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Early Clinical Exposure and Safe Handover

Practical 03 / Communication role-play

Aim

Link a clinical observation to basic science and give a concise supervised handover.

Principle

A useful handover separates the immediate situation, relevant background, assessment and requested action. Early clinical exposure links an actual observation to anatomy, physiology or biochemistry.

Materials and Requirements

- Fictional bedside case and observation sheet
- Structured handover card

Procedure

1. Confirm the role, consent and supervision for the encounter.
2. Verify whom to call and the scope of student observation. Review the fictional record without transferring identifying information into the learning sheet.
3. Record the chief concern, a measured observation and two relevant context points.
4. Ask a focused question about onset and course. Record the measured observation with units and time and note the person's baseline or relevant comparison.
5. Link one finding to a basic mechanism and identify one item that still needs clarification.
6. Separate reported symptoms, observed signs and your own interpretation. State one plausible mechanism and collect a finding that would help test it if safe.
7. Practise a brief handover using situation, background, assessment and recommendation and confirm the receiving listener understood the request.
8. Give the patient or case identifier, immediate situation, relevant background and brief assessment. Make an explicit request with urgency, such as review now for a changing observation.
9. Ask the receiver to confirm the request and record the receiving person, time and action. Alert the supervisor immediately if the urgent contact cannot be reached.

Precautions

- Escalate real signs of instability immediately.
- Keep assumptions and measured facts separate.

Observations and Interpretation

Early Clinical Exposure and Safe Handover

Observations and Record

Item	What to record	What it tells you
Situation	Present concern and acuity	Explains the immediate purpose
Assessment	Observed finding and plausible mechanism	Distinguishes observation from inference
Recommendation	Named next action and recipient	Makes follow-up explicit

Worked Example

In a fictional breathlessness encounter, describe the measured respiratory rate and timing first. Explain that the cause remains uncertain and request the supervisor's assessment.

Result and Interpretation

Complete one de-identified encounter and a short reflection linking the observation to the basic sciences.

Viva Questions and Answers

What does SBAR stand for?

Situation, background, assessment and recommendation.

Why ask for closed-loop confirmation?

It verifies who heard the request and who will act.

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