Monash Practice OSCE 2019.2

**OSCE 1**

**Candidate Instructions**

You are a consultant in the ED. The nursing staff have asked you to see Mrs Eleanor Robertson, an 80-year-old woman with acute abdominal pain. They are concerned that the patient is requiring a significant amount of IV analgesia.

Medications given:

Paracetamol 1g oral

Morphine 2.5mg IV aliquots – total 10mg

Her observations:

HR 94 bpm

RR 14/min

BP 160/85 mmHg

SaO2 97% room air

Temp 37.8 degrees

**Your tasks are to:**

1. Take a history from the patient.
2. Discuss directly with the examiner:
   1. Your provisional/differential diagnosis, and
   2. Your approach to investigation

You will not be required to examine the patient

You will have 7 minutes to complete this station. The examiner will stop you at 5 mins to give the differential/ investigation approach.

**Domains assessed:**

Medical Expertise 80%

* Relevant History (40%)
* Provisional Diagnosis and Approach to Investigations (40%)

Communication 20%

A copy of this case information is provided in the examination room.

**OSCE 1**

**Role Player Instructions**

You are Eleanor Robertson, an 80-year-old woman, with abdominal pain. You believe it is due to constipation.

Presenting complaint:

Pain started suddenly this morning. Central and lower abdo bilaterally. Initially colicky but now it is constant.

Approx 9/10 and some improvement with paracetamol and morphine down to 7/10.

No obvious exacerbation features, and the only improvement has been with morphine.

No loin pain

No PR bleeding

No urinary symptoms. No fever. No chest pain/coryzal symptoms.

Associated nausea and one small vomit. No haematemesis.

Decreased appetite. You have noticed in the past few months that you get diffuse pain to central abdomen after eating often.

Not opened bowels for 3 days – you are convinced that this is the cause of the pain and request laxatives to fix it.

Past history

HT

AF

Type 2 diabetes

Medications

Aspirin, Metoprolol, Atorvastatin, Glicazide

No known allergies

Social history

Live at home with husband. Retired school teacher.  
Non-smoker. Occassional Etoh – sherry.

Independant ADLs  
FHx  
Sister had a PE aged 60.

**OSCE 1**

**Examiner Instructions**

**Questions to be asked at 5 minutes:**

* What is your differential diagnosis?
* How would you investigate? (Expected to provide justification)

**Detailed assessment criteria**

Please use the following criteria to inform your ratings above**:**

**Medical Expertise (80%)**

* + Relevant history
    - Elicits a focused, relevant history
      * Pain

Location and radiation of pain, duration, severity

Character, periodicity (constant, colicky)

Associated features: N&V, bowel habit, urinary, jaundice, PR bleeding

* + - * Past history,medications*,* allergies,last meal
    - Identifies important historical details (red flags) diagnostic of an important condition
      * Recognises constipation is unlikely to be the cause of pain
    - Generates a differential diagnosis, with an inherent focus on conditions requiring time critical management
      * Ischaemic bowel
      * Appendicitis
      * Diverticulitis
      * Bowel obstruction
      * Less likely – cholecystitis – but recognises possible atypical presentation in elderly diabetic
  + Provisional diagnosis and approach to investigation
    - Creates a focused investigation plan that confirms or excludes time critical diagnoses
    - Should include
      * Bloods – VBG – lactate, FBC, U&Es, LFTs, lipase,
      * FWT
      * CXR – free gas, AXR only if bowel obstruction suspected
      * CT with IV contrast – ischaemic bowel, plus rule out others diverticulitis/ tumour/ appendicitis/obstruction.

**Communication** (History taking technique) **20%**

* Introduces self and purpose, establishes rapport, shows empathy
* Uses appropriate communication skills
* Actively listens e.g. paraphrases and clarifies what has been said
* Allows the patient to react emotionally to the situation and responds appropriately to non-verbal cues