



# INTERNATIONAL JOURNAL OF CLINICAL SKILLS



**A Peer Reviewed International Journal for the Advancement of Clinical Skills**  
- *'docendo ac discendo' - 'by teaching and learning'*



In this issue:

Involving patients as educators: adding value to clinical experience

Emergency department ultrasound

Examination of the cardiovascular system

Medical student theatre etiquette course

The OSCE: a marathon, not a sprint!

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The International Journal of Clinical Skills looks forward to contributing positively towards the training of all members of the healthcare profession.

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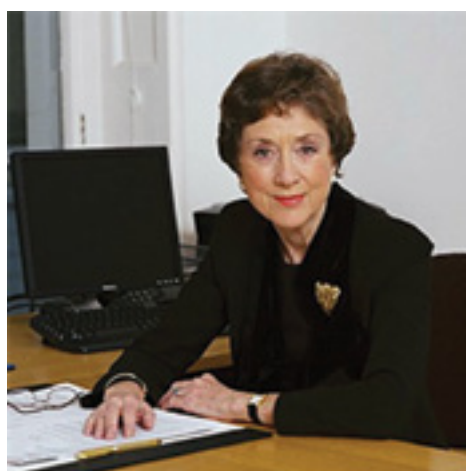
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# Foreword

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## Chairman of the Academy of Medical Royal Colleges



The searching reappraisal of almost every element of health care that we have seen in recent years has brought challenges and stimuli to all who have a part in this enterprise. Ultimately, the quality and safety of patient care depend upon the professionalism of people of many disciplines who have a responsibility to deliver that care, and therefore upon the quality of their education and their training and the ability to exercise their clinical skills and competences at the highest possible level in practice.

The mission of the International Journal of Clinical Skills is to support and promote that professionalism and I wish it growing success.

A handwritten signature in black ink, which appears to read 'Carol Black'.

**Professor Dame Carol Black DBE FRCP FMedSci**  
**United Kingdom**

# Confirmation of death

*‘Because I could not stop for Death – He kindly stopped for me – The Carriage held but just Ourselves – And Immortality.’ Emily Dickinson (1830-1886)*

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## Keywords:

Death  
Confirmation  
Bereavement

## Abstract

Death is often an emotional ordeal for family and friends of the deceased, as well as for the junior doctor involved, who is often overlooked in this situation. Despite the circumstances, it is important that a thorough examination of the patient is conducted in order to complete relevant documentations, such as the death certificate and cremation forms, and avoid unnecessary delays in funeral preparations which could cause needless and perpetuating grief for the family.

## Introduction

Death is a distressing ordeal for everyone involved, especially so for family and friends. However, doctors and medical students alike are not immune from the emotions death draws when dealing with the deceased. Despite the fact that medical students are exposed to the medical and surgical wards from an early stage in their medical course, very few experience first hand the bereavement of losing a patient. For this reason, students or junior doctors when confronted with a deceased patient, may panic or be intimidated by the situation and therefore fail to perform a proper and methodical examination of the patient to confirm their death. This can lead to simple mistakes and omissions when completing relevant documentations, including the patient's notes as well as his or her death certificate, which may result in unnecessary hold-up and delays in the funeral preparations that the family of the deceased were preparing, fermenting needless and avoidable grief. In this article we hope to explain how one should perform a systematic examination of a deceased patient to confirm their death.

## Confirming death

Before proceeding to the patient, it is important to firstly elicit details of the circumstances of the patient's death, by consulting the nurse over the time of death and who witnessed it. Commonly the junior doctor is not the first person on the scene but rather it is their colleagues, the nurses, who are first to be aware of a deceased patient.

Obtain and read through the patient's hospital notes looking for the patient's presenting diagnosis, previous medical history, drugs and resuscitation status. These can provide tell-tale signs and can often point towards a possible cause of death.

As you enter into the patient's cubical ensure that the curtain is drawn round to maintain the patient's dignity. It would be undignified for the deceased patient to have prying eyes from other patients or members of staff as you examine and confirm the patient's death.

Confirm the patient's identity by looking at his or her wrist band for their name and hospital number. This is commonly overlooked by junior doctors and may lead to unfortunate consequences. It is very easy for a doctor to misidentify a patient by reading or being handed the wrong set of notes, or to assume the name printed on the board above a patient's bed corresponds to them. Such an assumption can be catastrophic if it ends up with a death certificate being issued for a living, breathing patient!

Treat the examination of the patient as you would for any other, and try not to be intimidated by the situation. If necessary take a few deep breaths, collect your thoughts and approach the patient. Utilise the following systematic approach so that you do not miss any important details which may mean you have to return and re-examine the patient. Ensure that you have all equipment that you may use to aid your examination, such as a stethoscope, torch-light and ophthalmoscope.

### Inspection

Observe the patient's general appearance noting the body's colour, lack of physical movement and the absence of any respiratory effort.

Inspect the eyes looking for fixed dilated pupils. Check for a light response, direct and consensual reflex, noting the absence of these features. If you were uncertain of death you could request for an ophthalmoscope to examine the patient's fundi for tracking or 'rail-roading' by inspecting the retinal veins.

### Palpation

Elicit a lack of response to a painful stimulus such as sternal rub or pressure on the nail beds. This is often unnecessary, especially if performed in front of the patient's family or friends and can be interpreted as showing lack of respect. Providing a verbal stimulus can be equally acceptable.

Palpate the major pulses of the patient including the carotids and femoral arteries, checking both sides for 1 minute.

### Auscultation

Auscultate over the precordium listening for heart sounds for 1 minute and then over the lung areas for breath sounds for 3 minutes. Note the absence of any sounds.

### Additional points

Note either from your examination, or from the patient's notes, whether s/he had a pacemaker fitted or had any radioactive implants. This is because such devices pose a danger to others if the patient is to be cremated.

### Patient's notes

Document the patient's death by first writing in the patient's notes. Note the date and the time at which the death was declared. This is important as it will later be documented on the patient's death certificate. Print your name, job title and bleep number in the notes and sign it.

Table 1: Example of documentation

*Pupils fixed and dilated,  
No spontaneous respiratory effort,  
Absent breath sounds (3 minutes) and heart sounds (1 minute).  
Note: no pacemakers or radioactive devices were found*  
**Date of death:** 01.05.2009  
**Time of death:** 12:00  
**Signed by:** Dr Example  
**Job title:** F2 doctor  
**Bleep no:** 101

### Post mortem

Liaise with senior colleagues when considering a post mortem. It is important to establish the precise cause of death, as this could aid the bereavement process for the family. Do remember not all deaths require a post mortem. A general rule is that death by an unknown or suspicious cause requires referral to a coroner. Other causes for referral include if the patient was not seen by a doctor 14 days before death, the death was caused by medical treatment, the death occurred within 24 hours of admission or it was caused by either a domestic, industrial or road traffic accident.

Complete a death certificate confirming the patient's death citing the causes involved.

### Relatives

Inform the next of kin of the patient's death. If the patient's family were not present at the time of death, obtain a contact number from the patient's notes and inform them personally. Some junior doctors hesitate talking to the bereaved relatives and may delegate their responsibilities to the nurses. However, more often than not the families wish to speak to you to ascertain the facts. If the next of kin are present in the hospital, do not be frightened to speak to them, as despite being distressed by the ordeal they are often psychologically prepared for the breaking of bad news. Take them to a private room and offer them a comfortable surrounding. Allow them to relax and be at ease before breaking the news that their relative has passed away. Show some understanding and remain empathetic throughout.

If you find an appropriate time near the end of the discussion, consider discussing with the family their intentions with the body, such as if they want it to be cremated, and if appropriate, whether they are willing to consent to a post mortem. These topics may be too difficult to approach in just one sitting, especially if the death occurred suddenly and without warning. Consider making another appointment to discuss their intentions over these matters.

For completeness inform the patient's GP of the death. This will allow the GP to discuss and guide the family safely through the bereavement process.

### The doctor's grief

Don't forget to deal with one's own emotions. It is often assumed that doctors should 'buckle up and get on with it' despite what emotions their job can throw at them. However, such assumptions are false. Death of patients can affect doctors as much as the patient's relatives. Such an experience can leave us harrowed and ashamed and trigger our own personal fears.

Do not feel embarrassed to seek advice or support from seniors who are more than willing to listen to your concerns. If you feel it is necessary, consider consulting your clinical advisor or a trained counsellor to explore your feelings and emotions.

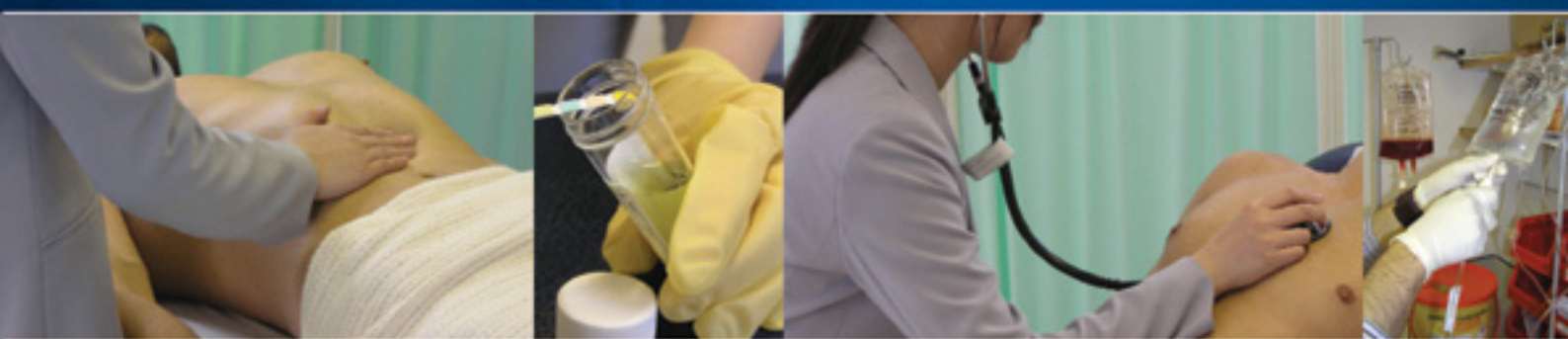
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- History taking skills
- Communication skills
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# Clinical Skills Notice Board

This section of the Journal can be used by Clinical Skills Centres, and other members of the healthcare community, to relay important messages or key dates across the International clinical skills community.

For further information please contact the Editor at [editor@ijocs.org](mailto:editor@ijocs.org)

## 2-6 May 2009

2009 Canadian Conference on Medical Education (CCME, Edmonton, Alberta, Canada  
[www.mededconference.ca](http://www.mededconference.ca)

## 13-14 May 2009

The 5th Annual World Health Care Congress Europe, Brussels, Belgium  
[www.worldcongress.com/europe](http://www.worldcongress.com/europe)

## 14-15 May 2009

BEME Conference (Best Evidence Medical Education), Warwick, UK  
<http://www.amee.org/index.asp?lm=115>

## 17-22 May 2009

Harvard Macy Institute Program for Educators in the Health Professions, Boston & Cambridge, MA, USA  
[www.harvardmacy.org](http://www.harvardmacy.org)

## 20-22 May 2009

Collaborating Across Borders II (CAB II), Halifax, Canada  
[www.cabhalifax2009.dal.ca](http://www.cabhalifax2009.dal.ca)

## 27-29 May 2009

eLearning Africa, Dakar, Senegal  
[www.apbam.org](http://www.apbam.org)

## 5-6 June 2009

First International Conference on Virtual Patients, Krakow, Poland  
[www.icvp.eu](http://www.icvp.eu)

## 11-13 June 2009

RCN Beyond the borders: International nursing education in the 21st Century, Glasgow, Scotland, UK  
Contact: [holly.peppiatt@rcn.org.uk](mailto:holly.peppiatt@rcn.org.uk)

## 11 June 2009

15th annual meeting SESAM (Society in Europe for Simulation Applied to Medicine), Mainz, Germany  
<http://www.sesam-web.org>

## 14-19 June 2009

Harvard Macy Institute Program for Leading Innovations in Health Care and Education, Boston, MA, USA  
[www.harvardmacy.org](http://www.harvardmacy.org)

## 21-24 June 2009

Association of Standardized Patient Educators (ASPE) 8th Annual Conference, Las Vegas, USA  
[www.aspeducators.org](http://www.aspeducators.org)

## 24-25 June 2009

3rd UK Simulation in Nursing Education Conference, University of Glamorgan, Wales, UK  
[http://www.meti.com/uk\\_simulation\\_conference.htm](http://www.meti.com/uk_simulation_conference.htm)

## 29 June to 3 July 2009

IAMSE 2009 Conference (International Association of Medical Science Educators), Leiden, Belgium  
<http://iamse2009.wikispaces.com/>

## 1-4 July 2009

3rd International Clinical Skills Conference, Prato, Tuscany  
<http://www.internationalclinicalskillsconference.com>

## 10 July 2009

3rd Children & Young People's Nursing Clinical Skills Conference Grounds of St Cadoc's Hospital, Caerleon Campus, Cardiff School of Nursing and Midwifery Studies, Cardiff, UK  
<http://cardiff.ac.uk/sonms/newsandevents/events/nursing-clinical-skills-conference.html>  
E-mail: [clarkedj@cardiff.ac.uk](mailto:clarkedj@cardiff.ac.uk)

## 15-17 July 2009

ASME - Medical Education in Pursuit of Excellence, The Royal College of Physicians of Edinburgh, Scotland, UK  
[http://www.asme.org.uk/conf\\_courses/2009/asm.htm](http://www.asme.org.uk/conf_courses/2009/asm.htm)

## 29 August 2009

AMEE 2009 Conference, Malaga, Spain  
<http://www.amee.org>

## 10-11 September 2009

Scottish Clinical Skills Network 9th Annual Meeting, University of Glasgow, Scotland, UK  
<http://www.scsn.scot.nhs.uk>

## 16-19 September 2009

15th Wonca Europe Conference, Basel, Switzerland  
[www.woncaeurope2009.org](http://www.woncaeurope2009.org)

## 24-26 September 2009

The 2009 International Conference on Residency Education (ICRE), Victoria BC, Canada  
<http://rcpsc.medical.org>

## 28 October - 2 November 2009

The Third International Conference on Medical Education, Khartoum, Sudan  
[www.edc.edu.sd](http://www.edc.edu.sd)

## 5 - 7 November 2009, Glasgow

UK Royal College of General Practitioners (RCGP) Annual National Primary Care Conference, Excellence in Practice: winning ways for primary care, Glasgow, UK  
[www.rcgpannualconference.org.uk](http://www.rcgpannualconference.org.uk)

## 6-11 November 2009

AAMC 2009 Annual Meeting (Association of American Medical Colleges), Boston, USA  
[www.aamc.org/meetings/annual](http://www.aamc.org/meetings/annual)

## 16-20 May 2010

Ottawa Conference, Miami FL, USA  
[www.ottawaconference.org](http://www.ottawaconference.org)

## 4-8 September 2010

AMEE 2010 Conference (Association for Medical Education in Europe), Glasgow, UK  
<http://www.amee.org>