

75 year old woman presented following a syncopal episode

Hx of presenting problem

Few days of fatigue and intermittent palpitations. Associated light headedness. Lasting few seconds. Thought it was her AF, so ignored it. Today similar symptoms but followed by syncope. Fall to ground, unwitnessed. Awoke on floor. Mild headache. No neck pain. No limb or CN neurological symptoms. No confusion or postictal phase.

During the ECG the patient developed the same symptoms.

No prev syncope/falls/fits. No fever. No urinary Sx. No postural Sx. No post-prandial somnolence. Reasonable fluid intake.

Recent RTI symptoms with cough and yellow sputum. Some increased dsypnoea on exertion and increased peripheral oedema. A week ago her GP increased frusemide from 40mg daily to 40mg mane and midi. Also started on an antibiotic- pt is unsure which.

Past Hx

Hypertension, hyperlidaemia, paroxysmal AF, mild CCF, obesity, arthritis

Meds

Perindopril, frusemide, pravastatin, sotalol, warfarin, panadol osteo, temazepam at night. (If specifically asked frusemide recently increased. No other change to regular meds. Addition of Abs as above)

NKDA

Social

Lives with husband. 2 grown sons. Retired sales assistant. Smoker 15 per day since 20. Etoh 1-2 glasses of wine 4 nights weekly

On Examination

Currently stable with no further episodes. Mild signs of CCF on cardiorespiratory examination

Not distressed

T 37.3, P 50 reg BP 150/75 (If asked postural BP has not been performed) Sats 97% on air GCS15

PERLA, CN normal. Small graze to forehead.

HS Dual no added. Chest good AE bilaterally with bibasal creps

Abdo. Soft and non-tender.

Mild periph oedema.

No evidence of any other injury from the collapse.

Examiner

The candidate should actively listen to the history and ask for clarification and extra information in an efficient and pointed way, showing appropriate prioritisation. They should efficiently and accurately describe and interpret the ECG results and communicate this to the Junior Registrar. **NB this should at the level expected during a clinical interaction on the ED floor.**

The candidate should make the correct differential diagnosis and prescribe a reasonable investigation and management plan for the patient. The candidate responds to the Registrar's questions with sound clinical advice and should be able to explain major issues.

Assessment Criteria

- Accurately describe and interpret the ECG
- Communicates differential diagnosis/causes clearly
- Adequately prescribes treatment
- Outlines further investigations with clear reasoning
- Outlines an appropriate management plan with clear reasoning
- Appropriate Teaching and clinical discussion of Long QT and Torsade de pointes

SCENARIO 1

Supervision of Junior doctor

Domain	Criteria for high rating
Medical expertise	<p>Focused clarification of Hx and exam</p> <p>Recognition of abnormal ECG, prolonged QT , sinus brady with episode of polymorphic VT</p> <p>Consideration of causes for long QT</p> <p>Management plan includes: cannulation, telemetry bed, check and optimise electrolytes, consideration of chronotrope to increase rate (higher risk if HR slow), cease QT prolonging agents</p>
Communication	<p>Clarity of communication</p> <p>Offers HMO opportunity to ask questions and clarify information</p> <p>Communicates a clear plan of management as above</p>
Professionalism	<p>Shows respect</p> <p>Professional appearance, demeanor and conduct</p>
Teaching	<p>Teaching of all components as above</p> <p>Checks understanding</p>
Prioritisation and decision making	<p>Disposition plan</p> <p>Recognises and acts on seriousness</p>

Candidate Name:

A. Component Assessment

Select ONE option that best represents the candidate's performance in this OSCE. Use the 9-point graded scale, where 1 is poorest and 9 is best. TICK ONE CELL for each row below.

	1	2	3	4	5	6	7	8	9
Medical expertise									
Communication									
Professionalism									
Teaching									
Prioritisation and decision making									

B. Station Difficulty (please circle): Low Moderate High

C. Examiner Notes on Candidate Performance

Positives

Areas for Improvement

Suggestions

D. Global Rating for Standard Setting (please circle)

Clear Fail Marginal Fail Borderline Marginal Pass Clear Pass

Scenario 1

You are the Consultant in a Tertiary level ED. One of your Junior Registrars has assessed a 75 year old woman, who was brought to the ED by ambulance following a Syncopal event.

Your Registrar is waiting for you to discuss the patient's case

You will be required to discuss the patient's case, provide appropriate management, and interpret any investigations as appropriate.

You have 7 minutes for this station

Domains being assessed:

Medical expertise

Communication

Professionalism

Teaching

Prioritisation and decision making

