

FACULTY OF FORENSIC & LEGAL MEDICINE

of the Royal College of Physicians of London



Registered Charity No 1119599

Correspondence Address

Suite 416, 1 Alie Street
London E1 8DE

Email: forensic.medicine@fflm.ac.uk

Website: www.fflm.ac.uk

Sample OSPE

Candidates should note that the answers to questions were correct at the time the examination question was used but legislation may have subsequently changed such that some questions/answers may not reflect current legislation/practice.

Sample Station

Candidate Instructions

This is a 15-minute station.

You are a medico-legal advisor (MLA) on telephone duty. A general practitioner phones up for advice.

When you hear the telephone ring, pick up the handset and you should speak first. The doctor phoning for advice will wait for you to do so.

Additional notes for examiner:

Construct: This station assesses the candidate's ability to provide appropriate advice to an anxious and distressed doctor following the death of a young patient. This includes assistance about a witness statement for the coroner and guidance on how to approach the parents and the senior partner.

A=Outstanding, B=Very Good, C=Adequate, D= Marginal, E = Inadequate

1. Initial approach	A	B	C	D	E
2. Information-gathering: content	A	B	C	D	E
3. Information-gathering: communication	A	B	C	D	E
4. Information-giving: medico-legal advice	A	B	C	D	E
5. Management: practical advice	A	B	C	D	E
6. Information giving and management: communication	A	B	C	D	E
7. Rapport and Professionalism	A	B	C	D	E
8. SP mark	A	B	C	D	E

GLOBAL RATING	1	2	3	4	5	6
	CLEAR FAIL	BORDERLINE FAIL	BORDERLINE PASS	CLEAR PASS	VERY GOOD	EXCELLENT

Examiner feedback

1. Initial approach

Candidates should introduce themselves to the caller, check the caller's identity and ask on, without interruption.

2. Information-gathering: content.

Candidates should establish general details about the caller, including brief background, training, present position and general experience. They should check whether there have been any complaints about his professional judgment in the past.

Candidates are expected to elicit a detailed history in a chronological order bearing in mind that the caller is anxious. The history should include all relevant entries in the medical notes, correspondence and telephone memos. The candidate should ask for copies of the documents to be provided.

Candidates should establish whether other doctors (especially the senior/managing partner) have been involved and if so, what they have done and said.

Candidates should accurately summarise the caller's concerns namely (i) concern about missing the diagnosis and (ii) concern that the family is seeking to blame the practice and (iii) concern about senior partner's stance.

3. Information-gathering: communication skills

Candidates should use an appropriate mix of open and closed questions and avoid asking leading questions (assuming an answer). The candidate should also avoid asking multiple questions, or questions that use jargon.

Questions should be asked clearly, and the candidate should demonstrate active listening and picking up on cues, responding appropriately to questions or comments. The candidate should not make or imply any judgment on the acts/omissions of the caller.

Candidates should accurately summarise the doctor's concerns.

4. Information-giving: medico-legal advice

Candidates should provide information about the general purpose of the inquest and give guidance on how the caller should approach the parents of his late patient and how the caller should deal with his suspicions about the senior partner.

Candidates should explain to the caller that s/he should not jump to the conclusion that s/he was negligent in not considering a diagnosis of diabetes. S/he should be informed by the candidate that negligence may be a matter of expert evidence in due course.

Assess whether the candidate has provided all the information the caller requires.

Candidates should explore whether the Practice have had a significant event meeting and encourage them to do so to allow reflection on the care provided.

5. Management: practical advice

Candidates must remind the caller that s/he has a professional obligation to be open and to tell the truth, but that s/he is not under any duty to provide to the relatives any judgment such as whether s/he (or anyone else) should or should not have considered the diagnosis of diabetes.

Meanwhile copies of all the medical notes of the deceased and any other relevant communications should be sent in to the MLA.

Candidates should provide advice on writing the report and what to include and to send a draft in for review.

Candidates should advise that the senior partner should also seek his own MDO advice.

Candidates should discuss legal representation.

6. Information-giving and management: communication

Candidates should give information and advice clearly and sensitively, at an appropriate pace. They should be particularly careful to convey the importance of the advice being given without increasing the caller's anxiety. Dialogue should be encouraged. They should ensure that the doctor has understood the main points. The candidate should close the call appropriately, with an offer to make further contact as needed.

7. Rapport and Professionalism

Candidates should show interest and respect for the caller, demonstrating professional behaviour in terms of manners, empathy and sensitivity.

They should demonstrate a balance between an empathetic approach whilst providing firm advice that the concerns could be serious and merit careful response.

8. SP Mark

Consider: I thought the candidate understood how I was feeling; I did not feel judged; I felt as comfortable talking to this MLA as was possible in the circumstances. If you feel the candidate was unsympathetic and/or useless, then say so.