannels	The little noises (e.g. <i>mm hmm, hmnn, yes, that's right</i>) that a listener makes while someone else is speaking, to demonstrate they're listening, and interested.
• Clarification	Interviewing doctor seeks further explanation when necessary (e.g. slang or cultural references)
• Turn-taking	Who speaks when: knowing when to continue, when to talk, when to finish
• Questioning	A mix of open questions (receiving a long answer) and closed questions (receiving a one-word answer)
• Interpersonal	<u>Empathy</u> : demonstrates sensitivity to the patient's emotional cues./feelings <u>Rapport</u> : ease between the patient and the doctor during the interview. <u>Respect</u> : adapts conversational approach (e.g. form of address, formality, or 'small talk') to patient
• Professionalism	Confident direction of the interview
WORD CHOICE	
• Grammar/sentence structure	Does the interviewing doctor make sense – is the language idiomatic
• Medical and technical language	Uses medical language appropriately for patient's understanding
• Everyday language	Can 'translate' medical language into appropriate everyday slang
SPEECH CLARITY	
• Rhythm	The rhythm of the language (the "beats"). Languages differ and in English stressed syllables should be louder, the others should be less prominent (e.g. say "less PROM-i-nent" not "LESS PROM-IN-ENT")
• Intonation	The pitch while speaking (e.g. usually questions rise at the end, statements don't)
• Stress	Like rhythm, but this refers to which syllables are prominent (e.g. not "prom-I-nent" or "prom-i-NENT", but "PROM-i-nent")
• Vowels	Are the vowel sounds accurate e.g. long "ee" sound in 'heat' not short "i" as in 'hit'
• Consonants	Are the consonant sounds clear to the listener, e.g. "v" in 'vein', and "w" in 'wane'
OTHER	
• Cultural aspects	Does a lack of cultural knowledge impact on communication
• Clinical	Does clinical knowledge for this station impact on communicative skill, e.g. lack of overall confidence in speaking