



## OSCE communication performance indicators

	Communication indicators demonstrating competence	Communication indicators <u>not</u> demonstrating competence
<b>Relating to the patient/ Fluency</b>	The trainee acknowledges any patient concerns and is empathetic and but not patronising.	The trainee shows little or no empathy towards the patient and/or is patronising.
	The trainee reassures the patient where appropriate.	The trainee does not reassure the patient or is overly reassuring when this is not appropriate.
	The trainee is confident, fluent and logical.	The trainee is unconfident and/or very hesitant and/or illogical to the point where the patient loses confidence in the practitioner.
	The trainee displays positive body language and maintains good eye contact.	The trainee displays negative body language.
	The trainee is professional.	The trainee is unprofessional/overly casual.
	The trainee is polite.	The trainee interrupts the patient.
	The trainee introduces themselves.	The trainee frightens and/or confuses the patient unnecessarily.
<b>Explaining and advising</b>	The trainee makes the patient aware of all options available to them, if necessary.	The trainee does not involve the patient in making decisions about their care.
	The trainee speaks clearly.	The trainee is unclear.
	The trainee uses language the patient can understand.	The trainee uses jargon so the patient cannot understand the information.
	The trainee communicates correct information.	The trainee communicates incorrect/unsafe information.
	The trainee checks the patient has understood the information provided and clarifies the next steps the patient should take. The trainee summarises information for the patient to help them understand.	The trainee leaves the patient confused and unsure of the next steps.
	The trainee is able to change their language and communication style to meet the needs of the patient.	The trainee uses inappropriate language and communication style for the patient.
<b>Listening and questioning</b>	The trainee asks relevant questions.	The trainee asks lots of irrelevant questions.
	The trainee questions the patient thoroughly using a range of different question types to discount other possible diagnoses.	The trainee asks too narrow a range of questions to effectively discount other diagnoses.
	The trainee is adaptable in their history taking and listens to the patient's responses.	The trainee does not listen to the patient or adapt their subsequent questions based on the previous answers of the patient.