



Year 4 Formative OSCE 2018

Reading for Station 1

Candidate Instructions

Clinical Scenario

You are an intern within the Gold Coast University Hospital ED on the evening shift. Mr Jones a 63-year-old male presents to the ED with chest pain at 2200 hours tonight. Your registrar has asked you to assess him, take a brief history and review the ECG and examination findings before forming a plan.

Task

In a total of eight (8) minutes:

- Conduct a history within the first 6 minutes.
- Your examiner will interrupt you at 6 minutes and present you with the ECG **and** physical examination findings. You will have 2 minutes to interpret and explain both of these to the examiner.
- Provide the examiner with differential diagnoses before the end of the station.

You do not need to examine the patient.

[The examiner in the room will assume the role of the registrar].

Simulated Patient Information

The candidate has the following scenario and task

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Instructions for simulated patient

- Your name is Allan Jones and your DOB is 03/03/1955 (aged 63)
- You are a retired gardener who lives at home with your wife (Betty)

Presenting complaint:

- State that you have had 'terrible chest pain since after dinner that just hasn't really gone away. I've had pain before but never this bad'

Only give more of the following information if asked specifically about it:

- After dinner (at 6:30pm), you were watching TV with your wife (at around 7pm). You were laying down on the couch. Developed some chest pain:
 - Burning chest pain, deep under the sternum, 4/10, came on suddenly, constant. Radiated upwards in a line in the chest (point to the path of the oesophagus)
 - Was somewhat eased by sitting upright, and taking 'Quick Eze'
 - You ate fast-food takeaway for dinner (it was particularly fatty if asked)
 - Other than your dinner 'repeating' on you, no other symptoms at this time
 - This happens about once per month. You've been to your GP before and they told you it was gastric reflux and there was nothing wrong with your heart. You had an ECG and some blood tests done.
- The chest pain had disappeared by 7:30pm but then begun to worsen by 8:00pm
 - Pain was now a 'crushing' central chest pain. 5/10 progressing to 8/10 by 8:30pm
 - Positioning doesn't change the pain
 - Took more 'Quick Eze' and some Panadol, but it did not relieve the pain
 - Wife called for an ambulance. Administered Fentanyl whistle, pain reduced to 5/10
 - Pain does not worsen on breathing
 - Other symptoms: sweating, nausea, SOB and panic feeling at the time
 - No cough, no sputum, no fever, feeling well that day
- Right now – the pain is stable at a 5/10

Past medical history:

- Asthma, since childhood. Managed on ventolin PRN. No preventer.
- History of 'reflux' – past 10 years, occurs approximately once per month
- History of 'blood pressure' – past 15 years, take enalapril 5mg daily
- History of 'cholesterol' – past 15 years, take atorvastatin 10mg daily
- You don't have diabetes
- You do have regular pain from reflux (once per month), but it 'has never been this bad' and you have never been to hospital for it before. [You are unaware that tonight you have had both cardiac and gastric pain]
- You have not had a heart attack or any heart problems before

Social history

- You smoked for 20 years from 20-40 years
- Alcohol (2-3 beers per weekday; 4-5 beers per weekend day)
- Nil illicit drugs

Family history:

- You have a family history of heart disease – both your parents and older brother deceased from heart troubles
 - o Mother – died age 60, from an MI
 - o Father – died age 72, from heart failure
 - o Brother – died age 57 from an MI
- Blood pressure – mother and brother
- Say I'm not sure to any other questions
- Please develop any other background history as is appropriate for the station.

Examiner Instructions

Please verify that you are examining the correct student by checking the name on the student's ID card against the name on the score sheet, as the student enters the room.

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Instructions

- You are playing the role of the registrar in this exam. Please address the student as a registrar would, after you have checked ID. Please do not provide prompts on the station content.
- Stay out of the line of sight between the candidate and the patient during the physical exam. Do not provide any positive or negative feedback to the candidate.
- Please record your observations on the scoresheet **as you go**, as discussed in the briefing.
- The candidate has 6 minutes to complete a history. Once they have finished their history, give them the physical examination card.
- At 6 minutes please provide them with the laminated ECG print out. Ask them to interpret it.
- You have two minutes between candidates to finalise your scoring and 'reset' the station.

Props and Sundries

- Simulated patient
- Handwash
- Laminated ECG
- Physical examination card

Author – Maddison Taylor. Revised by Rhys Harris.

OSCE Score Sheet

Station 1- Acute MI

Student Name/Number.....

Examiners Name:

SP:

No.	Assessment Item (details)	PLEASE MAKE ONE TICK IN <u>EVERY</u> ROW																															
1	Infection Control appropriately washes hands before, appropriately washes hands after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																													
		0	1	2																													
2	History of Presenting Complaint (initial GORD pain) character of pain, timeline of pain, location of pain, radiation, severity/pain scale, exacerbating/relieving factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
		0	1	2	3	4	5	6																									
3	History of Presenting Complaint (later cardiac pain) character of pain, timeline of pain, location of pain, radiation, severity/pain scale, exacerbating/relieving factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
		0	1	2	3	4	5	6																									
4	Past Medical History hypertension, dyslipidaemia, diabetes, asthma, GORD, medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
		0	1	2	3	4	5	6																									
5	Other history family history of heart problems, smoking history, alcohol history, recent immobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											
		0	1	2	3	4																											
6	Associated Symptoms diaphoresis, nausea/vomiting, cough, sputum, haemoptysis, worsening on breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
		0	1	2	3	4	5	6																									
7	Associated Symptoms palpitations, orthopnoea, paroxysmal nocturnal dyspnoea, weight loss, leg pain or swelling, shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
		0	1	2	3	4	5	6																									
8	ECG Interpretation admin info checked (DOB & name), calibration (speed & amplitude), rate, rhythm, axis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
		0	1	2	3	4	5																										
9	ECG Analysis P wave presence, QRS complex size AND width, T wave presence/inversion, ST segment, P-QRS association, discusses possible diagnosis based on ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
		0	1	2	3	4	5	6																									
10	Physical examination findings – discussed in relation to differentials (max 6 marks) heart rate, blood pressure, respiratory rate, o2 saturation, temperature, breath sounds, heart sounds, pericardial rub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
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11	Provides appropriate differential diagnosis (max 6 marks) acute MI, extra point for inferior STEMI, GORD, other reasonable, other reasonable, other reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
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12	CLARITY organisation, appropriate confidence	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">1</th><th style="width: 12.5%;">2</th><th style="width: 12.5%;">3</th><th style="width: 12.5%;">4</th><th style="width: 12.5%;">5</th><th style="width: 12.5%;">6</th><th style="width: 12.5%;">7</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Confused, disorganised, unclear</td> <td colspan="2" style="text-align: center;">Below expected</td> <td colspan="2" style="text-align: center;">Above expected</td> <td style="text-align: center;">Outstanding</td> </tr> </tbody> </table>										1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confused, disorganised, unclear			Below expected		Above expected		Outstanding
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13	WARMTH engagement, compassion, care for patient	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">1</th><th style="width: 12.5%;">2</th><th style="width: 12.5%;">3</th><th style="width: 12.5%;">4</th><th style="width: 12.5%;">5</th><th style="width: 12.5%;">6</th><th style="width: 12.5%;">7</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="3" style="text-align: center;">Cold, uncaring, brusque</td> <td colspan="2" style="text-align: center;">Below expected</td> <td colspan="2" style="text-align: center;">Above expected</td> <td style="text-align: center;">Outstanding</td> </tr> </tbody> </table>										1	2	3	4	5	6	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cold, uncaring, brusque			Below expected		Above expected		Outstanding
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	Comments																																

Station 1

Allan Jones

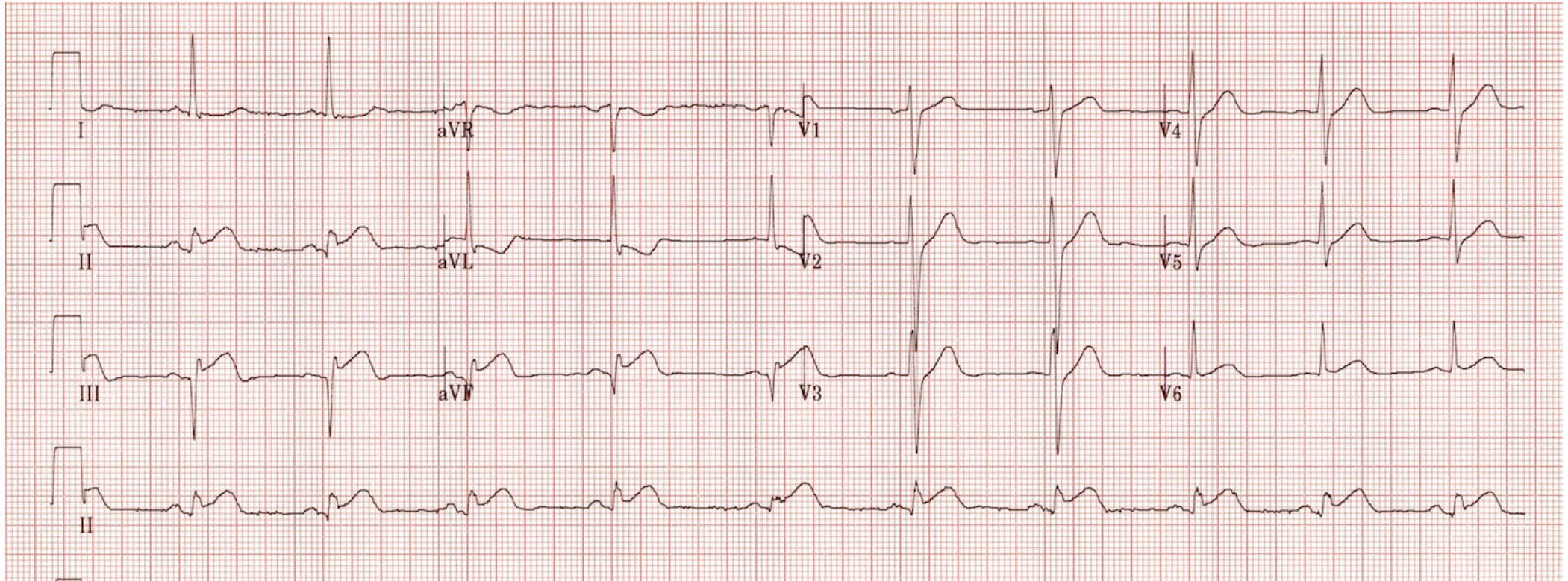
03/03/1955

UR 334455

10mm/mV

25mm/sec

Performed at 2220



Station 1

Physical Examination

HR 88

RR 20

BP 145/98

O2 Saturation 99%

Temp 36.8

GCS 15

Equal air entry bilaterally with vesicular breath sounds. Heart sounds dual with no murmurs. No pericardial rub. No JVP elevation.