

55 year old man/woman presented following a syncopal episode

Hx of presenting problem

Few days of fatigue and maybe URTI. Last 2 days has had 3 separate incidents where felt suddenly dizzy and had to lie down. Today's incident was associated with LOC. Never had before, but has had occasional palpitations in the past. No injuries from syncope. No limb or CN neurological symptoms. No confusion or postictal phase. Attended LMO who sent to ED via ambulance.

During assessment felt suddenly unwell and dizzy with no chest pain. You managed to capture the first ECG whilst the patient had symptoms. You believe the second ECG is normal (taken after the event) but will show the candidate if required.

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.

Past Hx

Hypertension, not on treatment

Meds

nil

NKDA

Social

Lives with partner. 2 grown sons. Real estate agent. Smoker 15 per day since 20. Etoh 1-2 glasses of wine 4 nights weekly

On Examination

Currently stable with no further episodes. Exam normal

Not distressed

T 37.3, P 70 reg BP 150/75 (If asked postural BP has not been performed) Sats 97% on air GCS15

PERLA, CN normal.

HS Dual no added. Chest good AE

Abdo. Soft and non-tender.

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 WPW with AF

SCENARIO 1

Supervision of Junior doctor

Domain	Criteria for high rating
Medical expertise	Focused clarification of Hx and exam Recognition of likely pathology Accurate description of both ECGs Discussion of appropriate management and drugs to avoid
Communication	Clarity of communication Offers HMO opportunity to ask questions and clarify information Communicates a clear plan of management as above
Health Advocacy	Ensures patient receives appropriate care
Teaching	Teaching of all components as above Checks understanding
Prioritisation and decision making	Disposition plan Recognises and acts on seriousness

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									
Health Advocacy									
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 55 year old man, 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:

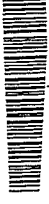
Medical expertise

Communication

Professionalism

Teaching

Prioritisation and decision making



Monash Health Emergency Dept

SUMMARY: NONE AVAILABLE

TECHNICALLY UNSATISFACTORY TRACING

Id:

Name:

Sex: Unknown

Age: ---

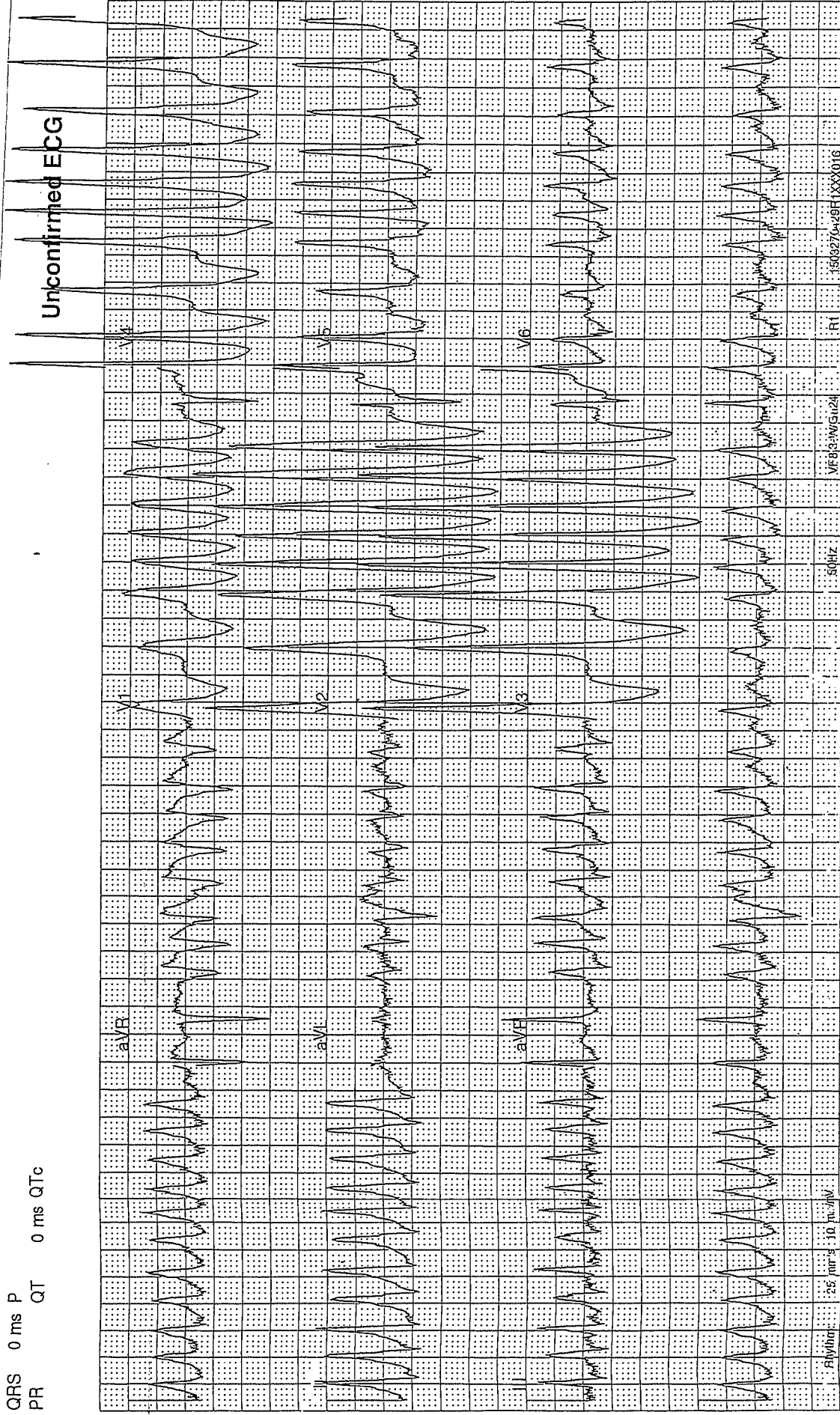
Date: 27-Mar-2015 04:29

HR 0 bpm BP -/-

QRS-P-T-axes 0 - 0

QRS 0 ms P

PR QT 0 ms QTc



Filter: 25 Hz 50 Hz 100 Hz

Speed: 25 mm/s 50 mm/s 100 mm/s

SPBZ

MEB3-W/G124

RI

1503270-29F1XXX016





444589
 ELLIOTT-BOYER Jacqueline 18/08/1971
 11 LEHMANN GROVE
 PAKENHAM 3810
 Female
 40 Years

Ph: 5940 5282
 Religion: No Religion
 GP: NAN
 Medicare Patient
 MMC EMERGENCY DEPARTMENT

Date: 26-May-2012 10:12

HR 64 bpm BP -/-

QRS-P-T-axes 73 3 67

QRS 100 ms P 92 ms

PR 112 ms QT 410 ms QTc 417 ms

SUMMARY: BORDERLINE NORMAL

SINUS RHYTHM

INTERPRETATION MADE WITHOUT KNOWLEDGE OF
 PATIENT'S SEX AND AGE

ST changes in the inferior leads
 THESE MINOR CHANGES ARE OF EQUIVOCAL SIGNIFICANCE
 ONLY

Unconfirmed ECG

