



Faculty of Forensic & Legal Medicine

General Forensic Medicine

Demonstration OSCE 2014

Station number:

Station name: Driver with Epilepsy

This is a 10-minute station

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It is 19.30 hours.

You are the duty Forensic Physician and have been called to the police station to see a detainee called Julie Mercer.

She was arrested this afternoon for driving a car with a defective brake light and has been detained in custody, as she was wanted on a Crown Court “no-bail” warrant for repeated previous offences. She is due to appear in court tomorrow.

The Custody Sergeant carried out a risk assessment questionnaire and learnt that she has epilepsy and is on medication.

Miss Mercer does not have her medication with her nor the name or the dosage.

Tasks

- Please assess Julie Mercer’s need for medication
- Address any other issues of concern arising during the interview with regard to public safety.

You do not need to examine the candidate

Station

Examiner Instructions

Station Name: Driver with epilepsy

Construct: This station assesses the candidate's ability to assess a patient with epilepsy and their need for medication and identify public safety risks of a driver with epilepsy.

The candidate has been given the following instructions:

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Additional Information for Examiners

If the Candidate indicates that he/she wishes to undertake a physical examination, please stop the Candidate; ask him/her what he/she wants to examine; record this; and advise the Candidate that the examination revealed no abnormalities.

If driving has not been identified as a public safety issue, please remind the candidate that the detainee is driving.

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Mark Sheet

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

| | | | | | |
|---|----------|----------|----------|----------|----------|
| 1. Initial approach to patient | A | B | C | D | E |
| 2. Information gathering: clinical content | A | B | C | D | E |
| 3. Information gathering: communication skills | A | B | C | D | E |
| 4. Information giving: clinical content | A | B | C | D | E |
| 5. Information giving: communication skills | A | B | C | D | E |
| 6. Rapport and professionalism | A | B | C | D | E |
| 7. 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 to patient

- Candidates should give an appropriate introduction including explaining their role and checks the name of the detainee and how she would like to be addressed. Confidentiality should be discussed. Candidates should explain what the interview is going to be about, and also let Julie know what they know or have been told up to this point. Candidates should acknowledge distress if appropriate.
- They should start with an open question and listen without interruption

2. Information gathering: Clinical content

- Candidates should elicit a brief history of Julie's epilepsy e.g. date of onset, type of seizures, investigations, frequency of seizures and when the last seizure occurred. Details of medication should be established, particularly when her last medication was taken and her adherence with her medication.
- They should ask about whether she has any other significant medical problems and whether she takes any other medications. They should also enquire about use of alcohol and recreational drugs.
- Candidates should ask about any personal circumstances that may be contributing to her non-compliance with medication, eliciting that. They should pick up cues about driving and explore her driving in some detail.

3. Information gathering/history taking: communication skills

- Candidates should use an appropriate mix of open and closed questions and avoid asking leading questions (assuming the answer) and multiple questions. Language should be clear and jargon either avoided or explained.
- They should demonstrate active listening, picking up cues, responding appropriately to the patient's replies and not repeating questions.
- Good candidates should be organized and systematic in their approach, demonstrating skills such as signposting and summarizing.
- They should respond appropriately to Julie's emotional state.

4. Information giving: clinical content

- Candidates should explain about the importance of compliance with medication.
- Candidates should advise that Julie should refrain from driving and explain why. They should explain about the legal position, informing the DVLA and Insurance Company and the consequences of not doing so.
- They should seek permission to inform the DVLA and the police that the detainee is driving and warns of the consequences of refusal of permission. Acknowledges that the driving issue is very difficult for Julie but explain that Julie would be eligible to apply to have her licence back if she remains seizure free for more than one year.

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5. Information giving: communication skills

- Information should be given in a clear and well paced manner in manageable amounts and understanding of main points checked. Candidates should encourage a dialogue with the person, rather than give a monologue.
- Candidates should negotiate a plan with the person if appropriate. Candidates should attempt

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to close the interview e.g. reiterating the next steps

6. Rapport and professionalism

- Candidates should show interest in and respect for the person. They should demonstrate empathy and sensitivity. They should use appropriate non-verbal communication (eye contact, appropriate use of touch, maintains comfortable distance from the patient).
- They should demonstrate professional behaviour in terms of manners, maintaining Julie's dignity and being non judgmental.

7. SP mark

- The doctor was considerate and seemed to understand how I was feeling. I felt as comfortable as was possible in the circumstances.

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Station: Driver with epilepsy Simulated patient Instructions

Background:

- Your name is Julie Mercer and you are 28. You are single and living alone in a bedsit. Your family live in Leeds but you have been down in the south for about 10 years. You are not close to either of your parents, who are divorced.
- You used to work in sales in a stationary suppliers and but were under stress as the company was not doing well. Along with a number of your colleagues you were made redundant nearly a year ago.
- You have been having a difficult time because you have had no work. You have applied for many jobs but never get even an acknowledgement. You now work in a 'Drive-thru' McDonalds out of town, but it is hard work for a minimum wage and you have struggled to make ends meet.
- Your long-term boyfriend finished the relationship about two months ago and you feel your life is starting go off the rails. He has gone off travelling.

Medical history

- You were diagnosed with grand mal epilepsy when you were 16 years old. This is the kind of epilepsy where you have major seizures. This started out of the blue – there was nothing that preceded it like a head injury. You underwent extensive investigation after the diagnosis. Apart from the EEG (electroencephalogram), which confirmed the diagnosis, no other abnormalities were found.
- You were prescribed Epilim 500mg twice daily (see below about what you can disclose about your medication).
- You were last seen at the local hospital in the Neurology clinic about a year ago and until recently were seizure-free.

The last month

- You drink the odd glass of wine, once or twice a week after work. You do not use any recreational drugs.
- You have been missing doses of your Epilim, and have not taken any for 3 days now. You have had **2 seizures recently** – one nearly 4 weeks ago and the second one 2 days ago. Both were daytime "Grand Mal" fits and you were unconscious for about 2-3 minutes as best you can tell. You have not told anyone about them.

This evening

- In the past few months, you have been caught shoplifting 3 times – mainly food and clothes. You were supposed to have appeared a month ago on a shoplifting charge but didn't go to court. You couldn't face it.
- You were stopped by the police driving today because you had a defective brake light, which was when the police realised that there was a 'no-bail' warrant out for you. The police arrested you and brought to the Police Station. They will be holding you in custody overnight to appear in court tomorrow.

- The Sergeant did a risk assessment questionnaire on you and you told him that you have epilepsy but do not have medication on you.
- This whole thing feels like a nightmare and you are really upset. You are also frightened that you will have to go to prison.
- The doctor needs to assess your epilepsy status as s/he will need to prescribe medication for you to take while you are in custody. You can respond to any questions about your epilepsy but you can't properly remember the name of your medication. Say 'It's epi or epa something' and if asked, say it is "dark pinky tablet sort of thing". You aren't actually sure of the dose but you know it is quite a high one. You can confirm that it's Epilim after being prompted or suggesting "chrono".
- Be vague about your recent seizures to the doctor unless specifically asked about whether you have had any. You just can't remember to take the medication for some reason and you are working an evening shift at McDonalds so are often don't wake in the morning to take your medication.
- The main challenge in this station is that you are driving – you borrow a friend's old banger because it is difficult to get back from work very late at night when you finish your shift. **You need to drop a hint about driving as early as possible in the station** e.g. 'McDonalds drive thru – it's horrible. I'd just like to drive through and out the other side'.
- Then drop another hint if this is not picked up. 'Even driving I just get back so late. I get really tired'. However, candidates are told in their instructions that you were pulled over for a defective brake light, so hopefully you will not need to drop hints that you drive!
- You know you should not be driving but can't think how you will manage otherwise.
- The main aim of the station is for the candidate to discuss with you the danger of driving when you have had a seizure within the last year.
- You are insured on your friend's car and you have a clean driving licence. The issue is the seizures and in fact if you do not stop driving voluntarily, the doctor has a duty (in the public interest) to inform the DVLA or to inform the police to inform the DVLA.

You will be asked to mark the candidate on one item on a scale of

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

- The doctor was considerate and seemed to understand how I was feeling. I felt as comfortable as was possible in the circumstances

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Equipment List

- Table,
- 3 chairs,
- Paper, pens.