OSCE EXAMPLE 1

THEME e.g., Clinical Presentation or Situation:

Atrial Fibrillation

Author/s:

Text Reference A 40 year old man presents with palpitations.

Question Stem: (Clinical Scenario)	Mr. Peterson is a 40 year old previously well man who was admitted to emergency department by ambulance with palpitations. You should perform an initial assessment and manage the clinical situation.

Instructions	
Candidate:	Mr Peterson is a 40 year old man, previously well, who was riding his pushbike this morning as he often does, when he developed severe palpitaions and dizziness. He was noted by be pale and sweaty by by his friends so they called an ambulance. Mr Peterson has just arrived. He is in resusitation room, and you have a registrar and a nurse with you. You should permorm an initial assessment and manage the clinical situation dictates.
Examiner:	Mr Peterson has presented with acute onset atrial fibrillation approximately 30 minutes ago. He was dizzy at the scene and noted to have a BP of 80 mmHg systolic. Ambulance officers have extablished IV access and given him a fluid bolus of 500 ml N saline. His BP has not improved. He has no chest pain but is aware of his heart racing irregularly. ECG shows atrial fibrillation at 150/min with no ischaemic changes. The candidate should manage the clinical situation. They should take a brief history and should proceed to sedation and DC cardioversion as Mr Peterson has AF with clinical instability with a clear recent time of onset. If the candidate does not proceed to cardioversion Mr Peterson's BP will start to fall further.

OSCE EXAMPLE 1

Patient / Role Player:	You are a fit active person with no previous medical history. You work for an insurance company but have regular recreational exercise. You are divorced and live alone. You were out riding with your friends as you normally do two to three times per week, when you noticed severe palpitations. You could feel you heart beating rapidly and irregilarly. This has never happened before. You felt dizzy when this happened so had to stop riding. Your friends noticed that you looked pale and unwell so called an ambulance. You did not lose consciousness. The onset was about 30 minutes ago. You have been brought in by ambulance. The ambulance officers put up an IV line and gave you oxygen. You had no chest pain or vomiting. You are on no medication and you have no allergies. You father had a heart attack aged 65 but is still alive. You have not had heat intolerance, weight loss, tremor or sweating recently. You see you GP most years for a check up but have had no problems. You cholesterol is normal. Now you are lying flat, you feel better but still feel your heart racing irregularly. You are now concerned as you wonder if you have had a “heart attack”. Nurse – You are an experienced ED nurse and should assist the candidate as you would do in a resusitation situation. When the candidate asks for monitoring you should apply it quickly and give immediate results. SpO_2 100% on O_2, P 150, BP 80/60, decreased cap refill, GCS 15. You can take bloods as requested but the results will not be available in the timeframe available. “sent off”. You have immediate access to sedatives and analgesics as requested, including propofol, ketamine, fentanyl or midazolam.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Should recognize the need for urgent DC cardioversion. Should proceed to do this in a clear efficient manner, after appropriate preparation should proceed with procedural sedation and cardioversion.
Prioritisation and Decision Making	**Yes**	Should correctly identify the need for cardioversion in an unstable patient with new onset AF
Communication	**Yes**	Should explain to the patient what has happened and the required treatment. Should get informed consent. Should explain to the nurse and doctor the current situation and the need for cardioversion.
Teamwork and Collaboration		
Leadership and Management	**Yes**	Should manage the team giving them specific clear instructions and ensuring that the process of cardioversion is quick, safe and efficient.
Health Advocacy		
Scholarship and Teaching		
Professionalism		

OSCE STATION DIFFICULTY

	Low difficulty	Moderate difficulty	High difficulty
Select the ONE BEST option that describes the overall difficulty of this OSCE station	○	○	○

OSCE EXAMPLE 2

THEME e.g., Clinical Presentation or Situation:	Author/s:
Back pain	
Text Reference	

Question Stem: (Clinical Scenario)	55 year old man presents with four week history of low back pain. He has come to the emergency department today because the pain is not getting better. He has a GP but could not get an appointment. Please take a history from the patient.

Instructions	
Candidate:	You are required to take a history from tha patient. You will not be required to examine the patient. Having taken the history you should explain to the patient your differential diagnosis and what investigations will be required as well as your anticipated disposition.
Examiner:	The candidate should take a history and then discuss his differential diagnosis with the patient. They should in particular enquire about “red flags” such as fever, weight loss, trauma, malignancy. You are to observe only. There should be no interaction between you and the candidate. If the candidate is not permorming the required task they should be prompted to “re-read the task description” which will be available in the room.

OSCE EXAMPLE 2

Patient / Role Player:	You are a 55 year old teacher (maths). You live with your wife. You have one son who is no longer at home. He is studying economics at university. You have had a bowel resection five years ago for bowel cancer, but on review last year you were given the "all clear". You have had surgery but no other treatment. You had your colostomy closed two years ago. You are otherwise well, non smoker, no allergies, no family history, no other illnesses. The pain came on after minor exercise, woring in the garden and cutting down a tree 4 weeks ago. You have not had a fall or any other trauma. It has been a dull ache but keeping you awake at night. The pain is localised to the lower back in the mid-line and does not radiate. In particular it does not go down you legs. The pain has been gradually getting worse. It is now severe enough that you are having trouble sleeping. You have been taking regular Nurofen which worked initially but is no longer effective. You have had no urinary or bowel symptoms. You have had no fevers and have not felt "unwell". You have no pain or numbness in your legs, although you have been noticing an increasing dull ache in your buttocks. You are worried about the possibility of cancer recurrence but have been not wanting to face this possibility. You have been reluctant to come to the hospital about this for fear of the potential bad outcome. Answer questions as asked by the candidate, but do not volunteer information unless it is specifically asked for.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Need to enquire about all "red flags" in particular should ask about cancer history. Should recognize that the pain is getting progressively worse. Should recognize that the main concern is for metastatic cancer and that specific imaging is needed. May suggest plain film today. CT today, possible MRI later. Blood tests today - U&E's FBC, Ca, Mg, PO_4 ESR, CRP (Maybe)
Prioritisation and Decision Making	**Yes**	Should decide that this is a potentially serious presentation which warrants urgent imaging.
Communication	**Yes**	Should take a thorough history and then present the findings in a logical clear way to the patient. They should make it clear that there is a need for further investigations as it is possible that the cause of the pain is cancer recurrence. They should ensure that the patient has clearly understood.
Teamwork and Collaboration		
Leadership and Management		
Health Advocacy		
Scholarship and Teaching		
Professionalism	**Yes**	The candidate should provide the information to the patient in a caring compassionate respectful way.

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○

OSCE EXAMPLE 3

THEME e.g., Clinical Presentation or Situation:

Breaking bad news

Author/s:

Text Reference

Question Stem: (Clinical Scenario) at work

Mr. Jones is a 55 year old man who was at work when he suddenly collapsed. He was brought in to the emergency department intubated and ventilated with a GCS of 3. CT scan showed a massive sub-arachnoid hemorrhage. He has been seen by the neurosurgeons who suggested that surgery would be unhelpful and that palliation was the best option.

Instructions	
Candidate:	You are to meet with Mrs Jones, who has just arrived in the ED. She knows that her husband has had a collapse at work but does not know any more than that. Mr Jones was previously fit and well, working as a gardener. CT shows massive SAH. Mr Jones is currently intubated and ventilated. GCS 3 on arrival, pupils fixed, dilated, P 50, BP 200/120, SpO_2 100% The Neurosurgery Registrar has seen Mr Jones and discussed the CT with his consultant who agrees that with a Grade 4 SAH, fixed dilated pupils and signs of increasing ICP surgical intervention would be unhelpful. The neurosurgical team have suggested palliation. ICU is currently bed-blocked with no vacant beds and three patients waiting to be discharged to the ward. The ICU consultant suggested that the patient should be palliated in ED. Your task is to explain to Mrs Jones the current situation and the likely outome.
Examiner:	You are to observe the interaction between the candidate and Mrs Jones. You should not prompt the candidate unless they are failing to do the expected task. Then you should prompt them to re-read the task sheet.

OSCE EXAMPLE 3

Patient / Role Player:	You are a 50 year old lady. You have been happily married for thirty years and have two children, one working in Adelaide and one studying in Melbourne. You have good friends here but no other family close by. Your husband works as a gardener with the council. He went to work today completely well and you were called by his work, to say that he had had a collapse and was taken to the hospital in a very serious condition. You don't know any further information at this stage. You are obviously very concerned. It turns out that your husband has had a massive cerebral haemorrhage and is now deeply unconscious. He is on "life support" but the neurosurgeons have seen him and believe that he has a very grim prognosis. He is expected to die quite quickly and it is felt that there is no treatment that will alter the outcome. You will be meeting the senior doctor who will explain the situation to you. It is expected that you will be very upset as Mr Jones was completely well until this morning. He has had no warning symptoms at all.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Demonstrate understanding of the futility of treatment in this situation
Prioritisation and Decision Making	**Yes**	Understand that no interventions are warranted and that Mr Jones should be "kept comfortable"
Communication	**Yes**	Should explain to the wife in a clear caring compassionate way thet her husband is going to die and that there is nothing that can be offered to prevent this. Explain that he is currently on "life support" but that this will in no way alter the final outcome. The candidate should invite the wife to come in to see Mr Jones but should explain to her that he will be on a breathing machine with IV lines, cather, monitors etc. If Mrs Jones asks can he be kept in ICU until the family arrive explain that this is unlikely to be possible as despite ICU he is likely to die quite quickly anyway.
Teamwork and Collaboration		
Leadership and Management		
Health Advocacy	**Yes**	Should not put the onus of the decision making on the wife, but rather should explain that the outcome has been determined by the severity of the condition. May explore the option of organ donation if brought up by the wife.
Scholarship and Teaching		
Professionalism	**Yes**	Should act in a professional manner during the discussion.

OSCE STATION DIFFICULTY

	Low difficulty	Moderate difficulty	High difficulty
Select the ONE BEST option that describes the overall difficulty of this OSCE station	○	○	○

OSCE EXAMPLE 4

THEME e.g., Clinical Presentation or Situation:

COPD, blood gas interpretation

Author/s:

Text Reference

Question Stem: (Clinical Scenario)

You are on duty in your regional emergency department. A 67 year old man is brought in by ambulance with breathlessness.

	Instructions
Candidate:	You are to receive the handover from the paramedic and manage the scenario as it unfolds. You will have one nurse with you. The nurse is an experienced ED nurse.
Examiner:	The candidate should assess the patient as having life threatening COPD. The patient is on home oxygen (given on handover) and was initially breathless and hyposic. SpO_2 75% at hime. Treated with continuous ventolin nebulisers and with high flow oxygen by ambulance crew. Now patient is drowsy, SpO_2 100%. The candidate should commence immediate assessment and treatment. Assessment, Opens eyes to voice, mumbles incoherently, localises pain, SpO_2 100%, P 120, BP 120/70 Minimal respiratory effort, very quiet chest on auscultation. The candidate should recognise life-thretening COPD in a patient alreadty on home O_2. They should immediately escalate treatment. IV steroids, IV either ventolin or adrenaline IV magnesium infusion, may choose IV aminopphylline infusion if patient not on long term theophylline (they are not, according to ambulance officers). The candidate should urgently establish IV access and take blood for FBC, U&E's Glc and most importantly VBG. VBG- pH 6.9, PvO_2 120 mmHg, $pVCO_2$ 140 mmHg, HCO_3 45 mmol/l, BE +11, Lactate 5 mmol/l Na 135, K 3.5, HCO_3 45, Cl 80. Interpretation: Critical acidaemia, Severe respiratory acidosis, with metabolic compensation, therefore CHRONIC CO_2 retention. Therefore hypoxic drive. Now SvO_2 100%, hypoxic drive lost, acute respiratory depression. High lactate in keeping with initial hypoxia SpO_2 at home 75%. Thus additional metabolic acidosis. Interpretation: This patient is a chronic CO_2 retaining patient with long term type 2 resp failure, who now has acute resp depression secondary to uncontrolled Oxygen therapy. Treatment. Check for advanced health directive etc.Very important in this situation Also commence immediate NIV BIPAP, to try to assist patient to blow off CO_2. Coninue with intra-venous therapies as above. NOT a candidate for intubation. Decision easier of an advanced health directive exists. Urgent discussion with wife/family if they are available regarding likely outcome (death) and futility of more invasive interventions such as intubation.

OSCE EXAMPLE 4

Patient / Role Player:	Mannequin with COPD, minimal resp effort. Nurse. You are a competent ED nurse. Your role is to assist the candidate to set up IV infusions and BIPAP for this patient with critical COPD and acute respiratory depression. When bloods are taken you send the bloods off and ask onther ED doctor to do an immediate VBG, which is done quite quickly. Once the bloods are sent, you can commence IV therapy and after about two minutes the VBG result is available. You can then give it to the candidate. The candidate should note the high CO_2, high O_2 and high HCO_3 suggesting chronic CO_2 retention and acute resp depression secondary to the high O_2. You should set up BIPAP just as would at work. When you are asked to set up IV infusions you should check the dose/rate desired if not given. You will most likely need to set up Magnesium, salbutamol, possibly adrenaline and possibly aminophylline infusions. Paramedic (examiner two) You picked up the patient at home. His wife called the ambulance. She is on her way in but waiting for her son to pick her up. You notes SpO_2 75% at home, so started immediate continuous salbutamol nebulisers on high flow O_2. The patient was initially alert and co-operative but has become increasingly drowsy during the 15 minutes that it took to load the patient and bring home to hospital. His wife stated that he was a heavy smoker until recently when he started home O_2. He is on regular low dose prednisolone and regular venlolin nebs but no other medication. On a good day he can get out of the house to walk around the (small) garden, but cannot walk down the street or to the shops as he gets too breathless with minimal exertion. He has improved considerably since starting home O_2, but has had a cold for the last couple of days with increasing cough and breathlessnes. He has been coughing up a lot of thick green/yellow sputum for the last 24 hours and has not slept well.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	The candidate should recognise that immediate escalation of treatment including IV therapy is urgently needed (ventolin, iprtropium, magnesium, ventolin infusion, possibly adrenaline infusion, possibly aminophylline infusion). Also should recognise the need for immediate BIPAP.
Prioritisation and Decision Making	**Yes**	The candidate should recognise the critical nature of the presentation, but should also recognise quite quickly that aggressive interventions such as intubation and ventilation are probably not helpful and indeed may be harmful.
Communication	**Yes**	Should communicate clearly and appropriately with paramedic and nurse.
Teamwork and Collaboration		
Leadership and Management		
Health Advocacy	**Yes**	Candidate should recognise that the patient may have an advanced health directive and should seek that and follow it. They should also state that more invasive therapy such as intubation/ventilation is unlikely to be beneficial and is probably harmful.
Scholarship and Teaching		
Professionalism		

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○

OSCE EXAMPLE 5

THEME e.g., Clinical Presentation or Situation:

Abdomen examination

Author/s:

Text Reference

Question Stem: (Clinical Scenario)

Male patient with abdominal pain. You are required to perform an abdominal examination.

	Instructions
Candidate:	The patient is a male with abdominal pain. Your task is to perform an abdominal examination, including any further examination that you feel is appropriate. You are then required to present your findings to the examiners including a differential diagnosis.
Examiner:	The candidate will perform an abdominal examination, including other relevant examination as they deem appropriate. The patient will be a "bank" patient with chronic liver disease. You should examine the patient yourself to determine what clinical signs are present. You should give a standard introduction to the candidate and request that they examine the patients' abdomen. Vital signs including temperature, p, BP, SpO_2 and urinalysis will be provided. At 5 minutes you should ask the candidate to present their findings including differential diagnosis to you.

OSCE EXAMPLE 5

Patient / Role Player:	The candidate will not be required to take a history from you. They will be required to examine your abdomen and then any further examination as they deem appropriate. At 5 minutes they will be required to present their findings including a differential diagnosis to the examiner. You should not volunteer any information to the candidate.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	The candidate will be required to demonstrate their understanding of liver disease in the way that they perform the abdominal examination and then in the way that they present their findings. The candidate will be required to demonstrate knowledge of the differential diagnosis of chronic liver disease relevant to this patient.
Priortisation and Decision Making		
Communication	**Yes**	The candidate will need to demonstrate clear communication as they take a history from the patient. The candidate will need to communicate clearly with the examiner.
Teamwork and Collaboration		
Leadership and Management		
Health Advocacy		
Scholarship and Teaching		
Professionalism		

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○

OSCE EXAMPLE 6

THEME e.g., Clinical Presentation or Situation:

Hypothermia

Author/s:

Text Reference

Question Stem: (Clinical Scenario)	The patient is an 80 year old lady who was brought in by ambulance with leg pain. You are in a small district emergency department and it is 08:00 am. You have just arrived to find the night RMO looking after the patient in an acute bed.

Instructions	
Candidate:	The patient was found lying in the bathroom by the neighbour. She has severe leg pain and is unable to stand. She is drowsy and confused. It appears that she has had a fall. An ECG has been taken. You are required to describe the ECG to the junior doctor and then proceed to manage the patient as appropriate. It will be expected that you will manage the patient in the room that she is currently in with the staff that you have there.
Examiner:	The ECG shows slow AF with Osborne J waves and shivering artefact suggesting hypothermia. When the doctor asks for the patients temperature, you give the temp - 31 degrees C. The patient is cold, pale, with a slow pulse and low BP. P 45, BP 80/60 mmHg. SpO_2 not giving a good trace. These observations should be given when requested. The candidate is required to describe the ECG to the junior doctor and then proceed to manage the patient as required. The candidate should actively warm the patient with bear hugger, warmed IV fluids, and other non-invasive measures. More aggressive managemant may be possible but may not be appropriate. It is expected that the candidate will attempt to establish limits of care in some way. The patient lives independently but has an Advance Resuscitation PLan which says for usual therapy such as IV fluid, IV antibiotics etc, but not for intubation, ICU. When the candidate requests the patients chart it arrives after a delay and it has a completed Advance Resuscitation Plan in it. If the candidate suggest hat the patient should have a CT scan of her head and pelvis hip x rays then they can be provided. CT head shows no acute injury, X ray shows # NOF. The patient has a daughter who lives nearby but she has not answered her phone.

OSCE EXAMPLE 6

Patient / Role Player:	Nurse. You are an experienced ED nurse with usual procedural skills such as IV cannulation, Urinary catheterisation. You will efficently perform tasks as directed but should not volunteer tasks. When you are asked to take obs you should do so as you normally would and report the results back to the doctor. You have already performed an ECG and when asked for it, give it to the candidate. Doctor. It is 0800. You are just completing night shift. The patient came in 30 minutes ago by ambulance. You have commenced initial management, knowing that the candidate would arrive for his usual shift very soon. You are a junior doctor hoping to do ED as a career. You are interested and enthusiastic, but quite junior, PGY3. You will ask the candidate to assist you in the assessment of the elderly drowsy patient who you think may have had a fall and probably has a fractured hip. You have already put in a cannula and sent off bloods, and have noted that the patient is in AF. You will assist the doctor in tasks within your capacity as an RMO, as directed. It is expected that the candidate will be teaching you as the scenario unfolds. It is expected that the candidate will recognise the ECG changes showing hypothermia and explain them to you. It is also expected that the candidate will proceed to actively warm the patient with “bear hugger”, warmed IV fluids etc but that they will not proceed to more invasive interventions until limits of care have been established.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Demonstrate knowledge of the recognition and management of hypothermia. Recognise that aggressive interventions may precipitate VF
Prioritisation and Decision Making	**Yes**	Recognise that the patient is critically ill. Commence immediate re-warming
Communication	**Yes**	Communicate the urgency of the situation clearly to the doctor and the nurse. Teach the RMO abut the ECG
Teamwork and Collaboration		
Leadership and Management		
Health Advocacy	**Yes**	Check for advance resuscitation plans etc in order to inform the resuscitation of this elderly patient. Respect the prior wishes of the patient to have usual treatment but not ICU.
Scholarship and Teaching		
Professionalism		

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○

OSCE EXAMPLE 7

THEME e.g., Clinical Presentation or Situation:	**Author/s:**
Paediatric rash	
Text Reference	

Question Stem: (Clinical Scenario) A five year old is brought in by mother, with a new onset rash

Instructions	
Candidate:	A 5 year old child is brought in by mum with a rash to the torso. (See photo) You are required to take a history from the mother who is a nurse. You will then be given the examination findings by the examiner. You will then be required to present your findings to the mother including a likely diagnosis, differential diagnoses and your intended managemnt.
Examiner:	You are to observe the candidate as they take a history from the mother. The candidate will then explain to the mother the likely diagnosis, differential diagnosis, intended investigations and disposition.

OSCE EXAMPLE 7

Patient / Role Player:	You are the mother of a five year old child who has developed a rash today. You are working part time as a nurse. You live with your husband who is an ofice worker and this is your first child. Your child spends time in pre-school on days when you are at work. Immunisations as per schedule. no medication, no allergy, previously well apart from usual URTIs. Child was well yesterday but today developed a fever and a rash. Temp at home 38.0 The child has had a mild headache but no vomiting or neck stiffness. Slight runny nose, slight cough, but not dyspnoeic or tachypnoeic. Mild conjunctivitis. Fine erythematous macular rash covering the face, chest abdomen and back. No petechiae or ecchymoses. Child looks reasonably well but is irritable. Fever has improved with paracetamol. No history of overseas travel, no apparent exposure to other sick children. Tolerating fluids well but has decreased food intake today. Apparently normal urine output. Examination findings. T 37.4, P 120, Well perfused, active but irritable RR 14, Pharynx sl red with no tonsillar exudate A few cervical lymph nodes, no neck stiffness or photophobia chest clear, abdo soft The rash blanches, with no petechiae.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Candidate must take a history looking for possible serious causes of a rash in this child. Should consider meningococcus, Henoch Schonlein purpura, Kawasakis disease, measles, eryhtema multiforme.
Prioritisation and Decision Making	**Yes**	It is none of these. The candidate should recognise that the child is not unwell and has no findings to suggest a serious cause.
Communication	**Yes**	The candidate should take a relevant focused history in view of the differential diagnosis and should conclude that as all findings are negative the child can be discharged with no tests. Should suggest LMO review if not improving or urgent ED review if patient deteriorates.
Teamwork and Collaboration		
Leadership and Management		
Health Advocacy		
Scholarship and Teaching		
Professionalism	**Yes**	The candidate should interact with the mother in a professional way.

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○

OSCE EXAMPLE 8

THEME e.g., Clinical Presentation or Situation:

Paediatric seizure

Author/s:

Text Reference

Question Stem: (Clinical Scenario)

5 year old child, coming in 2 minutes away, ongoing seizure. You will be required to assess the child and manage the clinical scenario.

	Instructions
Candidate:	You will have one minute to prepare your team which will consist of a junior doctor and a nurse. From a paramedic. On arrival of the patient you will receive handover from a paramedic. You will then be required to manage the scenario as it unfolds.
Examiner:	The child arrives with an ongoing generilsed tonic-clonic seizure. The candidate has one minute to prepare his team and make the appropriate calculations. On arrival he will be given handover by the paramedic (Examiner 1) He will then be required to delegate tasks and manage the scenario. Must check Glucose at this stage. IV access X2 is unsuccessful, so the candidate should elect to proceed with IO or they can direct the RMO to do the IO< but the candidate will then carefully explain how to do it. An IO should be inserted into the prop, using the Ezy IO provided. Correct placement and technique should be demonstrated. Once the IO has been inserted the candidate should take blood for VBG, GLC if not previously done and give intra-venous anticonvulsants. Midazolam 0.1 mg/kg, no effect; second dose, no effect. Second line treatment - Keppra, phenobard, thiopentone etc. Should direct the staff with drug dosage and administration, e.g. phenobarb 20 mg/kg. IV Thiopentone 1-2 mg/kg titrated to effect. After second line treatment the seizure stops. At this stage the child remains unconscious (post-ictal). The candidate may elect to intubate or to wait and see. It this stage the father or mother (gender of examiner 1) arrives and the candidate is required to explain to the parent what has happened, take a relevant focused history AMPLE and decide on further management.

OSCE EXAMPLE 8

Patient / Role Player:	Nurse. You are a reasonably experienced ED nurse able to perform simple procedures, take obs and give medication as directed. Doctor. You are a PGY 3 RMO interested in ED. You are able to put IVs in children on a good day. You have seen an IO but never done one and would jump at the opportunity to do one in a real patient. Paramedic. You are a primary care paramedic. You were called to the child's school where you found the child with an ongoing seizure. As the school was only 1 minute from the hospital you decided to scoop and run and came straight in. There is no history available. The child was not known to fall or hit his head. There are no marks sugessting trauma.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Must demonstrate understanding of the managemnt of status epilepticus in a child, including knowledge of drugs/doses/routes. Must be able to either do or teach an IO.
Prioritisation and Decision Making	**Yes**	Must recognise that this is an emergency presentation.
Communication	**Yes**	Must communicate clearly and calmly with the doctor, nurse and paramedic.
Teamwork and Collaboration	**Yes**	Must demonstrate good teamwork, with clear delegation of tasks, clear communication and clear and logical decision making which should be communicated to the team as it proceeds.
Leadership and Management		
Health Advocacy		
Scholarship and Teaching		
Professionalism		

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○

OSCE EXAMPLE 9

THEME e.g., Clinical Presentation or Situation:

Torsion

Author/s:

Text Reference

Question Stem: (Clinical Scenario)

A 12 year old boy presents with severe RIF pain. He presented yesterday but was sent home.

Instructions	
Candidate:	You are required to take a history and examine the patient and then explain the likely diagnosis to the mother. You are then required to manage the scenario as it unfolds.
Examiner:	The child has severe right iliac fossa pain but the abdomen is soft and non tender. The child has a fever of 37.8 degrees. They are in obvious pain which is worse with movement. The patient has a warm tender scrotum. When the candidate asks to examine the scrotum you are to give them the photo provided, which shows an acute testiculat torsion. If the candidate does not examine the scrotum they should not be prompted. When they make the diagnosis of torsion the mother will become quite angry that her son was seen and sent home yesterday. At that point the candidate can be given the notes from yesterday (provided) which show an assessment of “appendicitis unlikely” on the basis of soft abdomen with not RIF tenderness/rebound or guarding. There is no note of testicular examination at all. The candidate is then required to discuss this with the mother and make a management plan including immediate referral to Urology as well as specifically addressing the issue of possibly poor assessment the day before.

OSCE EXAMPLE 9

Patient / Role Player:	12 year old boy. Presented yesterday with severe abdominal pain, initially central migrated to RIF and became severe. Vomited twice, slight fever. Feeling generally unwell, don't feel like eating. No pain on urination Not ever sexually active No trauma Pain increasing today, constant, severe, but worse with movement/walking. When the candidate examines your abdomen it is not sore, same as yesterday. When he asks to examine your scrotum he will be given a photo showing the problem. He will not actually examine your scrotum. Mother. History as above, immunisation up to date, no allergies, no usual medications, no asthma, no diabetes etc. When the candidate is given the photo you should become reasonable angry that he was sent home yestaerday and now might lose one of his testicles (very likely). Now needs urgent surgery, but the surgery will probably not make any difference. It would have done yesterday. When the candidate requests yesterday's notes they are available and are given to him. If he does not ask for them then the examiner will give them anyway. The candidate should have a look at the notes, which suggest "appendicitis unlikely" (which is true) but there is no record of examination of the scrotum. You are sure that the testicle was not examined. (You would have remembered that!) Now you want to know what can be done to save the testicle? Will he have decreased fertility?

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Must make the connection between severe RIF pain, normal abdo exam and then move on to examine the scrotum. Must understand that the testicle is probably not salvagable but should make an urgent surgical referral.
Prioritisation and Decision Making		
Communication	**Yes**	Must take a good history from the patient and mother. Must also deal with the situation when the mother is (very reasonably) upset over the missed diagnosis.
Teamwork and Collaboration		
Leadership and Management		
Health Advocacy		
Scholarship and Teaching		
Professionalism	**Yes**	Should be able to deal with a potentially quite difficult situation calmly and professionally.

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○

OSCE EXAMPLE 10

THEME e.g., Clinical Presentation or Situation:

Cardiac arrest resuscitation scenario

Author/s:

Text Reference

Question Stem: (Clinical Scenario)	60 year brought in after out-of-hospital cardiac arrest. Initial ROSC but deteriorated on arrival in emergency department.

	Instructions
Candidate:	You have 1 minute to prepare your team which will consist of two nurses and an ED registrar. You will then be given handover by the paramedic and you are to manage the scenario as it unfolds.
Examiner:	You will give the introduction and then the paramedic handover. Mr Smith is a 60 year old man who collapsed at home. His wife called the ambulance. On arrival he was in cardiac arrest, VF, with bystander CPR in progress by wife and neighbour for approximately 10 minutes before your arrival. He responded after two DC shocks with ROSC but persistent hypotension. BP just before arrival 80/60, P 60, unresponsive GCS 3, pupils fixed and dilated. You have given no medications en route. No aspirin, no GTN. It is expected that the candidate will check obs on arival. P 60, BP 80/60, SpO_2 100% on high flow oxygen, GCS 3. Pupild fixed and dilated. It is expected that the candidate will ask for a 12 lead ECG which is done, showing STEMI, 1 cm ST elevation, III, AVF And 2 mm ST elevation V5 V6, ST depression V3. Suggests RV AMI The candidate is expected to consider causes of persisting hypotension esp RV infarct, but also tamponade, tension pneumothorax, hyperkalaemia, and manage accordingly. IV access is quickly and easily obtained and bloods are sent off including VBG. VBG; pH 7.2, PO_2 50, $PaCO_2$ 45, HCO_3 24, BE -5, Lactate 4 mmol/l Na 135, K 4.5, Cl 100, HCO_3 24, Ur 7.5, Cr 120. It is expected that the candidate will ask the ED Reg to intubate. They do this as asked, but intubate the oesophagus. The patient becomes increasingly hypoxic. The ETT should be removed and either replaced or ventilatory support/guedel, LMA used. The candidate may at this stage decide to intubate the patient himself. That would be acceptable. ECG RV4 shows 1 mm ST elevation, The diagnosis is RV AMI, (prox dominant right main) so treatment should be given including fluid bolus, possibly inotropes, urgent PCA or thrombolysis and avoidance of nitrates. Urgent priority is referral to ICU and cath lab/cardiology. The candidate is asked to make the referral to the cardiologist at 12 minutes if they have not already done so. Examiner 2 is the cardiologist who takes the call. After the referral is made the candidate should then commence post arrest care incuding repeat ECG, CXR and active cooling as well as asking to speak to the wife. The examiner should ask “what would you say to the wife” and then listen for the response.

OSCE EXAMPLE 10

Patient / Role Player:	Nurses. Experienced ED nurses, usual capabilities including IV access, take bloods, CPR, use defib machine. You are to respond to directions from the candidate correctly and efficiently. You should report changes in observations as you normally would. Doctor. You are a junior ED registrar, recently completed first part exam, have done a little anaesthetics as a junior doctor but not a full anaesthetics term. You are happy to have a go at intubating if asked, but will be (deliberately) unsuccessful. You will think that the tube is in, but it will be in the oesophagus. When asked, you should say that you think the tube is OK but not completely sure. The patient will have no air entry on auscultation and will become increasingly hypoxic, visible as oxygen saturation decreases. Otherwise you are able to take bloods, insert IO, check blood gases etc. Once the patient has been successfully intubated you should assist as requested with post resuscitation care including active cooling.

Domain	Yes/No	Detailed Assessment Criteria
Medical Expertise	**Yes**	Should demonstrate good knowledge of the management of cardiac arrest.
Prioritisation and Decision Making		
Communication	**Yes**	Must demonstrate clear communication between candidate and team members.
Teamwork and Collaboration	**Yes**	Must demonstrate good teamwork skills including clear leadership with appropriate delegation of tasks.
Leadership and Management	**Yes**	Must demonstrate good leadership skills during the resuscitation scenario.
Health Advocacy		
Scholarship and Teaching		
Professionalism		

OSCE STATION DIFFICULTY

Select the ONE BEST option that describes the overall difficulty of this OSCE station	Low difficulty ○	Moderate difficulty ○	High difficulty ○