OSCE 14

Candidate Information

You are the duty consultant at a large rural referral hospital. You receive a phone call from a rural GP colleague from a satellite hospital approximately 90 minutes away by road.

A 50 year old lady with a history of hypertension, dyslipidaemia, depression and chronic pain has been brought to his emergency department after deliberately taking an overdose of amitriptyline tablets. She has been found with 50 X 25mg tablets missing from her usual dosing regimen.

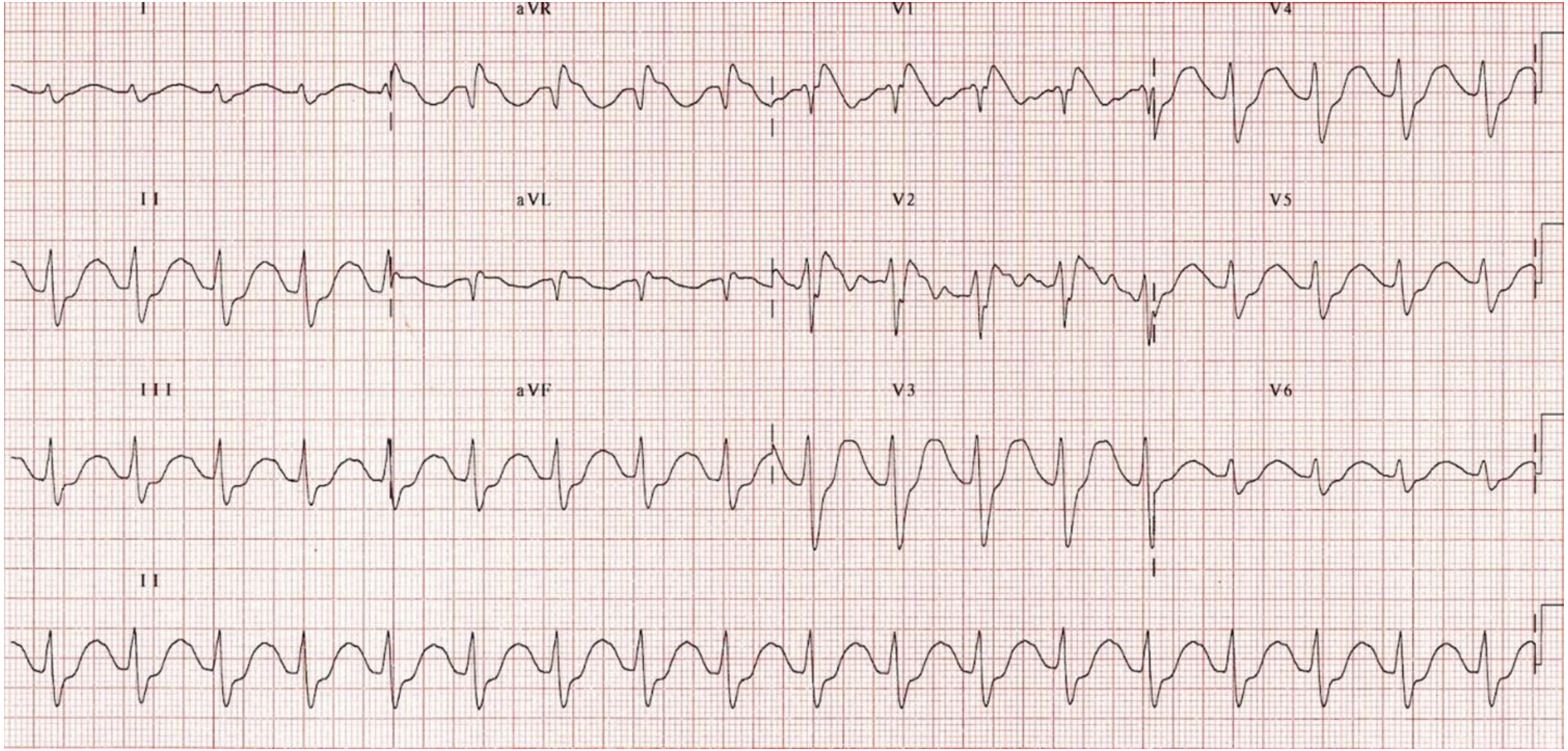
She admits to taking them about 1 ½ hours ago and was upset and remorseful on presentation 30 mins ago. She was initially alert and emotional, she was tachycardic and mildly hypertensive at 160 mmHg systolic, she is now drowsier and BP is 120 mmHg systolic.

The GP has secured IV access, baseline VBG which has a normal pH and an ECG shown below.

He is keen to call and ambulance to secure urgent transfer to ED as he is aware that there may be problems with this sort of overdose.

Your task is to talk him through initial management and transport options.

You have a retrieval team available with activation time of 30 mins, ground transfer time of 90mins each way or a helicopter that takes 45 mins to activate and will be there in 15-20 mins.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Marking Criteria

Medical expertise:

- Recognises seriousness of overdose
- Checks initial stabilisation management with appropriate monitoring (12 lead ECG etc)
- Performs distinct risk assessment
- Decides on dedicated retrieval rather than ambo transfer as will deteriorate en route
- Interprets ECG as significant TCA OD with risk of VT and seizures
- Prompt Rx with crystalloid 20ml/kg boluses, 100mEq (or 2mEq/kg) sodium bicarb can be repeated until VBG shows pH >7.5, then lignocaine 1.5mg.kg is indicated if still broad.
- Seizures require benzos
- Intubation of GCS drops significantly the hyperventilate
- ECG monitoring
- No role for charcoal
- No enhanced elimination.

Communication:

- Assess baseline knowledge
- Clear and concise instructions
- Explains risk assessment clearly and explains why dedicated retrieval is required
- Is supportive throughout
- Checks that recipient has understood the plan

Health Advocacy

- Starts the retrieval process by asking retrieval to dial into the consultation + ICU

Professionalism

- Supportive of colleague in a tricky position
- Advocates for patient throughout

OSCE 6

- **Scenario:**
- You are a consultant in a tertiary ED, and your junior registrar comes to ask you for help regarding the assessment and management of a patient.
- The registrar has seen a 67 year old lady who has woke up this morning and was noted by her husband to have weakness of the left side of her face. She describes heaviness of the left side whilst brushing her teeth.
- On examination she has noticeable weakness of the L side of her face.
- The registrar has not elicited any other neurological abnormality.
- This is a standardised case base discussion.
- Please discuss how you would differentiate a Bells Palsy from a central lesion.
  - Domains being examined
  - Medical Expertise
  - Communication
  - Scholarship and Teaching

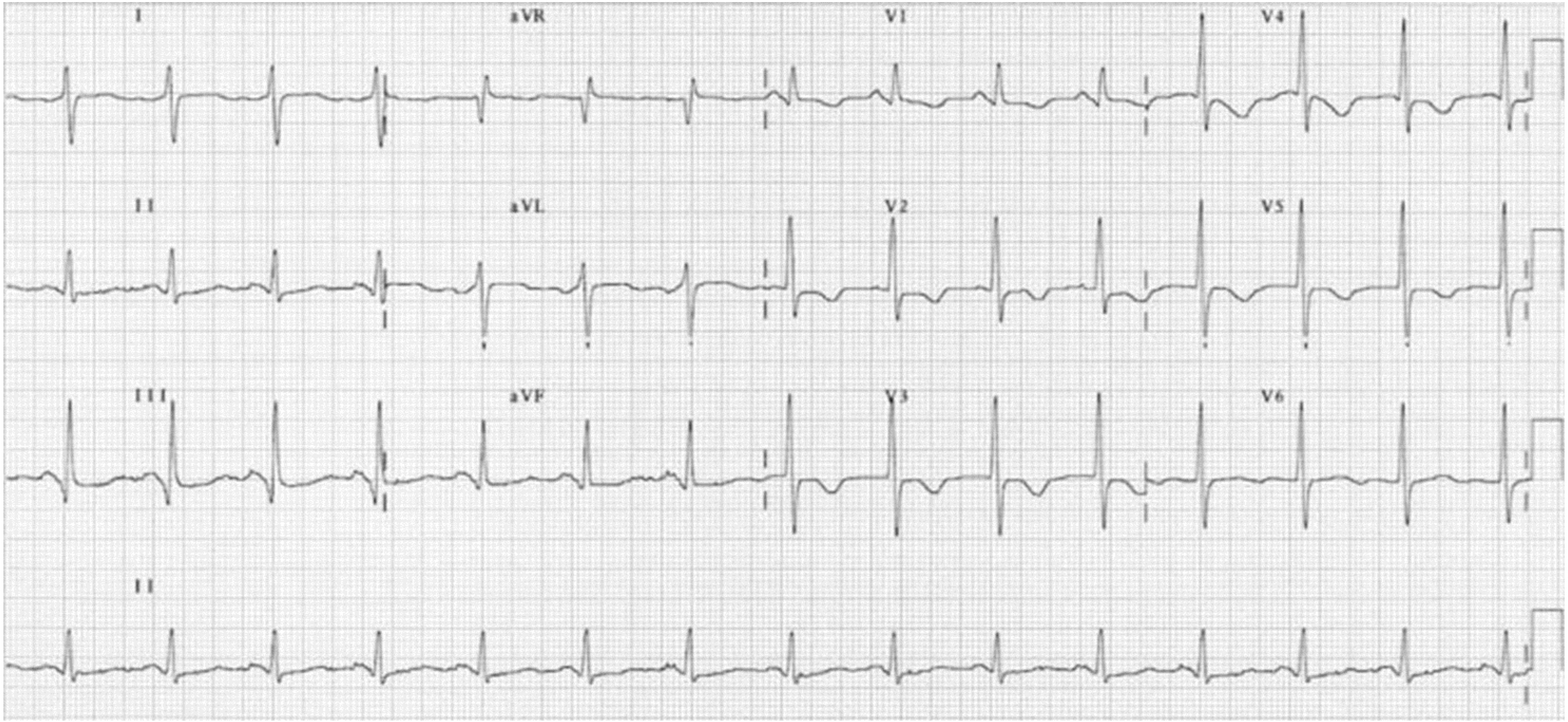
OSCE 23

Candidate instructions

~~You are the consultant in charge of the shift at a large urban ED. Your intern has asked to present a~~ patient to you that he/she has just seen.

The intern who has a patient Mrs Pearson who he thinks might have a PE. He approaches the you with the question of whether he should perform a D Dimer.

He has given you an ECG and the patient is getting a chest xray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OSCE 2

Candidate Information

Doctor Jones is a PGY3 junior doctor who wishes to discuss a patient with you. The history is as follows:

You are at your rural base hospital, it is 11 am on a Wednesday.

The patient, Joan, is a 67 year old lady who is currently in an acute cubicle. She has presented following a simple trip and fall. She has a painful and deformed R wrist.

The patient has of medical history of significance and last ate at breakfast time (0700hrs)

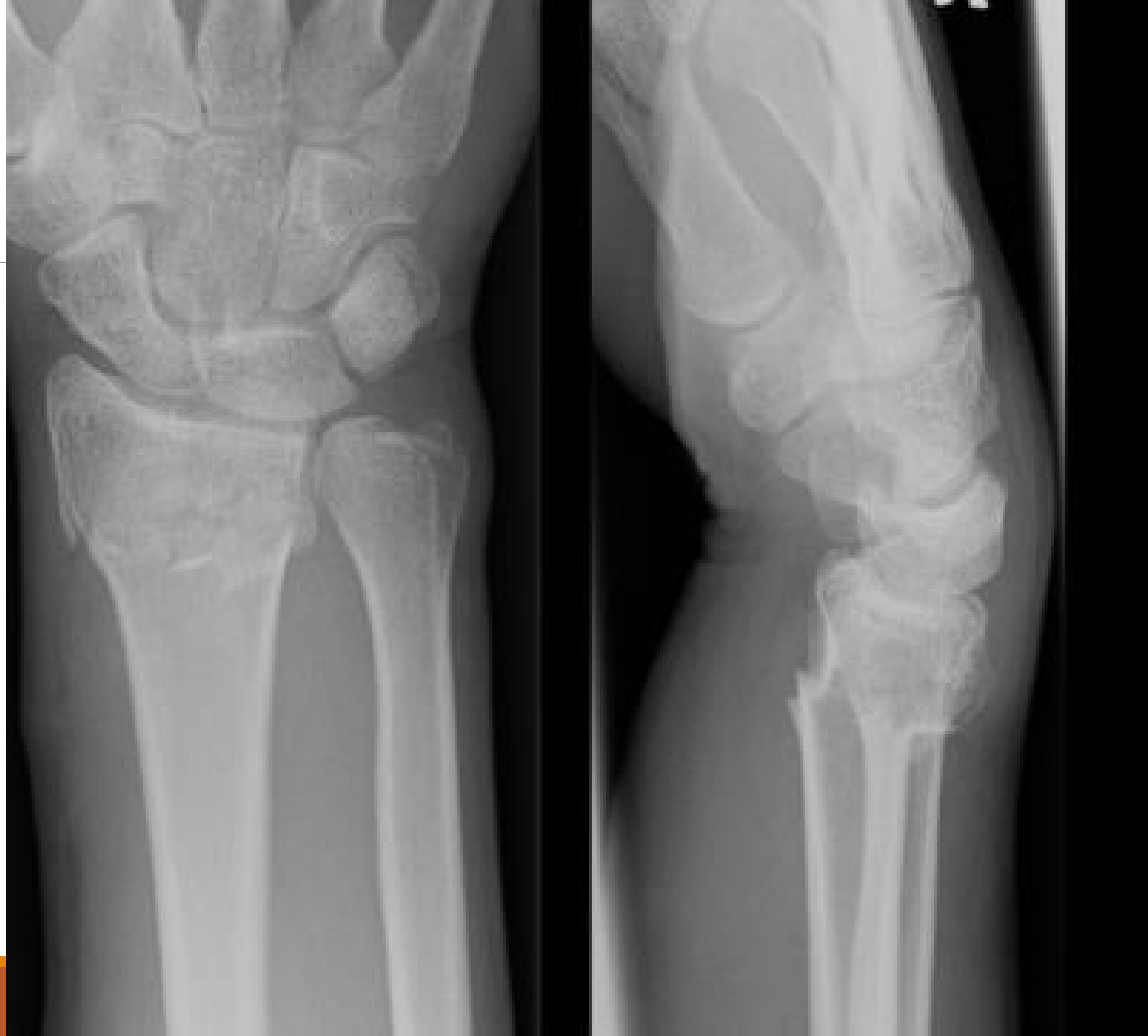
Your tasks are to:

- Discuss the history and presentation and Xray
- Discuss the options for anaesthesia during reduction of the fracture.
- Discuss the procedure for the chosen anesthetic option for reduction with the junior doctor.

You are not required to take a further history.

This OSCE will assess the following domains:

- Medical Expertise
- Scholarship & Teaching



Marking Criteria

Domain	Criteria for High Rating
Medical Expertise	**Options for Anaesthesia** Biers Block Sedation (axillary approach brachial nerve block, general anaesthetic, haematoma bloc) Good understanding or pros and cons States a firm preference and gives good reasons **PROCEDURE** Equipment, Staffing, Consent,Staff briefing, Drug choices, Monitoring, The procedure, The recovery, Discharge criteria and instructions, Discharge meds, Follow up All need to covered with details of drugs, routes doses, timings and what to watch for. A good candidate will also identify what can go wrong, frequency and how to prevent or prepare for it
Communication	• Builds rapport with the registrar • Asks clear and focused questions about the student's assessment of the patient • Teaches the registrar about the technique • Uses appropriate non-verbal communication, • Uses appropriate use of language and words
Scholarship and Teaching	• Teaches the registrar options and their indications/contraindications • Teaches the registrar about to perform the procedure • Answers questions from the registrar • Asks the registrar to paraphrase/repeat to ensure intern has retained/learnt information

OSCE 10

Candidate Instructions

You are the on call consultant at a large district general hospital in a tropical desert region. It is summer and 45+ degrees out.

The registrar tells you that this 45 year old obese, NIDDM lady from out of town visiting her daughter arrived this evening having driven for 2 days in a car whose aircon had failed on day 1. She had at her daughters house stating that she was very thirsty and hot with a terrible headache. She had drunk 2 600ml bottles of water on arrival and had a cold shower til she felt cooler. She told her daughter that she had been drinking coke to keep herself awake and hydrated.

Her headache had worsened to worst ever and her daughter put her in the car to drive to the hospital. En route the patient started to seize and her daughter pulled over and called for an ambulance.

On ambulance arrival she was postictal with GCS stated as 9.

On arrival in ED she starts to seize again

This is a standardised case based discussion.

Domains to be assessed:

Medical expertise

Communication

VBG 1

pH	7.18
pO2	60
pCO2	37
HCO3	18
Lact	9
Na	96
K	3.0
Cl	96
Gluc	12
Creat	120

Instructions for examiner

Please outline your initial resuscitation and management of this seizing patient

What differentials do you have

What investigations might be available now

If they fail to ask for a gas they may be prompted

Gas interpretation sould identify htponatraemia

Marking Criteria

Domain	Criteria for High Rating
Medical Expertise	• Appropriate list of DDx including ICH, metabolic causes, toxidromes, cardiac • Recognition critical hyponatraemia • Treatment of hyponatraemia • Appropriate interpretation of VBG • List of appropriate investigations • Recognises coke as free water so hyponatraemia likely.
Communication	• Introduces self to resus team. • Takes appropriate handover and takes control • Asks where daughter is and asks for her to come back in when she returns •

OSCE 18

CHEST DRAIN

CANDIDATE INSTRUCTIONS

You are working as a consultant in a tertiary centre.

A patient has presented with a >50% right sided pneumothorax post trauma. There are no other injuries and the patient is stable.

The patient will need a chest tube inserted.

Your junior registrar, wishes to perform the procedure, but although he has seen it done has never performed one himself.

You are required to explain the procedure to your registrar.

You will be assessed on:

1. Your knowledge of the procedure and underwater drain placement including underwater seal.
2. Your communication
3. Your delivery of teaching

The OSCE covers the domains of:

Medical Expertise

Communication

Scholarship and Teaching

Marking Criteria

Domain	Criteria for High Rating
Medical Expertise	• Informed consent • Ensure patient understands why performing procedure
	• Position, aseptic technique, local anaesthetic • Chest tube in- small 24 for air 32 large for blood • Aim at 5th intercostal space anterior to the mid axillary line • Cut generous 4cm • Blunt dissect down to above ribs and into pleural space • Should hear a woosh, put finger into space and sweep to ensure empty • Leave finger in to ensure tissue plane alignment • Pass tube using forceps(can mention Pollards) • NO TROCAR • Put mattress suture in • Secure in with other sutures and sandwich oppsite (occlusive dressing) **3 bottle system:** **Bottle 1= Fluid Collection bottle** **Bottle 2= Underwater seal** **Bottle 3= Pressure regulating bottle- allows suction to be connected**
Communication	• Builds rapport with the registrar • Asks clear and focused questions about the student's assessment of the patient • Teaches the registrar about the procedure • Uses appropriate non-verbal communication, • Uses appropriate use of language and words
Scholarship and Teaching	• Teaches the registrar about chest tube insertion • Teaches the registrar about 3 bottle system • Answers questions from the registrar • Asks the registrar to paraphrase/repeat to ensure intern has retained/ learnt information

OSCE 21

Candidate Information

You are a FACEM on a paediatric emergency shift in an urban district hospital. The ED registrar is concerned about a fracture that they have discovered in a 6 year old boy. There is an Xray that you may review on request

The parent of the child states that the child fell from a trampoline today and has refused to weight bear since. His story has changed a few times and he is guarded in his reponses. The child has never been to your hospital before and the family recently moved from interstate. No disclosed PMH/Meds/Allergies. Normal birth. Lives with Mum (Lara) who is on holiday in Bali and Dad (Kevin) who is currently unemployed. No disclosures of drug or alcohol abuse in the household. Detailed examination revealed a withdrawn child with 3 large bruises on the their back, a temporal haematoma and a swollen left knee. Observations, including GCS, are normal.

When the registrar raised concerns about the nature of the injuries, the father became verbally aggressive and swore at the registrar before stating that he wants to leave with the child before treatment is complete.

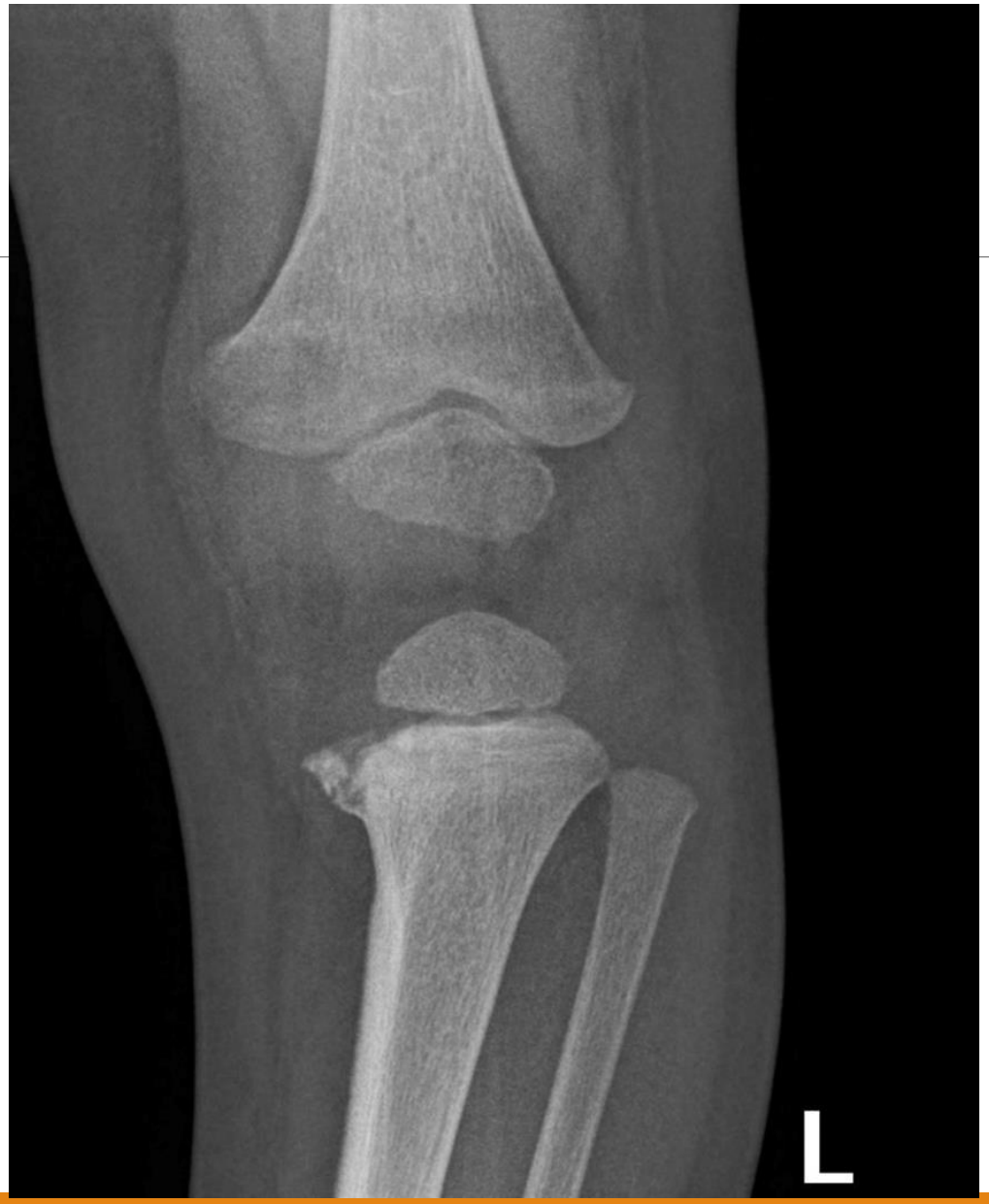
The child is well analgesed, is safe with his grandma and is being reviewed by the paediatric and orthopaedic registrars currently in another area.

Assume there is a security staff member at the door of the room

Your task:-Talk to the father and explain the situation and necessary next actions

-Answer any questions that the father may have

Domains Tested
- Communication (50%)
- Medical Expertise (30%)
- Prioritisation and Decision Making (20%)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Domains Tested
- Communication (50%)
- Medical Expertise (30%)
Prioritisation and Decision Making (20%)

Marking Criteria

Medical Expertise

- Explain that the injuries are inconsistent with the stated cause
- Explores whether someone else could have
- Explain the metaphyseal corner fracture will require immobilisation and pain relief
- Need for CXR/skeletal survey/possibly brain CT for ?post rib fractures/ICH
- Need for analgesia
- Need for coordinated paediatric and orthopaedic management of known injuries
- Offers support with SW

Communication

- Introduces self
- Non-threatening stance
- Allows parent to speak and doesn't interrupt
- Sits down to encourage the same
- Attempts to verbally deescalate
- Uses simple language and a quiet voice, doesn't raise voice
- Sets limits on what is acceptable behaviour

Prioritisation and Decision Making

- Explains need for paeds/ortho admission
- Explains FACS – mandatory report
- Explains Police involvement – mandatory report
- Explains that zero tolerance of violence and that security will be called if further escalation of aggression
- Does not allow child to go home

OSCE 20

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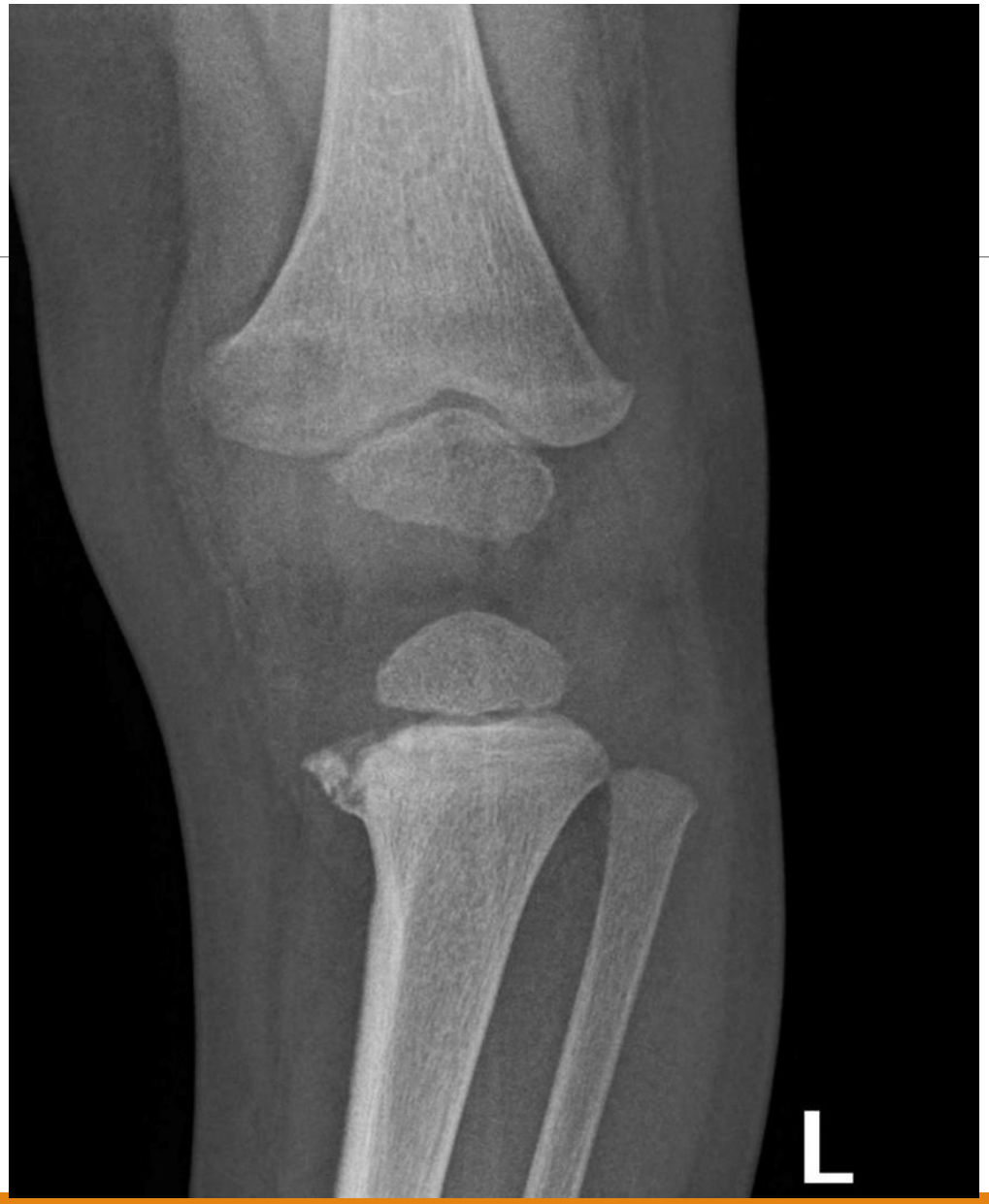
Domains Tested
- Communication (50%)
- Medical Expertise (30%)
- Prioritisation and Decision Making (20%)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Marking Criteria

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- Does not allow child to go home

OSCE 26

Candidate Information

A 28 year old male presents to ED. He is hyperventilating and crying. He states that he can't move his legs. He has been seen in ED on several occasions over the past 3 months with anxiety and likely psychosomatic symptoms. He has been seen by the nursing staff to move his legs normally, and walked into ED from the car.

A junior registrar has asked you to review the patient in bed 21. He thinks that he has a psychosomatic cause for his inability to move his legs. You are to take a history and explain to the patient what will happen next. You do not need to examine the patient and can assume that the registrars assessment is accurate. Besides not moving his legs and appearing anxious and tearful, he has no abnormal physical findings in any system including a detailed neuro exam. He has been witnessed from a distance moving his legs normally and even got out of bed to get his phone at one point, then claimed couldn't walk again.

Obs:

P 90, BP 110/70, Sats 98%, RR28, T 37.1

The OSCE will examine the Domains of:

- Medical Expertise
- Prioritisation and Decision Making
- Communication and Professionalism

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Obs:

P 90, BP 110/70, Sats 98%, RR28, T 37.1

The OSCE will examine the Domains of:

- Medical Expertise
- Prioritisation and Decision Making
- Communication and Professionalism

Marking Criteria

Communication

- Introduces self and establishes the patients name
- Non judgemental, uses silence, doesn't raise voice, appropriate empathy
- Verbal de-escalation of anger/confrontation
- Appropriate body language
- Offers a tissue/water/phone to call someone

Medical Expertise

- Recognises that presentation does not represent an organic cause, given patient has been seen to walk in the department and has normal neurological assessment otherwise
- Enquires about all significant systems
- Asks specifically about symptoms of mental health disorders, including suicidal thoughts and plans
- Explains and shows good understanding of psychosomatic illness
- Recognises significant social stressors as a factor
- Reassures patient that examination findings are non concerning, but that patient will be observed
- Offers short stay admission and appropriate mental health/social work review

Professionalism

- Behaves respectfully towards patient

Prioritisation

- Doesn't order inappropriate tests such as CT/MRI
- Simple bedside tests and laboratory studies not penalised but certainly not necessary
- Realises that mental health follow up and social support is the mainstay of treatment

OSCE 42

You have been asked by your senior registrar to talk to the father of a child. It is 10pm.

A 6 year old, 25kg boy was brought in by ambulance with his father after having an acute exacerbation of asthma. He was initially treated with burst therapy salbutamol (12 puffs via spacer every 20 minutes), and 1mg/kg of prednisolone. He showed initial improvement but he now looks tired again, at 30 minutes since his last dose of salbutamol. He just dropped his sats to 89% on RA.

You are planning to move him to resus as you are concerned he needs closer observation and further treatments for his asthma. He has features of severe but not life threatening asthma at present. There are no infective symptoms and the likely trigger was some grass burning near the family house.

The father has approached the senior registrar to say that he is taking him home because he is sick of being here and he can “just give him ventolin at home”. The child is currently safe with a senior staff member while you talk to the father.

Tasks:

- Communicate with the mother regarding her wishes to leave the department

- Explain the stepwise treatments that you propose for the child

- Answer any questions that she has

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Tasks:

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- Explain the stepwise treatments that you propose for the child

- Answer any questions that she has

Marking- Communication

- Introduces self with name and role, and explains why there
    - Very concerned about child leaving hospital
    - Requires escalation of treatment

- Empathetic
- Allows mother to explain her rationale for wanting to leave and explores further
- Explain the risks clearly and without using medical terminology
    - appropriate to explain risk of death without appropriate treatment
- Explores social situation further
- Non-judgemental approach
- Offers social work to help with care of children

Marking- Medical Expertise

Explains:

- Severe asthma and the risk of deterioration/already deteriorating
- Unpredictable course
- Explains therapies /investigations
    - Oxygen
    - Regular Bronchodilators– ventolin and atrovent
    - IV line
    - Mg/Aminophylline
    - If deteriorates possibly NIV/High Flow/Invasive ventilation
    - Ongoing steroid therapy
    - +/- CXR to exclude PTX

- Explains need for admission to the ward and likely at least 24 hrs + duration in hospital

OSCE 15

ERROR

Candidate Information

You are the consultant in a rural ED

The ED SRMO comes to you in a distressed state as you are arriving for your day shift.

They have recently been shown how to insert a chest tube. However they have just finished their first tube on their own.

They realised that they had inserted the tube into the wrong side of the chest.

You are required to investigate what has happened, what needs to be done to remedy the situation and counsel the SRMO.

Domains assessed:

Leadership and Management

Health Advocacy

Professionalism

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You are required to investigate what has happened, what needs to be done to remedy the situation and counsel the SRMO.

Domains assessed:

Leadership and Management

communication

Professionalism

Marking Criteria

Domain	Criteria for High Rating
Leadership and Management	Recognise that the SRMO has made a serious error Explore the circumstances of how the incident has happened Discuss the immediate action required: • Current condition of patient • Determine urgency for further intervention • Plan for chest tube just inserted • Treatment plan for initial pneumothorax and possible
Health Advocacy	Open disclosure How and When and Who to Inform patient when not sedated Apologise to patient, explain potential harm and further treatment Inform relatives Inform CPIU or equivalent Inform ED and hospital executive
Professionalism	Management of SRMO's distress Determine current state of mind and safety Safe handover of other patients being cared for Explain plan for investigation to SRMO Determine system vs individual issues Time out check list policy and education Further investigation to prevent similar incidence from happening