

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your registrar comes to you to discuss the ECG of a 76yo lady who had an unconscious collapse, who they had seen on another shift.

They had felt out of their depth treating the patient and want some advice about the management.

Instructions for the candidate

You are the teaching consultant on and you are meeting the registrar in non-clinical time. You are to interpret the ECG and provide an approach to management.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a junior registrar, newly promoted to the position.

The patient presented with collapse, bradycardia and hypotension. You were not entirely confident interpreting the ECG, but thought there may be a 2nd degree block with 2:1 AV conduction. You were told it was complete heart block but want help explaining why.

You called the senior reg for assistance and they lead the management and the patient went to coronary care. You are unsure exactly what treatment was given. Isoprenaline was mentioned and you are not sure what this is.

You want help with the ECG and an approach to managing Complete Heart Block. You are keen to learn how to do transcutaneous pacing.

If asked, you are happy to be a registrar and are enjoying the role. This was the first time you felt really overwhelmed.

For the examiner

Resources: defib capable of pacing

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

ECG interpretation

Management of complete heart block with haemodynamic compromise

Prioritisation And Decision Making

Appropriate stepwise management approach

Scholarship and Teaching

Approachable and appropriate teaching style

Other Assessment Notes

1. ECG

- Complete heart block
- Ventricular escape

2. Management

- Resus environment, ABCDE (high flow O2, IV access and fluids, connect defib, temperature)
- drugs (atropine, adrenaline, isoprenaline) - indications, limitations, doses, administration, end points
- transcutaneous vs transvenous pacing
- definitive: PPM insertion
- disposition - cath lab vs ICU vs CCU

3. Transcutaneous pacing

- indications, contraindications
- complications
- procedure (pad placement, rate, energy, titrating, monitoring)
- sedation, analgesia

4. Teaching

- clear and correct
- identify learning objectives and follow up

Bonus

- Explore if registrar is comfortable in role or needs more support / mentoring

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Information

You are a FACEM at an urban district ED. You have assessed Mr Bernard Reid, a 65 year-old man who arrived by ambulance 1 hour ago. Mr Reid has oesophageal adenocarcinoma with multiple metastases. The disease is deemed inoperable, not amenable to stenting, and too advanced for palliative chemotherapy or radiotherapy. He has refused palliative care services and hospital admission several times. The visiting district nurse expressed concerns about rapid weight loss, pallor and dysphagia, even for fluids. Today she noted haematemesis and melaena.

Observations on arrival:

- Confused, drowsy and frail man. Looks very dehydrated.
- Temp 35.1 deg C
- HR 126 bpm
- BP 78/42 mmHg
- Oximetry 91 % on room air

Laboratory investigations reveal severe metabolic acidosis, acute renal failure and anaemia.

Alexis, Mr Reid's eldest child, awaits you for a meeting in the relatives' room.

Your tasks are to:

- Inform Alexis of Mr Reid's current condition
- Discuss your management plan with Alexis
- Answer any concerns Alexis may have

You will be assessed in the following domains:

- Communication (50%)
- Health Advocacy (50%)

Actor's information

You are Alexis, Mr. Bernard Reid's eldest child. You live locally with your spouse and two children, Kim and Kanye. You have one other sibling who lives interstate (North-West WA).

Mr Bernard Reid

Your father is a 65 year-old retired plumber. Widowed 5 years ago, he lives alone at home. Formerly independent, he now struggles at home. Close family support and regular visits from the district nurse are essential. He is a lifelong heavy smoker.

He went to his GP 3 months ago with difficulty swallowing. After several tests in hospital, he was diagnosed with 'advanced' cancer of the oesophagus, which had spread to the lung and liver. The cancer is deemed too advanced for surgery, chemotherapy or radiotherapy, either for cure or comfort.

Your father was treated for dehydration several times at the ED, after which he always discharged himself despite offers of admission and help from the palliative care team. Advanced care planning, end of life care and resuscitation were never discussed with any of the doctors.

Vera, the district nurse who visits your father daily to give medications, expressed concern over his inability to swallow, weight loss and pale complexion. Vera called you an hour ago advising you to urgently attend the ED. You have no more information but it sounds especially serious this time.

The Current Predicament

Bernard's current condition is grave; he is expected to die soon. Appropriate treatment for him entails analgesia, rehydration and general comfort measures. His condition renders him non compos mentis, so the notion of his own choice or volition is inapplicable currently. It is certainly not appropriate to institute advanced life support or any other invasive measures.

Your Expectations

Despite knowing your father's cancer is advanced and incurable, you want reasonable treatment measures to alleviate his suffering. Of course, you'd rather he lives as long as possible. To you, "everything done" by his doctors should be default. Withholding any treatment when he is suffering is a hitherto unknown, alarming concept. Why would any doctor deny your father treatment when he's so sick, as he is today?

The candidate's onus is to explain the importance of avoiding not **any** treatment, but rather those which are considered futile at best, harmful at worst. These include any advanced life support measures, invasive interventions and artificial life support. The applicable principle is similar to that for not offering surgery or adjunct therapy for his cancer: such interventions will not only make him better – they are likely to be harmful.

It follows that your expectations, like that of any reasonable person, are that:

1. Your father receives all treatment that relieves suffering
2. Your father does NOT receive any treatment that will increase and/or prolong his suffering, or compromise his dignity
3. The attending doctor (the candidate) informs you about your father's current condition, and what constitutes appropriate treatment.

Note: as a layperson who's relatively uninformed of medical issues, you require key, relevant information that's delivered in a sensitive manner. Verbal and non-verbal communication skills are paramount. Phrases such as:

- "Would you like everything done?"
- "Jump on his chest"
- "Heroic measures"
- "Stick a tube down his throat"

... may be used by candidates. Without explanation or context, these phrases are distressing or confusing to an emotional relative.

Expectations from the candidate, prompts and timeframes – allow candidate to lead discussion if they are already covering the relevant issues.

When candidate enters room:

'Hello, are you dad's doctor? I'm Alexis.' I got here as soon as I could.

The candidate is likely to establish your understanding so far. State *'I don't know what's wrong with him this time, but it sounds very serious, doesn't it?'*

At 1 minute (discussion of the current problem):

'Can you tell me what's wrong with dad?'

At 3 minutes (discussion of expectations):

'So what treatment will you give him?' 'What if gets worse?'

At 5 minutes (discussion of management plan):

Flexibility is required according to if the candidate has:

- Spoken in a sensitive manner
- Explained why palliation 'comfort measures' are in your father's best interest
- Explained why treatment such as blood transfusion and CPR are futile or harmful

If these are NOT addressed, then ask questions such as:

- *He's losing a lot of blood, why can't you transfuse him?*
- *Can you get a surgeon to stop the bleeding?*
- *So would you just let him die if his heart stopped?*

At 6 minutes (acceptance of management plan):

You will either accept the management plan easily or begrudgingly, depending on the interaction thus far

If not addressed, confirm:

- Admission: *'Is he going to stay down here in the Emergency department?'*
- Palliation: *'Is he going to be comfortable?'*

Examiner's Guide

The candidate will meet Alexis, the eldest child of 65-year old Mr Bernard Reid, who has known metastatic oesophageal cancer, too advanced for any curative or palliative surgery, chemotherapy or radiotherapy. Having seen evidence of melaena at Mr. Reid's home, his district nurse Vera arranges transfer to ED. On arrival to ED, profuse haematemesis is seen. Mr. Reid has haemorrhagic shock, profound anaemia and acute renal impairment with metabolic acidosis. The candidate is expected to sensitively convey the futility of resuscitative measures to Alexis and establish a palliative management. Alexis will easily accept or begrudgingly accept depending on the candidate's communication skills.

Communication (50%)

- Establish rapport, engaging, appropriate use of silence, answers questions
- Considers providing support for Alexis e.g. from relative, friend, social worker
- Gauges understanding of condition and expectations
- Sensitive handling of unrealistic expectations
- Pitches medical opinion in language understandable to layman e.g. cannot stop bleeding, blood transfusion cannot keep up with blood loss, dying
- Sensitively explains prognosis, including expected death, futility of resuscitation

Health advocacy (50%)

- Confirm next of kin, ensures their understanding of management plan
- Convey acute nonreversible life threat in an otherwise palliative patient
- Appropriate treatment aims and limitations for imminently dying patient
- Early optimisation of end of life care involving appropriate hospital specialty

Candidate Information

You are preparing for morning handover as consultant in charge of a tertiary ED at 0750 hours. The senior registrar overnight advised you that Dr Hart, the *junior* registrar overnight, mismanaged a patient who is currently in resus, intubated.

The patient is Mr Berry, a 45 year-old man who presented with neck pain at 0500 hours. With an ECG raising concerns of an acute coronary syndrome, followed by an elevated serum troponin, Dr Hart prescribed aspirin 300mg, low molecular weight heparin and a GTN patch. After developing a worsening headache, Mr Berry's conscious state rapidly deteriorated 2 hours later, necessitating intubation. A CT brain showed a large subarachnoid haemorrhage.

Dr Hart sits alone in a private room, waiting for a discussion with you.

Your tasks are to:

- Determine the account of events
- Assist with ongoing management of the patient
- Counsel Dr Hart about this incident

You will be assessed in the following domains:

- Communication (40%)
- Leadership and Management (40%)
- Medical Expertise (20%)

Role Player Information

You are Dr Hart, a junior ED registrar (PGY4), due to sit primary examinations in 6 months. You have worked in your hospital since being an intern. You live with your partner. You are physically and mentally well, and have no drug or alcohol issues. The work roster is not over demanding. You have just completed your third of three nightshifts.

While in Fast Track at around 0500 hours, an anxious resus nurse handed you Mr Berry's ECG. This caused concern for an acute coronary syndrome. You immediately rushed to resus and met Mr Berry, a usually fit and well 45 year-old man. He presented with neck pain, which had already settled with paracetamol and ibuprofen given at triage. You prescribed aspirin 300mg immediately, and requested a serum troponin. When the troponin level returned elevated, you prescribed Clexane and a 50mg GTN patch. When Mr Berry started to complain of a headache, you reassured Mr. Berry that the GTN was responsible and it was important to persevere with it.

To your surprise, Mr Berry suddenly became unconscious at 0700 hours, which led to his intubation by your senior registrar. Subsequent CT brain showed a large subarachnoid haemorrhage.

You had not discussed Mr Berry with your senior registrar, as the department was busy and you were certain of your diagnosis of acute coronary syndrome. You did not perform a neurological examination of Mr Berry and specifically did not inquire about, or examine for features of subarachnoid haemorrhage.

The diagnosis of subarachnoid haemorrhage devastated you. Your senior registrar has angrily told you to 'fix the situation,' by referring Mr Berry to the neurosurgeons. The neurosurgical registrar is assessing the patient now. He is aware of the subarachnoid haemorrhage but unaware of prior events.

When candidate enters the room

'I guess you've heard about the man in resus then'

If the candidate enquires about vital signs and insists on seeing the patient

'The senior registrar started neuro-protective measures and the neurosurgical reg has just arrived'

If candidate asks you to provide your version of events

'I was in Fast Track when the resus nurse ran around with an ECG. It looked worrying so I went 'round to resus and saw the patient... he said he had neck pain, which had resolved. Based on the ECG, I thought it was a cardiac problem, so I prescribed Aspirin and did a troponin. The troponin came back positive so I prescribed Clexane and a GTN patch'

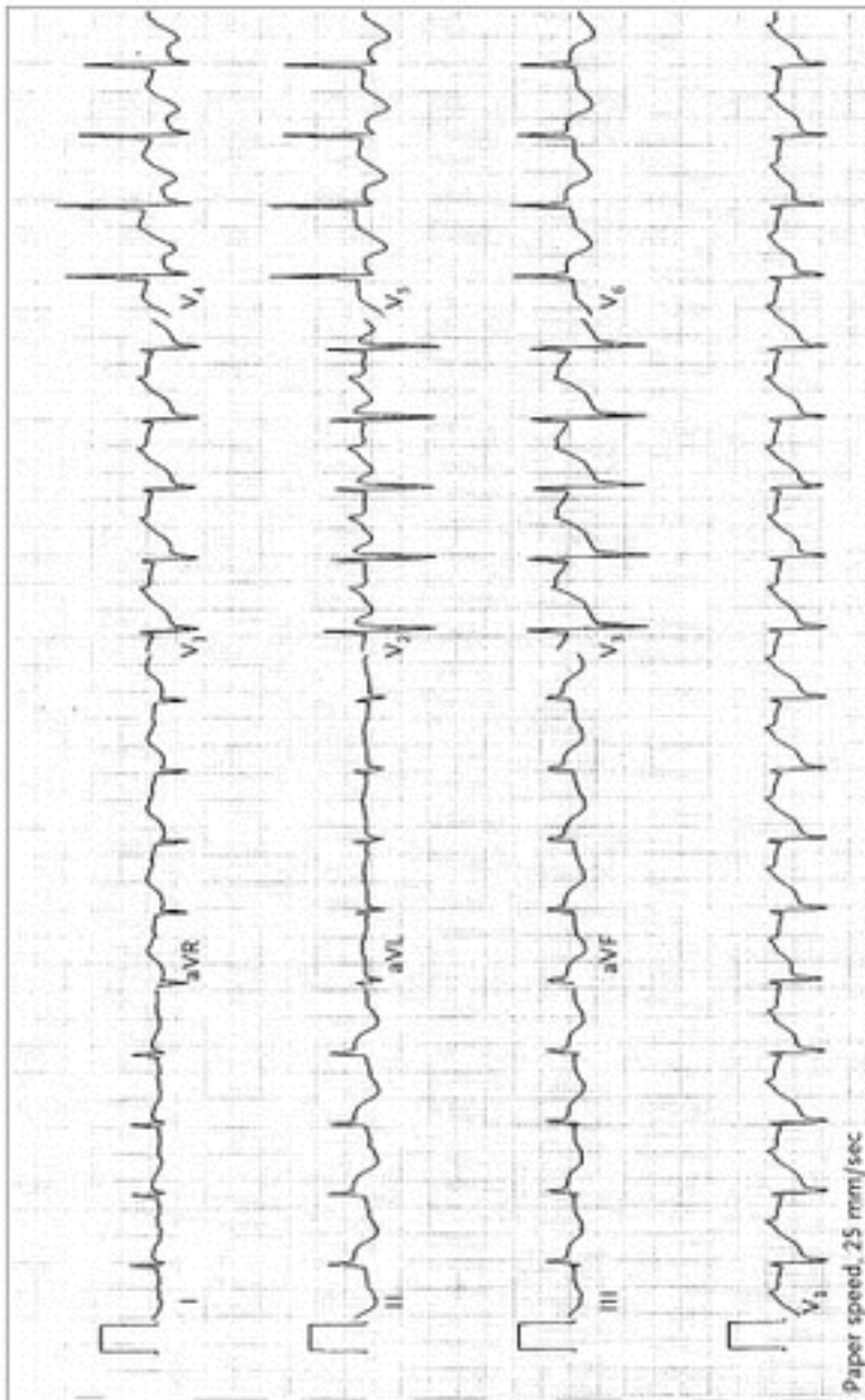
By 4th minute: Prompt for candidate to discuss differentials for ischaemia mimics on ECG

'With that ECG, I thought it must be a coronary event. I mean, ST changes mean there's an ischaemic event. What else causes ST changes on an ECG?'

By the 6th minute: Prompt for support with referral and ongoing risk management process

'The neurosurgical reg is here now... he knows about the subarachnoid but not about what happened before that. I haven't made a full referral yet.'

'I know I'll have to be risk assessed now'



ECG available in room, in possession of confederate

Electrocardiographic Changes in Intracranial Hemorrhage Mimicking Myocardial Infarction
 W. Brian Bailey, M.D., and Bernard R. Chaitman, M.D.
 N Engl J Med 2003; 349:561 August 7, 2003 DOI: 10.1056/NEJMim020416

Examiner Information

Prior to starting a shift in charge of a tertiary ED, the candidate is made aware of a night duty junior registrar who missed a SAH, due to misinterpretation of an ECG. The patient is a usually well 45 year-old man with resolved neck pain. After administration of aspirin and LMW heparin, the patient rapidly lost consciousness. A CT brain post intubation reveals a large subarachnoid haemorrhage. The neurosurgical registrar, reviewing the patient now, is aware of the diagnosis but unaware of prior events.

Communication (40%)

- Establishes rapport
- Supportive, non-judgmental manner
- Acknowledges and responds to registrar's distress
- Seeks information regarding patient management
- Sensitively corrects registrar's misconceptions

Leadership and Management (40%)

- Discusses decision making bias, specifically 'anchoring'
- Explores other contributive factors for error e.g. lack of full assessment, supervision
- Provides support in referral to neurosurgical registrar/refers on behalf of junior registrar
- Initiates risk management process: notifications, documentation, reporting
- Supports junior colleague, including consideration of registrar's personal circumstances

Medical Expertise (20%)

- Discusses potential ECG changes in SAH
- Discusses non-MI causes of ST elevation, examples:
 - Pericarditis
 - Benign early repolarization 'high take off'
 - LBBB, LVH, LV aneurysm, Ventricular pacemaker
 - ****Raised ICP****
 - Others e.g. Brugada

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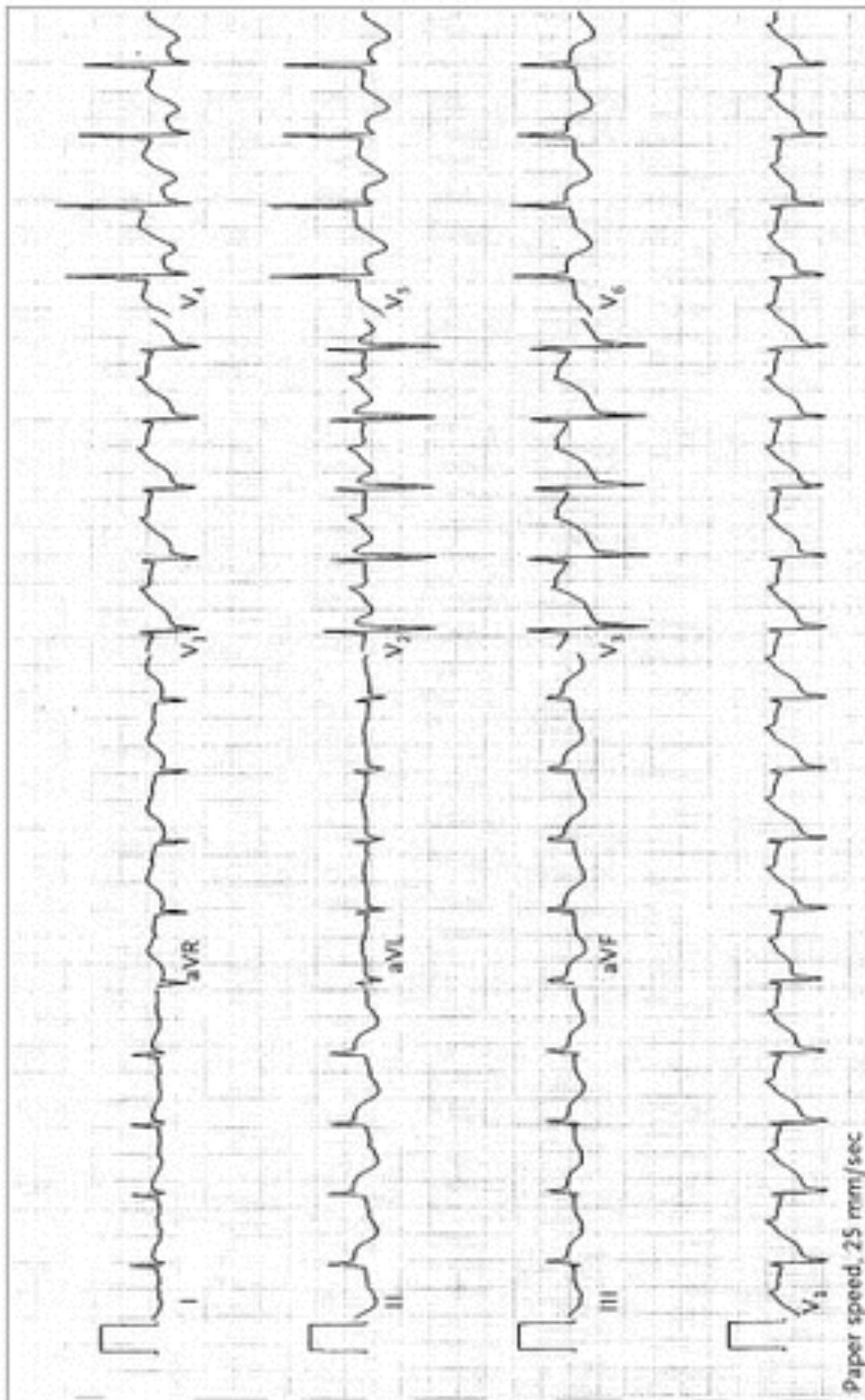
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 - LBBB, LVH, LV aneurysm, Ventricular pacemaker
 - ****Raised ICP****
 - Others e.g. Brugada

Candidate information

You are a FACEM at an urban district ED at 1900 hours on a Saturday.

The Fast Track nurse requested that you meet with the parents of 3 year-old Mercedes, who presented with refusal to move her left leg. A nurse initiated x-ray has was taken (see appended). Mercedes is currently with a grandparent in the children's play area.

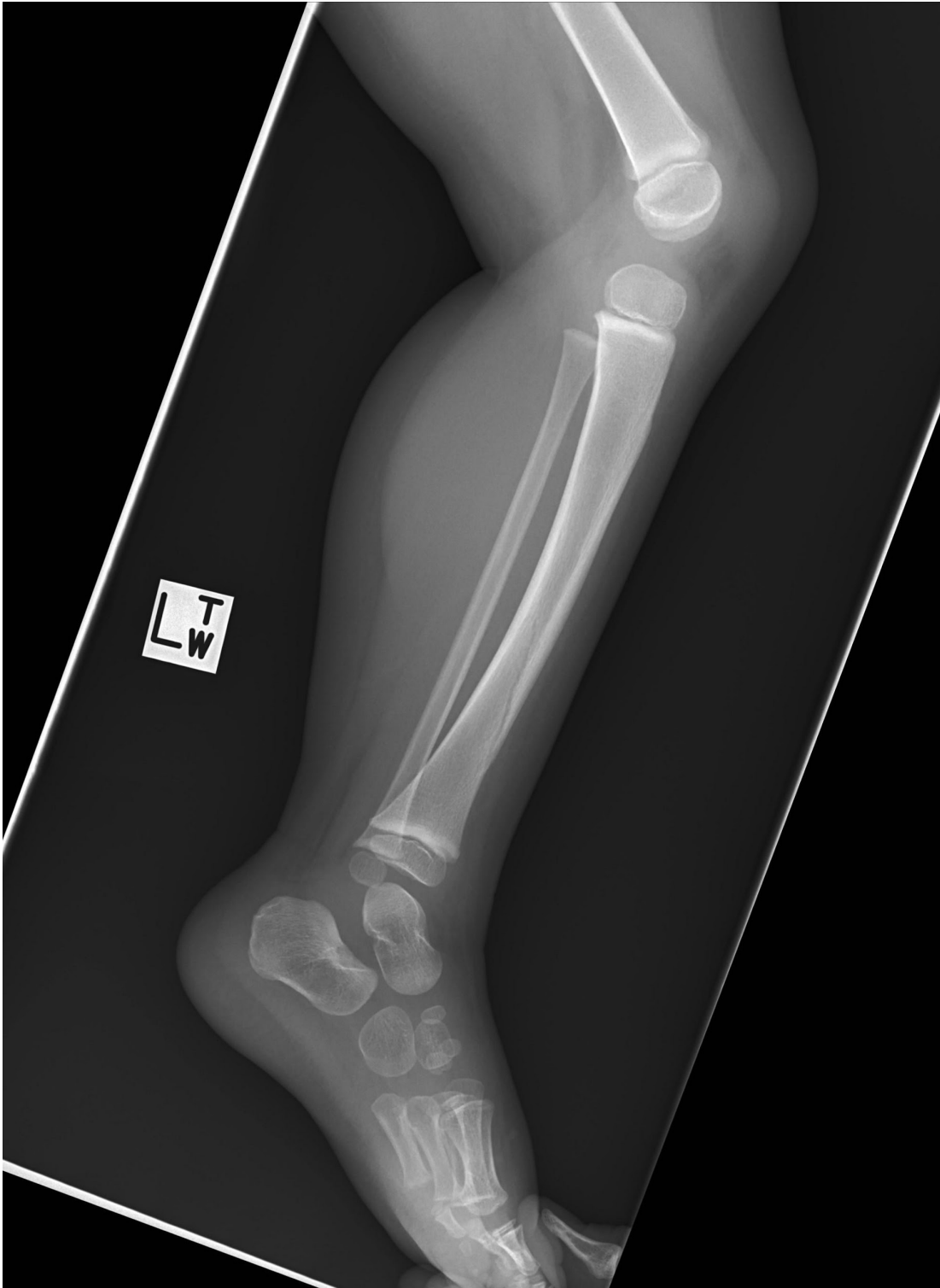
With Kailee, Mercedes' mother, your tasks are to:

- Discuss management based on the appended x-rays
- Review the history of the presenting problem
- Address concerns Kailee may have

You will be assessed on the following domains:

- Medical Expertise (20%)
- Communication (40%)
- Health Advocacy (40%)





Role Player Information

Background

You are KaiLee, 19 year-old mother of 3-year old Mercedes and 12 month-old Kane. The children have no contact with their biological fathers. You are currently unemployed, but hope to work in horticulture. You are on social welfare, which barely provides sufficient funds for rent and childcare, particularly after you purchase cigarettes and alcohol. Your mother Raelyne lives nearby; she is fairly supportive of you and your children.

Your boyfriend Brayden moved in with you 3 months ago. Initially friendly to your children, Brayden has been increasingly aggressive towards them lately, particularly when he's drunk. Both children are subject to his verbal abuse, with frequent threats of physical harm. You yourself have been physically assaulted by Brayden a few times. The injuries were minor; you've never reported this to anyone.

You are concerned about your children's welfare, but equally fearful of Brayden. You wish to remain in the relationship, partly from genuine affection (he can be so nice when he's sober); partly from fear of his reaction if you decide to leave.

Today's Events

Circumstances of Mercedes' current injury are unclear to you. She was well when you left the apartment this afternoon for grocery shopping. Brayden, although watching television and drinking beer, seemed happy to mind the children. Returning 1 hour later, you found Mercedes crying, with a painful, bruised left leg. She was reticent in explaining events, appearing quite scared. Brayden seemed drunk and angry, stating that she fell off the couch. You were fearful of exacerbating his anger, so opted not to press him further about events. Of course, your well-founded suspicion is that he physically assaulted your daughter. This is the first time (as far as you know), that Brayden has physically abused either child. Thankfully, you found Kane sleeping in his room, unharmed. You immediately took both children to Raelyne's house. Your mother convinced you to take Mercedes to hospital for assessment. As you've not discussed your fears with her before, Raelyne thinks Mercedes' injury is purely accidental. In fact, she has no knowledge nor suspicion about Brayden's conduct.

At the Hospital

Mercedes received appropriate analgesia at triage. She is now in the playroom with Raelyne. The candidate has already viewed Mercedes' left leg x-rays. She has a "toddler's fracture", or more specifically an undisplaced fracture of the distal tibia. The candidate will discuss initial management with you, which should include fitting a back-slab or walking cast, and follow up with an Orthopaedic surgeon. Immediate surgery is not required.

Management of Mercedes' fracture is a comparatively easy issue. The candidate's key task is to establish the probability of NAI through careful, sensitive questioning, and initiate measures to protect Mercedes. This is a statutory mandate for clinicians.

Interview with the Candidate

Greet the candidate with: *"Hello. You must be the doctor. What did the x-ray show?"*

Your subsequent conduct should comprise:

- Concern about diagnosis of #.
- Some relief when advised that no surgical intervention is indicated.
- Initial denial of Brayden's involvement in events.
- Subsequent capitulation and admission of facts IF the candidate demonstrates sufficient tact and sensitivity* to make you feel safe to divulge.
- Intention to discuss options to manage social situation. Willingness to have Mercedes admitted to hospital, and to liaise with hospital social worker.

*NB: IF the candidate's communication skills are poor and no tact/sensitivity are shown, remain in denial about NAI.

State that you wish to take Mercedes home. That is, engage with candidate and his/her recommendations ONLY if his/her conduct make you feel safe enough to divulge the truth.

Examiner's Marking Guide

Medical Expertise (20%)

Correct Dx

Appropriate Mx of fracture, including follow up

Communication (40%)

- Establishes and maintains rapport with Kailee
- Explains fracture and associated management plan in appropriate language
- Sensitively explores circumstances / gathers evidence to determine NAI probability
- Shows supportive, rather than judgemental demeanour

Health Advocacy (40%)

- Arranges admission or transfer to inpatient Paediatric services
- Liaises with other services: Paediatrics, after-hours social work
- Shows intention to notify child protection services
- Ensures safety of other dependent (Kane) and Kailee herself

<https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect>

http://www.rch.org.au/vfpms/guidelines/VFPMS_guidelines_for_forensic_evaluation_of_suspected_child_abuse/

A Flash in the Pan?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the consultant in charge of the fast track area in your Emergency Department. Your Junior Registrar was reviewing the blood result of Mrs Hope who was sent by her GP to ED for an urgent review. Mrs Hope is a 46 year old woman who has 3 days history of fever up to 38.5 and coryzal symptoms. On arrival in ED she looks unwell, is pale with non-blanching skin rash. Your registrar has just received her blood results:

Hb 82 (125-145)
RCC 2.3 $10^{12}/L$ (4.5-5.9)
MCV 98 FL (80-97)
MCH 28.2 pg (26-34)
MCHC 34.2 g/dl (32-36)
Plat 28 $10^9/L$ (150-400)
WCC 1.6 $10^9/L$ (4.0-11.0)
Neut 0.3 $10^9/L$ (2.0-8.0)
Lymph 1.6 $10^9/L$ (1.2-4.0)
Eosinop 0.0 $10^9/L$ (0.0-0.5)

After you enter the room, you have 7 minutes to address these tasks:

- Analyse and interpret the above blood results including differential diagnosis
- Gather further information from the registrar regarding this patient's history and examination findings and answer his questions
- Formulate a management plan including any further investigations required

Instructions for the candidate

After you enter the room, you have 7 minutes to address these tasks:

- Analyse and interpret the above blood results including Ddx
- Gather further information from the registrar regarding this patient's history and examination findings and answer his questions
- Formulate a management plan including any further investigations required

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Teamwork and Collaboration
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A Flash in the Pan?

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Mrs Hope is usually fit and well. Has been unwell for 3 days with fever and coryzal symptoms.

Takes no medications, has not allergies.

Drinks alcohol occasionally, non-smoker.

No recent travel or infectious contacts.

Mother had IHD in 70s, no other family history of note.

Temp 38.5, BP 90/50, HR 130, RR 20, 95% RA, GCS 15

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

- blood result analysis: pancytopenia/marrow failure with all cell lines involved:

Ddx: Marrow failure (aplastic anaemia, viral illness, toxins/drugs)

Marrow infiltration (leukaemia, lymphoma, myelofibrosis)

- management plan:

Recognise possible neutropenia sepsis/unwell patient

Transfer patient to acute area, full monitoring, protective isolation

Fluid challenge

+ dose/end points eg 1000ml 0.9% saline iv, aim HR<100, MAP>65)

Appropriate broad spectrum Abx cover

eg as per hospital neutropenic sepsis pathway – tazocin 4.5g iv + gentamicin 5mg/kg iv +/- vancomycin if risk MRSA

(meropenem 1g if pen allergic)

Further investigations:

Blood film ?blast cells

Blood cultures x2

CXR ?malignancy

USS/CT abdo ?malignancy/hepatosplenomegaly

Coags – coagulopathy/DIC

Viral serology – EBV, CMV, HIV

LFTs - ?liver disease ?mets

Prioritisation And Decision Making

- recognise patient potentially very unwell with risk rapid deterioration

Communication

- clear and specific instructions

Teamwork and Collaboration

- offer to go and review patient with registrar

Scholarship and Teaching

- find out what registrar already knows

- give opportunity to ask questions

- explain methodological way of interpreting results

Other Assessment Notes

One way to do it: Introduce self Summarise stem/find out what registrar knows "I understand you were seeing Mrs Hope, and I was hoping we could discuss her case" Summarise blood results: "I am very concerned about these results. They show a pancytopenia. This is shown by a moderate anaemia, severe thrombocytopenia and a severe neutropenia." Causes of pancytopenia: "There are two main causes of

pancytopenia. These are marrow failure – such as caused by viruses, toxins or drugs; and marrow infiltration – usually by haematological malignancies such as lymphoma, leukaemia, myeloma. Is there anything in the patient's history that would suggest one of these causes? Has she had any history of exposure to any particularly viruses, toxins or drugs such as chemotherapy agents? Does she have any symptoms on history, or exam findings to suggest malignancy, such as night sweats, weight loss, lymphadenopathy or organomegaly? Relate to stem (BIG BOXES, consultant-level summary of problems): "In the setting of a patient with fever these results are very worrying, and we should treat this patient as having neutropenic sepsis. We also need to investigate why she has a pancytopenia, and she will definitely need to be admitted to hospital". Discuss management: "Our priorities in a patient with neutropenic sepsis are: - move to acute area with full non-invasive monitoring - protective isolation - resuscitation with 1000ml iv saline initially, aiming for HR <100 and MAP >65 - appropriate broad spectrum antibiotics o our hospital neutropenic sepsis guidelines suggests 4.5g iv tazocin + 5mg/kg iv gentamicin o if this patient is at risk of MRSA, such as previous hospitalisation, consider vancomycin - we also need to perform some further investigations including: o Blood film ?blast cells o Blood cultures o CXR ?malignancy/source of sepsis o MSU ?source of sepsis o USS/CT abdo ?malignancy/hepatosplenomegaly o U+Es ?renal impairment ? hypercalcaemia associated with malignancy o Coags – coagulopathy o Viral serology – EBV, CMV, HIV o LFTs - ?liver disease ?mets - disposition will be admission under either haematology or oncology, possibly to HDU for close observation as she has the potential for rapid deterioration Discuss with registrar: Do you have any questions about that plan? Shall I come and review the patient with you?"

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A headache and a needle?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the Short Stay/Observation Unit Consultant in a tertiary centre. Megan is a patient that you review on your morning ward round. She presented the previous afternoon to your ED with a sudden onset headache in the occipital area, which she described as “the worst headache ever” which then resolved after one hour. There is no significant past medical history or family history. She takes no regular medications. There was no reduction in conscious state or focal neurology. A plain CT was performed yesterday evening and it is normal. There are no other contra-indications to a lumbar puncture. In the notes from the previous evening the Registrar who initially assessed Megan indicated that they have had a preliminary discussion about undertaking an LP and she expressed some reluctance after hearing it involved putting a “needle in her spine”.

Instructions for the candidate

Please discuss the indications and pros/cons of undertaking an LP , then go on to discuss the risks of the procedure and outcomes of both positive and negative results.

Domains being examined

- Medical Expertise
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A headache and a needle?

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are concerned that the doctor the yesterday evening said you needed a “needle in the spine” to find the cause of your headache. You feel completely fine now, and you are reassured that the scan they did last night was normal. You are “really worried about the needle damaging your spinal cord”.

Your sister had a really bad headache after having an epidural and you are worried that you will have the same.

For the examiner

No prompts are given.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A headache and a needle?

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Assessment and diagnosis of patients presenting with possible Sub-Arachnoid Haemorrhage

Communication

Ability to effectively and respectfully communicate complex information to patients

Other Assessment Notes

Candidates must clearly explain that:

They are concerned that the headache the previous day was a 'warning bleed' from an SAH

The intention is to diagnose a warning bleed so that a serious/life threatening large bleed may be prevented

Better candidates will explain in lay persons terms what an aneurysm is, the fact that they are uncommon, but if there has been a bleed caused by an aneurysm there can be treatment to reduce the chances of a catastrophic bleed

The plain CT showed that there was no evidence of blood, but this doesn't entirely exclude a SAH

Better candidates may discuss evidence regarding use of CT within 6 hours of onset of headache

May discuss the limitations:

Need expert Neuro-Radiologist opinion on CT

Single large Canadian study (BMJ), not yet replicated

Current "gold standard" is still LP to test for Xanthochromia

If candidates discuss the use of CT Cerebral Angiogram in the investigation of ?SAH prior to LP they must indicate that:

May find asymptomatic Aneurysms (present in 1% of population)

May have SAH and aneurysm not detected due to vasospasm

Will require LP to test for Xanthochromia eg. Has the aneurysm bled

Candidates must describe the procedure

Reassure that needle does not go "into the spinal cord"

Discuss the risks

Local: bleeding/infection in subarachnoid space, rarely meningitis

Neuropraxia: in rare cases can be permanent

Failed procedure

Headache: increased risk if multiple attempts, larger bore needle, non-pencil point needle

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A knock to the head

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A junior RMO new to the ED comes to you for advice about the further investigation of a 44-year-old male who had a mechanical fall down 3 steps and struck his head. He was reported to have had a brief loss of consciousness with no seizure activity or incontinence. He roused back to normal. He has a small forehead haematoma, but no other injuries of note. He has not been vomiting and has no amnesia. His headache has improved with simple analgesia.

Instructions for the candidate

You are the consultant in a tertiary emergency department. You are to advise the registrar about the role of CT head in minor head injury and generate a management plan for this patient.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A knock to the head

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are a junior RMO with little ED experience. You are unsure if a CT head is merited in this case, but don't know of any guidelines around this.

The patient is a fit & well 44yo man with no PHx, on aspirin, no allergies. He drinks socially but not to excess. He fell after he missed a step and came down 3-4 steps about an hour ago. He had a LOC that was reported to be 3-4 minutes, but you have no collateral. He now feels fine except for a mild 2/10 headache frontally.

O/E his obs are normal, GCS 15. He has a frontal right haematoma with no boggiess, no other scalp injury. There are no facial or extremity injuries. His c-spine has been cleared by another consultant.

Questions to ask:

"Are these guidelines applicable for all mechanisms?"

"This patient is on aspirin - is that of concern? What if this patient were on clopidogrel or anticoagulated with a different agent?"

"Are there any other special groups to consider?"

"Are these guidelines applicable in paediatric patients?"

For the examiner

None.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A knock to the head

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Management of minor head injury

Guidelines on utilisation of CT head in minor head injury

Prioritisation And Decision Making

Formulation of appropriate management plan

Scholarship and Teaching

Clear teaching technique, identify learning objectives and plan for junior doctor

Other Assessment Notes

1. Assessment of patient

- Review history and examination findings to identify any red flags
- Discuss risk due to aspirin in comparison to other anticoagulants

2. Knowledge of CT head guidelines

- General factors (GCS < 15 at 2/24, suspected open/depressed skull #, BOS #, vomits >2, elderly, retrograde amnesia > anterograde)
- Canadian, New Orleans or NICE CT head rules
- Identify indicators for CT head in this patient
- Acknowledge limitations (populations excluded, other risk factors - alcohol abuse, significant trauma, neurological findings)
- Knowledge of similar rules in paediatric groups (not required in great detail in this OSCE)
- CATCH and PECARN

3. Management plan

- Identify no indication for CT head
- Plan for appropriate observation
- Discharge planning
- Written information
- Safety net - responsible adult, when to return, etc

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A needle in a haystack

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A medical student currently working in your department comes to you following a needlestick injury while taking blood from a HIV positive patient.

Instructions for the candidate

You are the consultant responsible for medical student supervision. You are to counsel the student about the exposure and formulate a management plan.

Domains being examined

- Medical Expertise
- Health Advocacy
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A needle in a haystack

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are a final year medical student currently rotating in the ED. You have been in the department for 3 weeks. You are enjoying your term immensely.

You had performed venepuncture on a HIV positive man and as you removed the needle he moved, causing the needle tip to pierce the side of your left index finger. You were wearing gloves. The needle was attached to a vacutainer system that you had just completed collecting blood through. If asked, the man is quite apologetic and willing to have his blood tested further if required.

You immediately disposed of the sharp, removed your gloves and washed your hands with soap and water (only provide this if asked what you did).

You immediately sought out the candidate to discuss the events. You are very concerned about your risk of becoming infected with HIV, and feel quite anxious about it and the impact it could have on your life, relationship and career. You are unsure of the man's other infective status (eg hepatitis B & C).

You have a long-term partner whom you live with. Your parents and family live interstate. You have a few close friends nearby. you have no PHx, medications or allergies.

You want to know:

- what are the chances of you becoming infected with HIV, Hep B or Hep C? You want clear figures, not just "low".
- what factors impact the transmission risk?
- what can you do to reduce this risk (first aid, prophylaxis)? How effective are these measures?
- what are the side effects of prophylaxis? Is there anything I can't do while taking them? How do you choose? How long do you need to take them?
- what tests do you need done? Do we need to perform further tests on the source?
- what do you tell your partner?
- how long will it be before you know you are clear (and what is the process)?

Bonus:

- would HIV affect your career as a doctor? You were hoping to do emergency medicine.

For the examiner

None.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A needle in a haystack

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Knowledge of risk, management and prognosis of needlestick injuries

Health Advocacy

Appropriate risk management, prophylaxis and follow-up

Professionalism

Caring and supportive approach

Other Assessment Notes

- first aid
- investigations
 - exposed person (immunity for hep B, LFTs pre-PEP)
 - source (eg hep B & C, viral load, etc)
- risks of exposure
 - source factors - viral load, compliance with meds
 - transmission factors - amount of blood, etc
 - generic risks (blood in hollow needle, viral load detectable)
- Hep B 1:3
- Hep C 1:30
- HIV 1:300
- risk of HIV transmission when viral load undetectable likely to approach 0
- PEP
 - indications / contraindications
 - efficacy (~4x reduction in transmission incidence)
 - complications
 - agent choice (guided by ID - local resistance, specific strain of source, treatment regimen of source affects resistance)
- psychosocial
 - partner, career
 - prevent re-transmission (barrier protection for intercourse)
- f/up
 - ID, welfare

Bonus

- ensure PPE / OH&S safety
- university requirements

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A pain in the neck

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 37yo man has been brought to your emergency department after being knocked off his bike by a car at low speed. You are approached by a medical student who has been assessing him to assist with cervical spine clearance.

Instructions for the candidate

You are the consultant on in your urban district ED. You are to assess the patient for clinical cervical spine clearance and explain this procedure to the medical student.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A pain in the neck

Actor & Examiner Instructions

For the actor

Patient:

You are a fit & well man, no medical problems or medications. You were knocked off your bike by an inattentive driver. You were wearing your helmet and had no loss of consciousness. You have a number of grazes to your arms and legs and a sore left hand. You developed neck pain in the few minutes after the accident. You mobilised initially, but were encouraged by the ambulance crew to lie down and a hard collar was applied.

You have no weakness, loss of sensation or midline cervical spine tenderness. You have good head control.

Med student:

You have no idea about clinical clearance of the cervical spine. You can ask:

"How do you decide who gets imaging?"

"What criteria do you use for clinical clearance?"

"Are there other guidelines?"

"Are these criteria suitable for clinical clearance in all patients?"

After clinical clearance, ask:

"How do you decide which imaging type to use?"

For the examiner

Require: hard collar for patient

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A pain in the neck

Assessment

Domains Assessment Objectives

Medical Expertise

Clearance of the cervical spine in trauma

Communication

Clear explanation to patient and student

Scholarship and Teaching

Good teaching technique

Other Assessment Notes

Introductions, hand hygiene

Analgesia for patient

1. Assessment

- Safe approach and clear explanation of rationale
- Consider other injuries, etc

2. Clinical guidelines

- Use of validated guidelines for clinical clearance (eg NEXUS, Canadian c-spine rules)
- Identify applicable and non-applicable populations

3. Imaging choice

- With rationale (age, radiation dose, likelihood good images)

4. Communication

Bonus points:

- limitations of guidelines
- comparison of different criteria

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A pain in the neck

OSCE by Anonymous

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Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A pain in the neck

Actor & Examiner Instructions

For the actor

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"Are there other guidelines?"

"Are these criteria suitable for clinical clearance in all patients?"

After clinical clearance, ask:

"How do you decide which imaging type to use?"

For the examiner

Require: hard collar for patient

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A pain in the neck

Assessment

Domains Assessment Objectives

Medical Expertise

Clearance of the cervical spine in trauma

Communication

Clear explanation to patient and student

Scholarship and Teaching

Good teaching technique

Other Assessment Notes

Introductions, hand hygiene

Analgesia for patient

1. Assessment

- Safe approach and clear explanation of rationale
- Consider other injuries, etc

2. Clinical guidelines

- Use of validated guidelines for clinical clearance (eg NEXUS, Canadian c-spine rules)
- Identify applicable and non-applicable populations

3. Imaging choice

- With rationale (age, radiation dose, likelihood good images)

4. Communication

Bonus points:

- limitations of guidelines
- comparison of different criteria

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A timely collapse

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Theo, an 84yo man, presented to triage complaining of abdominal pain and had an unconscious collapse while doing so. He has been lifted onto a barouche and wheeled immediately to the resuscitation bay by the triage nurse with the resuscitation team assembled.

Instructions for the candidate

You are the consultant on for the resuscitation area. You will be working with 2 experienced ED nurses and a registrar. You are to manage the scenario as it unfolds.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A timely collapse

Actor & Examiner Instructions

For the actor

Nurse 1 (triage):

Experienced ED nurse, able to perform all required tasks quickly. Theo presented to you complaining of severe abdominal pain this morning. He looked pale and sweaty and then collapsed in front of you. You were unable to feel a pulse and immediately called a medical resuscitation and moved him to the resus room.

You know no further history, but his wife is in the relatives' room.

Nurse 2:

Experienced ED nurse, able to perform all required tasks quickly.

Registrar:

Moderate experience, able to perform most procedures except intubation.

If the candidate wants to intubate, the actor holding the airway can redirect "I've got a good seal and he is ventilating well"

IV access is impossible. The candidate should be prompted "Is there any other way we can give the medications" if IO access not secured.

For the examiner

Theo is in PEA arrest. He has had no interventions - still dressed, no oxygen, no IV.

If ultrasound abdomen is requested this can be reported as positive for large AAA with some free fluid after ~30 seconds.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A timely collapse

Assessment

Domains Assessment Objectives

Medical Expertise

Management of PEA arrest
Management of ruptured AAA

Prioritisation And Decision Making

Clear directed management plan

Leadership and Management

Resuscitation team management

Other Assessment Notes

1. PEA arrest management

- early identification
- immediate initiation of chest compressions, oxygen delivery, airway support (intubation not required in this time frame)
- appropriate use of medications (adrenaline)
- safe use of defibrillator (charge & check)
- use of IO for access

2. Identification and management of cause

- consider H&Ts, obvious cause is ruptured AAA
- fluid and blood (massive transfusion) resuscitation
- issue of IV access - other options (eg central sheath introducer)

3. Team management

4. Other points

- dismal outcome in elderly man should be identified and consideration of ceasing care raised (will need discussion with family)
- fate not sealed - may have ROSC with some fluid resuscitation and adrenaline (as happened in real case)
- urgent vascular review and theatre preparation (still likely poor outcome)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A twinkle in the eye

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are asked to see a 43yo cleaner, Maria, who had a splash of caustic cleaning product into her left eye. She presented with pain and blurred vision. The eye has been copiously irrigated.

Instructions for the candidate

You are the consultant on. You are to perform an assessment of Maria's eye focusing on examination.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A twinkle in the eye

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You were at work cleaning offices when you poured water into a bucket containing some caustic cleaning product ("like draino") and had a splash into your left eye. It was irritative and then gradually became more and more painful despite washing it under a tap. Your vision in that eye is now blurry. The eye has been irrigated with normal saline for the past 45 minutes and the doctor is coming to examine it. You did not get splashed elsewhere.

You have no significant medical problems and no allergies. You have no prior eye conditions. You do not wear glasses (unless you do).

On visual acuity, your right eye is 6/9 (aided) and your left is 6/18 (aided) with no pinhole correction.

You are concerned about long-term vision loss and short-term missing work. You can ask what the candidate has found on their exam as it progresses.

For the examiner

Equipment: Snellen chart (and 6m marker), litmus paper, slit lamp

The eye appears red with significant scleral injection. The pupils react normally, the cornea is clear with no limbal ischaemia. There is no significant alkali injury. There is no other splash or injury.

If topical anaesthetic is requested, it is immediately effective.

Fluorescein should not be instilled, but candidate to progress with examination as if it had been.

Fundoscopy is not expected.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A twinkle in the eye

Assessment

Domains Assessment Objectives

Medical Expertise

Eye-related history and thorough examination including pH testing and slit lamp examination

Communication

Clear instruction and communication of findings

Answering questions appropriately

Health Advocacy

Injury prevention, return to work and WorkCover concerns

Other Assessment Notes

1. History

- Type of product and exposure
- First aid and treatment so far
- Previous eye conditions, medical history, medications or allergies
- Normal vision, glasses

2. Examination

- pH testing
- Visual acuity
- General inspection, pupils, eye movements
- Good slit lamp technique
- Eyelid eversion
- Fluorescein examination

3. Explanation of findings

- Largely normal exam

Bonus:

- offer analgesia/anaesthetic
- discuss injury prevention and WorkCover

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

It is a real tragedy

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You have just completed an unsuccessful resuscitation on an 18 year old woman who was brought to the ED after being struck at high speed by a car whilst crossing the road. She sustained multiple injuries and went into cardiac arrest on arrival in the resuscitation room. She had aggressive resuscitation by a large multidisciplinary trauma team for 35 minutes, including emergency department thoracotomy. A formal debrief for all staff involved is planned for later in the shift, however, one of the nurses has asked you to check on the well being of Janice, a final year medical student who was present during the resuscitation. She was seen to be distressed and has been placed in your office awaiting your further involvement.

Instructions for the candidate

Please go and see Janice and offer her debriefing, support, reassurance and any further follow up she may require.

Domains being examined

- Medical Expertise
- Communication
- Teamwork and Collaboration
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

It is a real tragedy

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are quite distressed/teary. You found the whole resuscitation very confronting. You wonder why the thoractomy was done as it made no difference and seemed very aggressive to you. You are very concerned for the patients family.

You house share with 3 other senior medical students who will be highly supportive. If you feel reassured/comforted by the consultants manner you will open up and share your feelings and past history.

The situation is very personal for you as a close friend died in a car accident 12 months ago and was brought to the same ED in which you are now doing your placement.

For the examiner

None

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

It is a real tragedy

Assessment

Domains Assessment Objectives

Medical Expertise

Explanation of role of thoracotomy in blunt trauma.....

Communication

Open and professional approach, supportive

Teamwork and Collaboration

Inclusion of student in team and team debrief if desired

Leadership and Management

Approach to distressed staff member

Other Assessment Notes

Excellent candidates will do all/most of the following:

Offer a reassuring environment for Janice to talk and open up about her feelings

Note that such trauma resuscitations are confronting for all staff, even seasoned ones. "no shame in feeling upset"

Show concern and empathy

Offer further explanation as to why certain actions were performed and answer any questions around these queries.

Offer open ended questions and suffer any uncomfortable silences to enable Janice to open up. (ie don't rush her)

Confirm that past life experiences will affect our function at work on some occasions and that this should be recognized so it can be dealt with, but it can also improve our ability to offer empathy and care to our patients and their families.

Offer follow up, counselling, further meeting with consultant, student counsellor etc.

Followup if she needs time off today, further days

Followup safe transport home and appropriate supports at home.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

It was just a little faint

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 78 year old woman presents with fainting episodes at home. She was walking to the toilet when she fainted without any warning. Your junior registrar shows you an ECG strip taken in the ambulance when she was unresponsive for a few seconds. She is now alert and well and wants to go home.

Attachment 1 is to be viewed now. Attachments 2 and 3 are for debrief.

Instructions for the candidate

Review the ECG strip and discuss it with the junior registrar. Advise the junior registrar the information you would like to know and the management of this patient.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

It was just a little faint

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You have just been promoted to junior registrar after passing your primary examination 2 weeks ago. You saw this well looking elderly woman (78yo) who insists on going home because she has to feed her dogs. You managed to get a brief history from the patient and grabbed the ECG strip from the ambulance before talking to your consultant.

Patient's history:

She has had 3 fainting episodes over the last 1 week but each time she recovered quickly without any sequelae. She is taking medications for diabetes, hypertension, irregular heartbeats and angina. Her GP started her on a fluid tablets 4 weeks ago and she is currently on antibiotic for a chest infection.

For the examiner

No prompts are given.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Ability to diagnose Torsades and its aetiology causes

Prioritisation And Decision Making

Immediate management and formulation of management plan

Communication

Ability to effectively communicate to a junior colleague.

Scholarship and Teaching

Effective teaching technique for registrar

Other Assessment Notes

Candidate must clearly identify the ECG diagnosis

Relevant history for fainting and Torsades

Management of torsades

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are asked by a junior doctor to assist in application of a backslab for their patient with a suspected fractured scaphoid. The patient had a simple mechanical fall onto an outstretched hand with clinical findings suggesting a scaphoid fracture. X-rays were normal. They have been seen by the orthopaedic team who recommended backslab application and orthopaedic outpatient follow up in 2 weeks.

Instructions for the candidate

You are to demonstrate to the junior doctor how to apply a scaphoid backslab.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Junior doctor:

You have never done a scaphoid backslab before and want to watch this one being done. You can assist as directed.

Patient:

You can ask about cast care, "Can this cast get wet?" "How do I shower?", when it needs replacing.

The injury is of your dominant hand. You work in hospitality. You could also prompt for "Is there anything else I can do to avoid being in a cast for the next 2 weeks?"

Your hand has normal sensation and movement. You have tenderness over the anatomical snuffbox, anteroir scaphoid tubercle and pain on axial loading of the thumb.

For the examiner

The junior doctor should prompt to keep focus on the procedure if excessive time spent on assessment or management plan.

Similar scenarios would be valid for a Colles' cast, below-knee backslab or other simple plaster immobilisations.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Plaster application for scaphoid fracture

Communication

Clear explanation of procedure to junior doctor and patient

Scholarship and Teaching

Clear teaching method of procedure

Other Assessment Notes

Bonus points

- Ensure adequate analgesia
- Note use of thumb spica not supported by some literature over Colles' cast
- Early MRI for return to work

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Anne-Marie, a 35yo female, has presented to your ED with a 2-day history of sharp pain in her upper right arm and shoulder and a feeling of weakness in her right hand. There is no history of trauma.

Instructions for the candidate

You are the consultant in a tertiary ED. Please examine her right upper limb and explain to her the findings.

Domains being examined

- Medical Expertise
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

It's just not right

Actor & Examiner Instructions

For the actor

You are normally fit and well, although quite stressed at present. You have been having a lot of neck pain and headaches thought to be due to muscular tension that is ongoing. It has improved a little following recent physiotherapy. Over the last couple of days you have noted a sharp pain running down the back of your upper arm from the shoulder to above the elbow. This comes on when you lift your arm up. Your arm has been feeling a little heavy.

For the examiner

None

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

It's just not right

Assessment

Domains Assessment Objectives

Medical Expertise

Competent upper limb examination

Communication

Clear and concise instructions and explanation of findings

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

I've got a sore knee

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 56yo man has presented with a 2-day history of a swollen, red and painful right knee. He has a history of gout and is an IV drug user. He takes no regular medications, and has no allergies. He has recently returned from a trip to Thailand.

You are asked by a resident to perform a knee arthrocentesis.

Instructions for the candidate

You are to gain informed consent from the patient, and then perform a knee arthrocentesis. The resident will assist you, but does not want to do the procedure. The results will be immediately available for interpretation.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

I've got a sore knee

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Patient: You are a reasonably well man with an alternative lifestyle. Your knee has been exquisitely painful for 2 days, and you have felt a little off with no specific other symptoms.

Resident: You are a junior doctor and have not seen a knee arthrocentesis performed before.

For the examiner

Provide fluid analysis results after arthrocentesis complete.

Appearance:

WCC: 30,000/mL

Polys: 95%

Microscopy: No crystals

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Procedural proficiency in knee arthrocentesis.

Knowledge of joint fluid analysis.

Communication

Establish rapport, clearly articulate whilst gaining informed consent and during procedure.

Scholarship and Teaching

Good explanations and information for junior doctor.

Professionalism

Professional approach throughout.

Other Assessment Notes

1. Consent

- Description of procedure and indication
- Contraindications: cellulitis, bleeding diathesis
- Complications: infection, bleeding, allergy, pain

2. Procedure

- Position, equipment
- Landmarks (anteromedial, mid to upper patella, enter needle horizontally)
- Aseptic technique
- Sample collection (bonus points for string sign)
- Post procedure care

3. Results

- Adequate interpretation
- Good treatment plan - commence antibiotics, orthopaedic referral for washout, fasting, IVT, analgesia, assess haemodynamics

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

I've got the baby blues

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the consultant working in ED in a tertiary hospital with obstetric services. You receive notification that an ambulance has just delivered a term baby en route, arriving in 1 minute. The baby is not making any respiratory effort. The mother is stable and will be cared for by another team on arrival.

The attached file is for use in debrief.

Instructions for the candidate

You have 1 minute to prepare for the arrival of the baby. You will receive a handover and must then manage the scenario as it unfolds. You are working with an experienced ED nurse and a junior registrar.

Domains being examined

- Medical Expertise
- Communication
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Paramedic: You were called to a labouring term pregnant lady who was G6P5 (now G6P6). The antenatal course was unremarkable with normal scans. Labour progression was precipitous and you ended up delivering the baby in the back of the ambulance. This is your first hands-on delivery, and you believe there were no complications (eg, no cord prolapse, strangulation, meconium or dystocia). The baby had some initial gasps, but on arrival has become floppy, blue and making no respiratory effort. The birth was 2 minutes ago.

Nurse: You are an experienced ED nurse with limited neonatal resuscitation experience. You will quickly follow instruction but not initiate treatment.

Registrar: You are a junior registrar with no neonatal experience. You are able to put in a drip or IO.

For the examiner

Baby's obs:

Blue, floppy, no respiratory effort

HR 50

Pulses unpalpable

SaO₂ 50%

During the resuscitation process, you enter as another doctor caring for the mother, enquiring about information for the mother.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Expert neonatal resuscitation.

Communication

Clear communication with team.

Clear information for mother

Leadership and Management

Good team management during resuscitation.

Other Assessment Notes

Call for help - obstetric hospital will have neonatal support of some time

Good knowledge and compliance with neonatal resuscitation algorithm (see attachment).

- correct use of IPPV, oxygen, adrenaline and dose
- IV access with IO or umbilical vein

Bonus points for;

- Inviting mother to come into room during resus (if she is stable and wants to)
- Identifying poor outcome and when to cease efforts
- Debriefing staff if ends poorly

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 45 year old man, John Smith, presents with a unilateral swollen painful knee. There is no history of trauma. You decide that you need to aspirate the knee to rule out septic arthritis. The patient is being seen by a competent third year resident Melissa Harvey. You are going to instruct the resident on how to do the procedure and then guide them through the procedure.

Instructions for the candidate

The patient and Dr. Harvey are present in the next room.

You will interact with the patient but use the model to do the actual procedure.

There will be no interaction with the examiners in the room.

Domains being examined

- Medical Expertise
- Communication
- Teamwork and Collaboration
- Health Advocacy
- Scholarship and Teaching
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

John Smith is a 45 year old man who has developed a painful swollen knee. He noticed some pain in his left knee yesterday and this morning when he woke it was red, swollen and very painful. He is unable to walk on it.

He has no past medical history and no history of swollen joints. Melissa Harvey is his doctor. She has taken a thorough history and examination. She has also explained what may have caused the swollen knee and that in order to diagnose the disorder they will have to take a sample of fluid from the knee. She has also explained that she has seen this done before but has not done it herself and would like to under the instruction of her consultant.

John Smith is a very easy going man. He has developed trust in Dr. Harvey and is happy for her to do the procedure under instruction.

The focus of this assessment is on the candidate teaching the junior doctor a procedure. You will have minimal interaction with the candidate apart from some specific interactions that are required:

We expect the candidate will explain that Dr. Harvey would like to do the procedure under instruction and ask for consent for that to occur. If this does not occur then you should say "has she ever done this before? Will you be helping her?"

We also expect the candidate to explain the procedure to you or ask Dr. Harvey to do that and obtain consent. If this does not happen then please say "what are you going to do?"

We expect the candidate to always be gentle with you. If they do something that hurts then please let them know

Junior Doctor Instructions

Melissa Harvey is a competent third year resident. She hopes to do surgery as a career. She is currently doing a 3 month rotation in Emergency Medicine and likes the experience. She is well liked, knowledgeable and good practically.

Melissa has not done a knee aspirate before but has seen a few done so has some knowledge of what to do.

You are to follow the instructions of the candidate only. However, when you follow the instructions you are competent at them. If you are unclear on an instruction then please ask to clarify

For the examiner

Equipment

All equipment needed is supplied.

Use model to do the procedure

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Communication

Relaxed manner

Clear instructions

Explanation of situation to patient

Explains Dr. Harvey has not done this before

That you will be supervising

Teamwork and Collaboration

Attentive

Active listening

Health Advocacy

Scholarship and Teaching

Professionalism

Other Assessment Notes

Consent

Sterile technique

Reasonable procedure technique (at least explained, does not have to be completed in the time)

This OSCE comes from <http://acemfellowship.com/vaqs/osce-procedure/>
(<http://acemfellowship.com/vaqs/osce-procedure/>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Just a bump to the head

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 17 minutes. **DOUBLE**

Scenario:

It is 0830 in your outer urban emergency department. You have just got your morning coffee when one of the night residents asks your help with an early morning cyclist who came off his bike.

This is a double station:

Your tasks are to:

- take a focused history from the patient
- do a focused examination of patient
- discuss further investigations and management as deemed appropriate

Domains assessed:

Med Expertise - 30%

Communication - 40%

Teaching and Scholarship - 30%

ps please do not open attachment until 10 minute mark. Image courtesy of A.Prof Frank Gaillard, Radiopaedia.org, rID: 19252

Instructions for the candidate

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Just a bump to the head

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are Michael, a keen cyclist who was on his way to work at 0730.

You came off your bike and it threw you forward and to the side - but a little vague about what happened

You think you hit your head on the way down as your helmet was smashed

If asked:

- you can't exactly what your head hit or why you fell off
- you felt light headed on the scene
- vomitted
- another cyclist called the ambulance
- you vomitted in the ambulance
- they gave you something for vomiting
- you have had another vomit in emergency
- you can't recall exactly what you had for breakfast
- no pain anywhere else - a little grazing on both hands

AMPLE - allergic to penicilline

PMH

- asthma - on ventolin

last ate 0630 - you think, i always have breakfast around then

SH - work in city as engineer, have a finance, Lucy, can't recall her number though..

For the examiner

This a double station. It is loosely based on the double station of 2016.2 which was clearing a c-spine. Four components for medical expertise - focused quick trauma history - focused clinical exam - indicates evidence base for requesting CT head - e.g. ACEM, canadian c-spine, local protocol - focused interpretation of the CT head Canadian CT head rules: High risk - GCS <15 @ 2hours - i.e. they need to do a formal GCS - suspected open or depressed skull fracture - i.e. feel around the head - signs of base of skull fracture - i.e. they need to look for haemotympanum, racoon eyes, battle sign, look up nose for rhinorrhoea - vomiting 2 or more (note no mention if vomiting through ondansetron in the rules, i think evidence is that if they have a significant head injury that they will vomit through ondans) ?reference anyone - age > 65 Low risk - retrograde amnesia 30 min - dangerous mechanism * * pedestrian struck by vehicle, ejected from MVA, fall > 1 / > 5 stairs C-spine - not a focus of this station but appropriate if they request hard/soft collar until CT head + C-spine NEXUS = NSAID - no neurology, no spinal tenderness, normal alertness, no intoxication and no distracting injury or Canadian C-spine - both can't clear the neck clinically The next half of the station should focus on teaching the resident about interpreting the CT head e.g. Blood can be very bad B Blood C Cisterns B Brain V Ventricles B Bone

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Just a bump to the head

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Knows canadian CT Head rule / ACEM head trauma
states needs c-spine immobilisation
interprets CT head appropriately

Communication

Clear
Concise
Precise

Scholarship and Teaching

Check level of junior doctor
Teaching on the run principles
Checks understanding
Allows time for quesitons

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your registrar comes to you with an ECG of a 76yo lady who had an unconscious collapse at church. She had stood for hymns, felt lightheaded and then collapsed. There was no seizure activity. She did not sustain any injuries.

Instructions for the candidate

Explain to the registrar the findings on the ECG and formulate a management plan.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Health Advocacy
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a junior ED registrar. You can provide a summary of the patient. You do not think there is anything wrong with the ECG.

She is a well, independent lady from home with good supports. She has fainted previously, but not for a long time. She has a past history of controlled hypertension, glaucoma and impaired glucose tolerance. She is on aspirin, perindopril and atorvastatin. She has no allergies. She currently feels well.

Her vitals are: HR 78 BP 130/50 RR 16 SaO₂ 98% RA T 36.7. She is hydrated. She has no murmur, lung fields are clear. Examination is unremarkable. There is no postural drop in BP.

Her bloods revealed slight renal impairment consistent with previous. Hb 98, Hct/PCV 0.32. WCC normal. Other results unremarkable. Urinalysis showed leucocytes + with no nitrites (no symptoms). CXR clear.

For the examiner

ECG is largely benign with only a first degree block.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Assessment of syncope, risk factors and relevant risk scores

Prioritisation And Decision Making

Appropriate management plan

Health Advocacy

Appropriate risk stratification and advice for patient

Scholarship and Teaching

Well structured ECG explanation and guidance of junior doctor

Other Assessment Notes

Use of syncope risk stratification (eg Boston or San Francisco criteria).

Good reference:

<http://xa.yimg.com/kq/groups/14639670/273327953/name/Evidence+Based+Approach+to+Syncope+2010.pdf>
(<http://xa.yimg.com/kq/groups/14639670/273327953/name/Evidence+Based+Approach+to+Syncope+2010.pdf>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

One of your registrars has just been treating a 32yo patient who presented with an exacerbation of their asthma. They have been given 3 lots of salbutamol nebulisers, ipratropium and prednisolone. Your registrar has asked you to examine and assess the patient.

Instructions for the candidate

You are the consultant in a tertiary ED. You are to perform a respiratory examination and explain the findings to your registrar.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Registrar:

You have assessed and treated the patient who came in with a moderate exacerbation of asthma. They are currently improved, and you were hoping to move the patient to the short stay unit with an aim to discharge later in the day. You are seeking the consultant's opinion on examination findings.

Patient:

You are a normally well 32yo. You have mild asthma, for which you use salbutamol puffer as required. You use it infrequently, but sometimes get exacerbations in winter. You are not on a preventer. You have had a cold for 3/7 and increasing wheeze over the last day. You have been using 2 puffs of ventolin every 4 hours today. You do not use a spacer routinely.

You are currently more comfortable and able to talk short-moderate sentences in one breath. You have no pain. If a PEFR is requested, you need instruction on how to perform it.

For the examiner

Obs on request:

HR 92

BP 115/75

RR 18

SaO₂ 95% RA

PEFR 450

If the examination and explanation is done quickly, the registrar could ask how to explain spacer use to the patient.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Efficient and thorough respiratory examination focused on presenting complaint

Communication

Establish rapport, clear instruction to patient

Clear and concise explanation of findings to registrar

Health Advocacy

Asthma education if opportunity arises - asthma action plan, regular puffers, possible use of preventer, spacer education

Scholarship and Teaching

Clear demonstration of respiratory examination and explanation of findings and interpretation to registrar

Clear teaching of techniques (eg pulsus paradoxus, PEFr)

Other Assessment Notes

Bonus marks for PEFr or point-of-care spirometry

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Ben, 20/M, presents to your tertiary ED with difficulty swallowing and breathing, and an inability to talk after he drank a shot of vodka whilst at a party. His friend, Dan, is in the family room and witnessed the unfolding of events. They are both currently in your resus room and you have been called in by your junior registrar. You also have an experienced nurse to assist you.

Instructions for the candidate

Do not look at attachments. These are for the examiner.

Please perform a focused assessment of Ben and discuss further management with your team.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Ben:

- Vital signs: GCS 15, HR 110, BP 120/75, RR 26, saO2 98%, T 37.2 C
- yankauer suction in mouth
- You have just swallowed a bottlecap accidentally (your friend Dan was playing a practical joke on you that went very very wrong) and are freaking out. Swallowing is excruciatingly painful, you are drooling and are able to manage suctioning your saliva. If asked to write down history, do so. If the candidate is calm, reassuring and in command, you will be able to talk with some coaxing. Your tachypnoea settles with reassurance as well.

Dan: You are clearly a terrible friend and are feeling extremely guilty. Once called in or once the candidate assigns someone to talk to you, you quickly fess up and provide the history of how you dropped a bottlecap in his drink but didn't think he'd swallow it.

Nurse: You are experienced, but with no initiative.

Junior registrar:

You can perform any reasonable task that the candidate asks you to perform (IV access, etc) without question. If asked to perform inappropriate tasks (adrenaline, intubate, etc), question the candidate once with "Are you sure?" but ultimately perform the task.

If opportunity arises, may ask candidate questions re: oesophageal FBs

- what are the complications of oesophageal FBs?
- what are the areas of the oesophagus in which FBs are most commonly entrapped?

For the examiner

Once the history of FB is obtained and a plan to do x-rays verbalised by candidate, you may show the attachments to the candidate.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

- Focused and systematic airway assessment including ruling out major differential diagnoses (e.g, anaphylaxis, airway or oesophageal FB, accidental caustic ingestion)
 - correctly identifying a lack of airway compromise, no evidence of anaphylaxis or caustic ingestion
- Collateral history from friend promptly sought
- Important historical points to obtain
 - Previous episodes
 - Known structural or motor abnormalities of oesophagus
 - Medication and allergy history
 - Fasting
- once history of FB obtained, appropriate referral to ENT as priority
- knowledge of potential short and long term complications of Oesophageal FBs

Prioritisation And Decision Making

- Identifying lack of airway compromise and that the patient is not acutely unwell.
- Appropriate ENT referral for esophagoscopy and removal of FB in OT

Leadership and Management

- Taking command of the room , remaining calm, delegating tasks as required

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Keep it Brief--- Oh Sorry "DeBrief"

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the ED consultant and have just intubated and t/f a 3 yr old to PICU.
he was brought in by mum with low conscious state, there was no h/o head trauma.
on arrival his gcs was 7.
He was hemodynamically stable.
As part of work up u did ct head- which showed SAH,likely traumatic.
Post intubation cxr showed some old healing rib fractures.
Staff and u were suspicious of a NAI.
After doing all the notifications u have been asked by the nursing TL to do a FACILITATE a Debrief.
This is ur first month in a cushy Consultant job after passing the Fex exam and u have never done this before.
U think What the.....

Instructions for the candidate

Assume there is whole team in the resus room.

Domains being examined

- Medical Expertise
- Teamwork and Collaboration
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Keep it Brief--- Oh Sorry "DeBrief"

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

U r the nursing TL and have virtual team of 4 nurses

For the examiner

Basic knowledge of how to conduct debrief.

whats the purpose.

What is it not meant for i.e pick up individual mistakes.

When to conduct it .

Who should and shouldn't participate.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Keep it Brief--- Oh Sorry "DeBrief"

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise****Teamwork and Collaboration****Leadership and Management****Other Assessment Notes**ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Mrs Band is 83 year old lady who has been unwell for last 2 weeks. She has been brought in by the family as she has not been eating and drinking and has not been mobilising well. Family is worried that she is quite unwell and needs to stay in the hospital. Take history, ask for examination findings from the examiner in the room and inform further management plan to Mrs Band.

Instructions for the candidate

you don't have to examine the patient. Mrs Band's Daughter Badgerine is with the patient.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Mrs Band:

you are 83 years old ,living with your son as your carer.

You have been feeling unwell for last 2-3 weeks.You have very bad sore throat and have not been able to eat or drink well due to the pain.No Nausea or vomiting.you feel tired all the time and dont have any energy to move around.you feel that you might be having temps but not sure as it has not been checked.you have chills and hot sweats 2-3 times a day.you do not have any pain in chest ,cough or phlegm.You dont have any trouble breathing.

If asked you deny having any abdo pain,urine symptoms.

Your legs have been swollen for quite sometime and you have been taking water tablets for the same.The swelling has increased in last 2-3 weeks.

You deny any other symptoms if asked.

Past Medical history:

Heart valve problems

Heart failure

HTN

no history of heart attacks,Diabetes,lung or kidney problems.

Meds :

water tablets

Aspirin

BP tablets

Vitamins

Family:

daughter lives away from you.

Son is staying with you and looks after you.

Daughter Badgerine:

you stay in brisbane and have come to see Mum 2 days ago.Mum looks so different to what she was before.Seems like she has lost a lot of weight.not eating and drinking.not walking around as before and needs help with everything now.

You are worried that she might have some thing bad happening and wants it checked before she heads back to brisbane in 2 days.not sure her brother would cope looking after mum as he has his own problems.

For the examiner

when asked about examination findings or at 5 min mark give examination findings as follows:

HR 90 regular

BP 110/60

RR16

SaO2 91% RA

Temp: 38.4

Throat: Erythematous +++,ulcers over pharynx, Tonsils not visible.

Chest: good air entry bilaterally,nil wheeze or crackles.

HS dual, Pan systolic murmur Grade 5 radiating to Axilla.

Abdo soft. non tender hepatomegaly 1-2 cm below costal margin.

CNS generalised weakness.nil focal.

PEdal edema ++,pitting

nil raised JVP.

if asked:

urine negative

BSL 5.5

ECG nil arrhythmia,nil acute.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Leave me alone !!! 1

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Prioritisation And Decision Making

Communication

Health Advocacy

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Mrs Band from Scene "Leave me alone 1" (<http://acemfex.adelaideemergencyphysicians.com/osce/118>) needs admission to the hospital for further management. She has severe Pharyngitis which is preventing her from eating and drinking. Her Sodium level is at 122. CBC, Renal function, CXR is unremarkable. You would like her to get admitted for further management.

Nursing staff tell you that she is refusing admission and wants to go home.

Talk to Mrs Band regarding her condition and need for admission.

Instructions for the candidate

No interaction with the examiners

You are in a major referral hospital in Queensland.

Daughter Badgerine is still with the patient

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Mrs Band:

You dont like being in the hospital and want to go home. You have a fear that you might die in the hospital as you have heard a lot of stories about people going into hospital and not coming back. You want to go to the hospital in brisbane and get treated there.

You will agree for a short admission if the candidate explains to you why you need admission.

Agree for admission if suggested admission to the hospital and then transfer to Brisbane if needed

Ask :

why cant I go home and take the medications and get better at home?

why cant you go to brisbane and get treated there?

Can you just send me to brisbane hospital?

I think i will die in this hospital if i get admitted...

Daughter Badgerine:

you are worried about mum and wants her to get admitted to the hospital and does not want her going back home before she is well.

You dont want to take her to brisbane while she is like this unless she goes to brisbane hospital.

You are aware that mum has Advanced health directive and does not want any CPR or put on breathing machine.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Leave me alone !!! 2

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Communication

Health Advocacy

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Clinical Scenario Stem:

You are the consultant coming on for your morning handover at your regional ED. The number of presentations overnight was no more than usual, and there is no access block. Your hospital has a single registrar on overnight (Leila), and she seems a little flustered. She has already handed over the rest of the department to your colleague. It is now time for her to hand over the 6 bed short-stay unit to you.

The department/nursing running sheet shows the following:

bed 1: 70 yo female abdo pain and tenderness normal FBE UEC LFT. ongoing pain.

bed 2: 22 yo male open fracture middle finger, for theatre (plastics) on 2pm emergency list

bed 3: 30 yo female, Left ileac fossa and flank pain, blood and WBC in urine, for IV gentamicin

bed 4: 90 yo female, fall at home, some confusion. UEC FBE ECG CTB normal. Med reg said no.

bed 5: empty

bed 6: empty

Your task is to

- take the handover from the registrar
- make suggestions or changes if and where appropriate.

7 mins station with 3 mins pre reading

Instructions for the candidate

[nb. many similar practice o.s.c.e s available at: <http://www.edcentral.com.au/education/fellowship-exam-resources/osce-administration>]

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are Leila. (3rd year reg if the topic comes up, immediately post primary exam)

You have had a frustrating shift, in that you have tried to make a few referrals with multiple phone calls. both bed 1 & 4 have been bounced as below... later on when the candidate changes the patient plans and/or directs that most of the patients should be admitted, appear somewhat dispirited. if the candidate explores this, voice something to the extent that you can't win &/or you are still struggling to work out what is appropriate for short stay....

but first- give the handover, ideally fairly succinctly as time is an issue in this station

1/ 70 yo lady with PHx of NIDDM and PVD. abdo pain from about 6 pm, presented at midnight with pain and significant tenderness. no vomiting, BNO 2 days. she had a UEC FBE LFT Lipase all with normal results at time of presentation and CRP 25. You had referred her to registrar at 2am but he said with "normal" bloods and CRP "not that high" unlikely to be any issue, likely constipation. Has been treated with lactulose and movicol and kept in SSU overnight. bowels since opened, but still has abdo pain only transiently improving with morphine.

{if asked - surg reg not seen pt}

(if asked, not in AF. "maybe" rebound. nothing focal. nothing urinary. no past surg hx)

2/ 22 yo with open fracture right (dominant) middle finger from power tool injury doing DIY home renovation. washed out, abc given, tetanus given, splinted, and referred to plastics. they will do in theatre on PM list, asked he be kept on SSU and fasted after EMB then they will call for him after midday.

3/ 30 yo female seen by one of your residents. no past history. presented with 1-2 days of left ileac fossa pain and flank pain. FBE UEC "normal". has 2+ blood and 2+ leuk on urine FWT. admitted for Rx with IV gentamicin, and plan for renal US if not improving. (leave your handover there)

if asked about PV bleeding / bHCG / LMP / fever etc you have no idea, you just accepted the resident impression.

4/ 90 yo female, brought by ambulance after a fall at home, had been unable to get up. daughter thinks she might be a bit confused / not her normal self. UEC FBE BSL CMP CT brain normal. only on aspirin and irbesartan.

had referred to med registrar for inpatient admission, but they said with normal bloods and now mobilising well so for social work/outreach review in the AM then home with extra support.

{again if asked, med reg not seen pt but did check all results on computer}

{if asked about urine MCS or focal features or whatever - make it up or be vague, i don't really care, it's not the point}

try to move though these with some eye to time unless you are interrupted on the go by candidate. It is hoped there is time at the end for some sort of overall teaching moment regarding the ideal use of SSU and/or graded assertiveness with inpatient registrars overnight.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

appropriate corrections to patient management:

- 1 - CTAP, ECG for AF, surgical admission, +/- blood gas
- 2 - should be admitted
- 3 - needs bHCG and reevaluation of diagnosis
- 4 - needs more extensive inpatient workup

Prioritisation And Decision Making

Efficiency of changes in management as above/below

Scholarship and Teaching

Several learning points for each case that would be relevant for future patients

Ideally the candidate creates some time at the end for education on the general principles behind a short stay/observation unit and its best use, AND/OR graded assertiveness techniques with inpatient referrals, perhaps as well as making a future time to go over it and/or future reg education on the topic and/or undertake to make clearer departmental guidelines for admission categories.

- it's perhaps not realistic to expect all 3 of these in detail in the timeframe but if one is done in depth that could substitute for covering all 3.

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the consultant on call in the ED of a metro hospital with hyperbaric facilities. You receive a call from a country GP with concerns about an abalone diver who has presented with pain after a dive.

The attachment is for examiner use, please do not open.

Instructions for the candidate

You are to take a brief history, provide advice on initial management and assist in formulating a management plan for this patient.

Domains being examined

- Medical Expertise
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a country GP based in a seaside town with a fishing industry. You are 700km from the major centre you are calling. There is an airstrip in your town that is used by the RFDS. You have basic resources and facilities in your local hospital emergency, including 2 nurses. You have access to basic point-of-care testing (CBE, EUC, gas analysis). You are able to intubate and ventilate if required. You have no radiology on site.

Your patient is 39-year-old Roger, a professional abalone diver. He has no other past history, medications or allergies.

He surfaced from a routine dive, and soon after (within 10 minutes) began developing joint pains. He soon developed abdominal pain that became severe during the 1 hour boat ride in. He presented immediately after to your hospital.

On examination, he was distressed with pain, which has improved with IV morphine. His initial obs were:

GCS 15

HR 134

BP 130/60

SaO₂ 98% RA

His abdomen was soft, but with ongoing pain. You have commenced IV rehydration with normal saline.

You should be asked by the candidate for the following findings:

1. Physical examination

There is no neurology, lung sounds are clear with good air entry throughout. He has a macular/reticular rash, blanching, itchy that is darkening in colour (see attachment for example - the candidate should suggest this is cutis marmorata, a marker of significant decompression illness).

2. Other features of decompression illness

Gradual onset, headache, fatigue, vertigo, urinary retention, hypothermia

3. Dive details

Professional diver, this dive no different to others. Using standard air tanks. 2nd dive for the day. First was down to 30 metres, total time of 85 minutes, with appropriate decompression stops on ascent. The second was down to 27 metres, with slow ascent along bottom towards shore, total time 100 minutes. This was his 5th day diving. His dive tables were calculated as being in the safe range. He has not flown recently.

4. Investigations

Hb 210

WCC 16 (neut 14)

Plt 340

EUC largely normal

Gas analysis not done - could ask what looking for if prompted.

No CXR available.

ECG - sinus tachycardia

5. Exploration of arterial gas embolism

History features - rapid ascent, risk factors (lung disease, PFO)

Features - CNS involvement, headache, loss of consciousness, seizure, cardiac dysrhythmias

6. Exclusion of other medical and diving related illness

Medical - other causes of abdo pain

Diving - barotrauma (ears, pneumothorax, GI barotrauma)

The following treatment should be suggested:

1. Copious IV rehydration titrated to urine output

2. High flow O2

3. Analgesia

4. Retrieval to hyperbaric centre - special transport considerations should be discussed. Air retrieval is indicated given distance and timeframe, with explicit use of sea-level pressurisation on transfer. You could ask "It typically takes 6 hours for our patients to reach [your city] - is it still worth doing this if he is improving?"

5. Recompression as the definitive treatment. May require multiple dives.

6. Longer term - may have recurrent symptoms (especially if not recompressed), has to avoid flying for 6 weeks post.

For the examiner

No specific instruction

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Assessment, differentiation and management of decompression illness

Communication

Clear and concise phone-based communication

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

The Lion's Den.

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are a consultant in a tertiary ED. You are seeing a 79 year old man, who has presented with a new onset dense left hemiparesis. The symptom onset was 2 hours ago. He is brought in by his daughter, who is a paediatric nurse.

You have organised a CT of the patient's head to occur urgently, which had showed no obvious abnormalities, and consulted the neurology/stroke team.

The Neurology team are out of the hospital, and have asked if you will begin the consent process for thrombolysis.

The patient appears to have limited understanding, and the daughter would like to know details about the proposed treatment.

Instructions for the candidate

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a nurse, trained in paediatrics, so you have some medical knowledge, but little specifically about thrombolysis in stroke.

You want to know about the risks of the treatment, are there any alternatives, what will happen if your father does not consent, and are there any other treatments available. You want to know how it is given, what dose, and how long it takes to work. You want to know what the evidence is for use of thrombolysis in stroke (as you are rather a devotee of EBM)

(You do not need to ask any of these questions if the candidate continues to talk)

If asked whether your father had expressed any advanced directives, you will say that the only thing he has said to you is that he does not want to live 'if he's going to be a vegetable'

When asked about contraindications to thrombolysis, your father has none.

If the candidate is doing well and has covered all the above issues, you may ask, 'What would you do if this was your father?'

For the examiner

Obviously a difficult issue.

Candidate cannot dissemble, and divest the consenting to the neurology team. Although full consent should not be performed, a thorough understanding of the issues should be articulated.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Thrombolysis in stroke

Pt Selection

Contraindications

Adverse effects/risks

Understanding of the complexity of the literature

College Policy Statement

Communication

Appropriate language and communication with medical professional

Dispassionate information'

Ability to navigate the tricky situation of current knowledge limitations

Health Advocacy

Understanding consent

Professionalism

Other Assessment Notes

Minor part is to ensure that daughter is NOK, or NOK's agent, to ensure appropriateness of consent.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

To lyse or not to lyse

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

60 yrs old John Snow presented with Syncopal episode and RT sided Chest pain.he has been having on and off chest pain and Rt calf pain for 1 week.He also has been feeling short of breath on exertion.

His Past medical history includes Pulmonary embolism 15 years ago, post spinal surgery after he had a motor vehicle accident.

He is on Tritace for BP and is not on any other medication.

he was hypotensive enroute to hospital which improved with 250 mls IV Normal saline.

Instructions for the candidate

He was seen in ED by your registrar Rob Stark ,who wants to discuss further management with you.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Teamwork and Collaboration
- Leadership and Management
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

To lyse or not to lyse

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are Dr Rob Stark (no relation to the stark family or winterfell).
You have seen Mr Jon Snow and suspect Pulmonary embolism.
Mr Snow's ECG shows Sinus tachycardia and nil else.
If asked about CXR Mr Snow went to CXR and stood up for CXR and collapsed again.
Now he is increasingly SOB,Sweaty and Clammy.
His examination findings

HR 120
RR32
BP80/50
SaO2 96% on 6 l HM O2.
Temp 36.4.
still alert and talking.
Chest clear.
mild tenderness over RT calf nil swelling/redness.

you have organised a CTPA but radiology wants to wait for renal function tests to be back which will take another 30 min.

you want to discuss further management with the consultant.

if not mentioned
ask about
Clexane,
Bedside echo,
if suggesting Thrombolysis : Do we do it straight away or shall we wait for CTPA?
If wait for CTPA ask about transferring hypotensive patient to CT? should we take some drugs/equipment?
further plans after CT.

For the examiner

When Bedside Echo is mentioned inform candidate that it shows Dilated Right Ventricle with akinesia of the mid free wall but normal motion at the apex.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

To lyse or not to lyse

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Criteria for Thrombolysis in PE.

Plan for thrombolysis

No right or wrong answer in this patient as long as candidate can justify why they want to do it.

Prioritisation And Decision Making

Transferring hypotensive patient to CT or thrombolysis with nil confirmation of PE

Communication

clear explanation to the registrar regarding the plan

Teamwork and Collaboration**Leadership and Management****Scholarship and Teaching**

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Making wiggly lines

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are approached by a medical student who has been seeing a 57yo man with chest pain that has now resolved. They have asked you to teach them how to do an ECG.

The attached files are for use during the scenario - do not look at them in advance.

Instructions for the candidate

You are to teach the student how to perform an ECG and interpret the result.

Domains being examined

- Medical Expertise
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Making wiggly lines

Actor & Examiner Instructions

For the actor

Patient:

May be mannequin. If you're a real person, you are 57 and had about 1 hour of low central chest pain with radiation to the jaw. You have never had this before, and have no cardiac history. The pain fully resolved after you were given medications by the ambulance (aspirin and GTN).

Student:

If the candidate dwells on history/exam/management, state that you have discussed this patient with another consultant, and really just need help with the ECG.

You are a capable student in the last years of med school. You have not done an ECG in the last 2 years. Your interpretation of this ECG is limited to recognising a sinus rhythm and no obvious changes.

Questions to ask:

- "I've noted nearly everyone in ED gets an ECG. What are the indications for this?"
- "What are the landmarks for electrode placement?"
- "I've seen nurses put the electrodes on the torso / distal limbs (whatever the candidate does not do) for the limb leads - does this make a difference?"
- "How do you tell which lead goes where?"

After first ECG:

- if candidate recognises possible posterior involvement
 - "Is there a way to better show posterior involvement on the ECG?"
- if candidate does not recognise posterior involvement
 - "I once saw someone doing an ECG with electrodes on the back - what does that show us?"

If there is time:

- "Can you explain to me how to calculate axis?"

For the examiner

Requirements: ECG machine and adhesive electrodes. Mannequin (caution using some adhesive electrodes on these) or patient willing to have many electrodes placed and removed.

The focus is on the procedure and ECG interpretation, with progression to posterior leads. The candidate should not dwell on the history or examination.

The first ECG can be revealed with the first ECG, the second, showing posterior leads, if this is performed

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Procedure and interpretation of ECG

Recognition of posterior MI and use of posterior leads

Scholarship and Teaching

Clear teaching approach

Other Assessment Notes

1. ECG acquisition

- ECG settings (speed, amplitude)
- explanation to patient & student
- electrode placement (limb leads distally preferable (handy mnemonic to remember colours? Less sensitive if proximal placement), V1 & V2 in 4th ICS parasternal, V3 between V2 and V4, V4 5th ICS mid-clavicular, V5 & V6 on same plane as V4 in anterior axillary and mid-axillary lines respectively)
- leave electrodes in place for future recordings
- patient data entry
- print ECG

2. ECG interpretation

- NSR, normal axis
- Dominant R wave, ST depression V2-V4, upright Ts
- 1mm ST elevation III, aVF
- acute Ts laterally
- consider posterior MI

3. Posterior leads

- V7-9 placement
- V8 at tip scapula, V9 midway to paraspinal muscles at same level, V7 posterior axillary line same level
- criteria for ST elevation less (0.5mm)

4. Teaching

- establish rapport and experience
- allow questions
- set learning objectives and follow up

Bonus

- explanation of axis
- ensure patient adequately treated, mention cath lab as appropriate option

The ECGs for this case come from <http://lifeinthefastlane.com/ecg-library/pmi/>
(<http://lifeinthefastlane.com/ecg-library/pmi/>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Mass Casualty a.k.a Another Day in ED

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the ED Consultant on duty on a Saturday afternoon in a busy tertiary ED. You have 50 beds, 4 resus rooms, and a 14 bed short stay. Currently there are 10 admitted patients awaiting inpatient beds, 1 resus room is occupied (septic elderly patient), and you've got 10 waiting to be seen. Ambulance control calls to inform you of a stadium collapse (approx 5 km away from your hospital) and confirm there are multiple injured patients who will probably be sent to your ED. You are about to enter an emergency meeting that you have convened with your most senior ED registrar, and your ED nurse coordinator.

Instructions for the candidate

Discuss the steps to prepare for the anticipated influx of patients.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Teamwork and Collaboration
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Mass Casualty a.k.a Another Day in ED

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

Appear to be listening intently. Take notes. Prompts allowed include: "What else do we need to do?" / "Is there anything else we can do?".

Ask at appropriate time:

- How sick are the patients likely to be?
- Why can't the other nearby hospitals share the burden?

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Mass Casualty a.k.a Another Day in ED

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Knowledge of disaster definition, preparation that includes ED but requires whole-of-hospital approach.

Prioritisation And Decision Making

Identifies important steps

Teamwork and Collaboration

- Delegation of tasks required
- Mentions other areas of hospitals

Leadership and Management

- mention of staff rotation, awareness of stress/distress for staff, debriefing at later date

Other Assessment Notes

Key elements of discussion

- Activate disaster plan
- Set-up of central command area with relevant people (ED/hospital director)
- Means of communication (radio)
- Disaster triage team
- ED surge management
- Space: Create space in ED, utilise other areas of hospital
- Staff: teams, visible ID, involve other specialties, relevant services
- Supplies
- Patient tracking
- Other
- managing staff rotation
- managing staff stress/distress
- debriefing

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My baby is seizing!

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You have just seen Lily, a 14-month-old girl. She had what sounds like a typical, uncomplicated, febrile seizure, lasting 2 minutes, before self-terminating. Her parents called the ambulance who recorded a normal BSL.

Lily was home sick from childcare and had a temperature of 39°C measured after the seizure, but is now afebrile. On examination, she looks well and has signs and symptoms of an URTI.

Instructions for the candidate

You are the consultant on. You have examined Lily, which was normal with only symptoms of URTI, and are now talking to her mother, Anne. You are to gain further history and then provide a diagnosis and management plan.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My baby is seizing!

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Lily is your first and only child thus far. She was kept home from childcare for viral URTI symptoms. She was playing on the bed, then went quiet. you witnessed her go stiff and blank and then begin to convulse, with both arms and legs involved. You called for your husband to help and then called the ambulance. By time the ambulance arrived the seizure had ended, lasting less than 2 minutes. She was drowsy for about 5 minutes and flat for about 30 minutes after that, but has returned to her normal self, if a little woeful.

Lily has no medical problems, medications or allergies. She was born vaginally at term. She is up-to-date with immunisations.

There is no family history of epilepsy or seizures. One of her uncles may have had a febrile convulsion when a baby.

You are quite shaken after this frightening experience. You wonder if it is normal or a sign that something is very wrong. You ask "Will it happen again?" "Does this mean she has (or will get) epilepsy?" "If we have other children, will this happen too?" "Will this happen every time she gets a fever?"

For the examiner

None

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My baby is seizing!

Assessment

Domains Assessment Objectives

Medical Expertise

Expertise regarding febrile convulsions

Communication

Clear explanations and relaying of information

Health Advocacy

Clearly describing how to manage fever and markers of sinister seizures

Professionalism

Acknowledge and respond to parent's anxiety and concerns

Other Assessment Notes

1. History

- Details of event - preceding, seizure, post-ictal
- Past medical history
- Medications
- Family history

2. Explanation of febrile seizure

- Clearly explain is common and benign condition
- Explicitly state is not epilepsy (may have slightly higher risk in future)
- Provide estimates for incidence and for recurrence (~3% incidence, 33% recurrence)
- Outline markers of complicated febrile convulsion (>15 mins, >1 in 24 hours/per fever, complex seizure, neuro deficit)

3. Further management

- Investigation of fever (if on ABx, medical admission required for underlying infection or fever PUO)
- Fever management (remove clothing, tepid bath, antipyretics) - acknowledge this may not change likelihood of febrile seizure
- Discharge criteria (simple seizure, neuro normal, well, sensible parents will cope, access to healthcare) or offer admission for observation
- Safety net - when to return

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My Chest, it is paining.

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the ED consultant in an urban tertiary hospital on a busy Monday. A nurse has asked you to see a 55/F who is a triage category 2 chest pain, who has been waiting for 30 minutes and wants to leave. The nurse has discussed your ED's accelerated diagnostic protocol for chest pain with her. Her vital signs are normal, she has no pain, and her initial ECG is normal. Your nurse has done bloods including a troponin.

Instructions for the candidate

Assess her risk for significant coronary artery disease and discuss further investigation and management as appropriate. You are not required to examine her --there are no abnormalities in her physical examination.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My Chest, it is paining.

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

Profile: 55/F executive with active and healthy lifestyle

PHx: Hypertension (new diagnosis)

Medications: Nil --attempting lifestyle modifications for the past 6 months (weight loss and exercise)

Family Hx: Father died of an MI at 65

Alcohol: weekends, 1-2 glasses of wine

Drugs: Nil

Presenting history: 20 minutes of central chest pain with no radiation during a business meeting. No other associated symptoms. Convinced by co-workers to seek treatment. Resolved before leaving for hospital.

Manner: impatient at first, in denial re: significance of event, amenable to staying for further investigation or follow-up if candidate makes reasonable argument for it. Will absolutely REFUSE admission to hospital.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My Chest, it is paining.

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

- Take a concise, focused history re: chest pain and determine that the patient is a candidate for accelerated diagnostic pathway for chest pain
- If initially recommends admission (patient will refuse), optimises treatment and follow-up (aspirin if no CIN, GP/Cardiology follow-up, stats re: risk)

Prioritisation And Decision Making

- Recognises need for shared decision making with patient and optimises investigation and management to fit individual patient

Communication

- Open-ended questions for history
- Clear, layperson language

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My scarf just doesn't fit any more

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your RMO has asked you to examine one of their patients, a 57-year-old female who has presented after noticing a neck lump.

Your RMO believes this to be a goitre, but is unsure on the examination findings. They have asked you to confirm findings prior to discussing with the specialist.

The attached file is for examiner's use - do not view.

Instructions for the candidate

You are to examine the patient. When complete, you are to describe your findings to the specialist over the phone. If not commenced earlier, this phone call will be suggested after 6 minutes (ie when the 1-minute remaining timer sounds).

Domains being examined

- Medical Expertise
- Communication
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My scarf just doesn't fit any more

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Be yourself. You are not expected to furnish any history items, but can answer basic questions and interact with the candidate.

For the examiner

Equipment: tendon hammer, cup of water

Vitals: HR 90 BP 160/70 RR 16 SaO₂ 98% RA T 37.1

Questions to ask as specialist:

- Does the goitre extend retrosternally?
- Are there any signs of hypo or hyperthyroidism?
- Are there any other medical conditions of note?

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My scarf just doesn't fit any more

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

- Thorough and timely thyroid examination
- Accurate diagnosis of hyperthyroidism

Communication

- Clear and polite introduction and instruction to patient
- Clear expression of findings to specialist

Professionalism

- Develop patient rapport

Other Assessment Notes

- Thyroid examination checklist as attached
- Should elicit signs of hyperthyroidism
- Should check phonation for vocal cord function

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My stomach is swollen

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 62yo woman has presented with new onset of ascites. As part of her work up you have decided to do a diagnostic paracentesis.

Instructions for the candidate

You are to gain informed consent from the patient, and then perform a paracentesis. The results will be immediately available for interpretation.

Domains being examined

- Medical Expertise
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

My stomach is swollen

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

No contraindications

For the examiner

Provide the results after the procedure is done. You can ask for an interpretation of the results as the receiving medical specialist.

Results:

Clear yellow fluid

Albumin 25 g/L

Serum albumin 40 g/L

LDH 138 mmol/L

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Knowledge of paracentesis and proficient procedural skill.

Interpretation of results.

Communication

Establish rapport. Clear communication of information for informed consent.

Other Assessment Notes

1. Consent

- indications: new onset ascites, SBP, relief of pressure symptoms
- contraindications: coagulopathy, bowel obstruction/dilation, pregnancy, vessels/cellulitis at procedure site
- complications: systemic (hyponatraemia, renal dysfunction, hepatic encephalopathy, haemodynamic compromise, significant bleeding, death) intraperitoneal (peritonitis, abdo wall abscess, perforation of vessels or viscera) and local (infection, persistent leak, abdo wall haematoma)
- volume to be drained
- post-procedural care

2. Procedure

- equipment, ensure patient voided, monitoring if large volume
- position, landmarks / ultrasound guidance
- aseptic technique and PPE
- Z-tract needle insertion
- Sample taken and tests ordered (cell count, albumin, culture, total protein, glucose, amylase, LDH)
- post procedural care

3. Results

- interpretation of SAAG ($>11\text{g/L}$ = portal hypertension - cirrhosis, cardiac, portal vein thrombosis, liver mets)
- general interpretation
- LDH high >225 = exudate
- amylase = pancreatic
- cells - >250 WCC = SBP
- malignant cells

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Naughty kids burn

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 17 minutes. **DOUBLE**

Scenario:

You are the duty Consultant in your rural ED at 6.30pm. You receive ambulance notification regarding 2 paediatric patients with burn injuries. Estimated time of arrival is 5 minutes. Both children were playing in the kitchen. One of them grabbed the handle of a large pot of boiling oil, tipping its contents over both of them.

PATIENT ONE : 2 year old girl. Burns to head, chest, abdomen, back and legs

PATIENT TWO : 4 year old boy. Burns to same areas but apparently less severe

Both patients have cold saline soaks over the injuries. Neither have intravenous access; no observations are known

Instructions for the candidate

Preparation for the arrival of these 2 patients with your nurse in charge

After 2 minutes the patients will arrive and you will need to manage them

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Teamwork and Collaboration

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Naughty kids burn

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

INSTRUCTIONS FOR NURSE IN CHARGE :

Rural ED resources :

1 resus bay, 4 cubicles and fast track x 2 procedure rooms
junior registrar, an intern and 4 nurses in the department currently
another 2 ED consultants in the town who are at home
on call paediatrician and GP anaesthetist at home
surg reg is in the hospital currently
on call radiographer

Current ED patients :

Mrs Jones 82 with pneumonia waiting to go to ward, not on supports
Mr Singh 45 with probable renal colic, waiting for the radiographer to arrive to perform CT KUB
Miss Simpson 32 with RIF pain, waiting for surg reg to review, she is well
In waiting room : 4 year old with "gastro", hasn't been seen yet

INSTRUCTION FOR PARENT :

Both children were playing in the kitchen. One of them grabbed the handle of a large pot of boiling oil, tipping its contents over both of them.

You were in kitchen at the time but not quick enough to stop the older one grabbing the pot

You are distressed and appropriately concerned but will not interfere with the resus

You have put both kids in shower for 20 mins waiting for the ambulance

Your kids have no medical problems and have been fully immunised

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Naughty kids burn

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise**Prioritisation And Decision Making****Communication****Teamwork and Collaboration**

Other Assessment Notes

Preparation

Issues

- critically injured children
- resources : staff, equipment, drugs, fluids (may be limited in rural ED)
- care of parent / caregiver
- departmental management

Staff

- organise the department
- assemble team and allocate roles
- brief team - key objectives and requirements
- enlist assistance (on call staff)
- non clinical support staff
- staff to care for parents

Space / Equipment

- resus areas
- monitoring, IV/IO access

Drugs

- IV crystalloid, narcotics

Supplies

- dressings, emollients, bandages, IV cannulae

Disposition

- anticipate need for possible transfer ?PETS

PATIENT ARRIVAL :

READ TO CANDIDATE :

" The 4 yr old boy has minor injuries is ably managed by your registrar. The 2 yr old girl has 30% TBSA burns, and no other injuries. Proceed to manage this child, her parent is in attendance"

Resus :

- Not required (vitals normal except tachycardia)
- Child is distressed but alert
- No facial burns / airway issues

Supportive care :

- IO access (no success with IV)
- analgesia
- cooling (need to mention, but parents placed child in shower at home for 20 mins whilst waiting for ambulance)
- thermoregulation
- distraction therapy / involve parents

Dressings

- assists analgesia and minimises fluid and heat loss

Fluid resuscitation

- formulae to guide initial therapy
- parklands 3-4ml/kg/% burned from time of incident, 1/2 in first 8 hrs, 1/2 in next 16h
- weight (calculate 12kg)
- gauge clinical response - IDC for uo measurement
- ADT prophylaxis
- No ABx indicated

Disposition

- plastics, paed critical care, burns centre, retrieval service
- social work to support parents
- debrief staff

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Needling the Knee

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 55 year old male presents to your ED with a painful left knee. He has had 2 days of pain and swelling. On examination the knee is hot, red and swollen with a limited range of motion. He has severe difficulty weight-bearing. Vital signs, including a temperature, are normal.

Instructions for the candidate

Take a focused, relevant history then explain to your patient re: what investigations will be required.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Needling the Knee

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are in pain and if analgesia is not offered fairly quickly, become less forthcoming with information and slightly more difficult re: obtaining consent. You are anxious re: needle aspiration and have questions about making the infection worse, etc. If the procedure is explained well, you give consent.

Re: history --Slightly overweight male, divorced, in construction. Severe L knee pain, worse overnight, pain score 8/10, localised to knee, taking about 8-10 paracetamol + codeine a day. No recent trauma/knee surgery. Travelled to Bali with friends 6 months ago --went to a few girly bars, went home with a few local girls. No other symptoms of systemic infection. No previous history of gout, family history of gout (brother, father). No illicit drug use. Drinks 1-2 beers daily, more on weekends.

For the examiner

If needle aspiration is mentioned, and the candidate is doing well with time to spare: Show him/her the results of the aspirate

Macroscopic

- volume 60 ml
- Description: turbid yellow

Microscopic

- Leucocytes 20000/uL
- Polymorphs 80%
- Mononuclear 20%
- RBC 1000/uL

Ask for an interpretation of the results. (Septic knee is likely)

Additional questions:

1.) what other tests are required

- Synovial fluid: crystals, culture
- Imaging
- Septic screen
- STI screen

2.) what are the important aspects of treatment for this patient?

- extended course of IV antibiotics if septic knee: staph and STI cover
- Analgesia
- Orthopaedic admission

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Needling the Knee

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

- Focused history taking with knowledge of risk factors for septic arthritis
- Interpretation of knee aspirate

Prioritisation And Decision Making

- Appropriate investigations (knee aspiration over blood tests)
- Offering analgesia

Communication

- discussion of indications and CIN for knee aspiration
- obtain consent
- sensitive, nonjudgemental discussion re: STI risk

Health Advocacy

- safe sex practices
- appropriate paracetamol use
- alcohol consumption

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

No blood? No way!

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 65 year old man has arrived vomiting blood. Prior to seeing the patient, you look through the medical record and find the following information from an unrelated visit several months ago:

Allergies: none

Medications:

Apixiban

Metoprolol

PMH:

Hepatitis C

Atrial Fibrillation

Hypertension

Today, his vital signs are:

T 37 BP 85/40 P 100 RR 12 O2 sat (room air) 94%

The nurse hands you a venous blood gas showing:

pH 7.29

pCO2 40

PO2 36

Hgb 70

Na 135

K 4.2

Lactate 3.2

Instructions for the candidate

Please take a history only (you are not expected to examine the patient) and discuss with the patient your anticipated further investigation/management steps.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

No blood? No way!

Actor & Examiner Instructions

For the actor

You are a 65 year old man who called the paramedics because you started vomiting blood this morning. You've never had this happen before. You vomited a large amount of blood this morning before breakfast – it made a mess all over the kitchen.

If asked, you've had normal bowel motions without any obvious blood or other unusual feature. You have no abdominal pain and have felt quite healthy recently.

You've had atrial fibrillation in the past and were started on apixiban and metoprolol by your GP last year to help treat this. You found out several years ago that you had Hepatitis C, are not sure where you got it from, and haven't been told that you've had any problems with this.

You are a Jehovah's Witness and your religion mandates that you refuse to have any blood transfusions (other treatment are acceptable). Even if the candidate provides good reasons for you receiving blood, you will still refuse transfusion (even if you are told you will die).

You are concerned and scared about the bleeding.

Some questions to ask (if not already addressed by the candidate):

"Is this a stomach ulcer?"

"Are there any other treatments?"

"Do I need to call my partner?"

"Am I going to die?"

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

No blood? No way!

Assessment

Domains Assessment Objectives

Medical Expertise

- Adequate history
- Explanation of appropriate differentials (must mention liver disease/varicies)
- Explanation of further medical treatments (should mention tranexamic acid, octreotide and/or terlipressin)
- Recognition of role of NOAC and lack of utility for fresh frozen plasma/clotting factors
- Referral to ICU and gastroenterologist (or anyone who can do emergent endoscopy)

Communication

- Introduction to patient
- Verbal clarity, conciseness, specificity – at level for patient to understand
- Explanation of findings, further treatment, and prognosis

Health Advocacy

- Recognition of patient's religious beliefs and creating a treatment plan to take that into consideration (early endoscopy, avoid blood transfusion, more aggressive use of medications)

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your Junior Reg has just seen a 49yr old with DVT confirmed by u/s.

This is provoked dvt post surgery on the same ankle last week.

Your registrar wants to start this patient on warfarin but patient refused as he heard some one tell him " its a rat poison".

Your reg had a light bulb moment and he wants to start this patient of NOACs but does not know much about it.

Instructions for the candidate

U are the junior reg on slightly dumber side of the spectrum.

u don't know anything about the NOACs.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Old is Gold- not really.

Actor & Examiner Instructions

For the actor

U don't want warfarin as it is a rat poison and ur nasty neighbour takes it.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Old is Gold- not really.

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Sound knowledge of benefits of noac over warfarin.

Contraindications of NOACs

Reversal agents if any for NOACs.

How to manage a bleeding patient on NOAC.

Communication

Scholarship and Teaching

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Open the floodgates

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A registrar has just joined your department and has approached you for some teaching regarding management of post-partum haemorrhage. They have not worked in an ED that includes a regular obstetric casemix previously.

Instructions for the candidate

You are the education consultant. You work in a hospital with obstetric services. You are to outline an approach to management of PPH to the new registrar.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Open the floodgates

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are a moderately experienced registrar, but have never worked in a hospital with obstetric services before. You have never treated PPH and have heard it can be terrifying. You know that PPH can be prevented with routine use of oxytocin during the 3rd stage of labour. You don't know of any other specific causes, but can think of trauma such as vaginal lacerations or uterine inversion.

For the examiner

None

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Appropriate approach to PPH

Communication

Clear stepwise approach to PPH expressed succinctly and accurately

Allows questions and answers appropriately

Scholarship and Teaching

Sounds teaching technique, learning plan and follow up

Other Assessment Notes

1. Call for help!

- obstetrics and organise theatre

2. Resuscitation

- High flow O2
- Cardiorespiratory monitoring
- 2x big IV access
- bloods: CBE, EUC, LFT, extended coags, Group & cross-match blood
- Crystalloid resuscitation
- Talk to patient about what is going on!

3. Address specific causes: 4 Ts (#5 = Theatre!)

*TONE

- fundal rub
- oxytocin
- ensure 10IU prophylaxis given
- give repeat dose (IV)
- infusion 10IU/hour x 4/24
- ergometrine 50 mcg x 2 doses
- misoprostol 1g PR
- prostaglandin F2a
- insert IDC
- manual compression
- uterine packing (Bakri balloon, foley)

*TRAUMA

- perineum
- vagina
- cervix
- uterine inversion

***TISSUE**

- check delivered placenta for completeness
- remove retained products at cervical os
- need theatre to remove retained placenta

***THROMBIN**

- activate MTP
- clotting factor replacement
- tranexamic acid
- avoid hypothermia, acidosis
- abdominal aortic compression (?role for REBOA)

***THEATRE**

- haemorrhage control
- lynch suture
- arterial ligation
- hysterectomy
- embolisation

Bonus points for:

- definitions of PPH
- talking to patient and family
- calling for obstetrics and arranging theatre from beginning

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

ouch! my neck hurts!

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the ED consultant working in a rural hospital. The nearest Trauma center is 6 hrs drive away. It is a busy night, the department is full. A 50yr old male has been BIBA with complained of neck pain and slightly intoxicated, breatherlyser 0.09. He has been involved in a high speed accident. Your junior resident has requested you to assist her in clearing his neck. He has had a cervical spine Xray.

Instructions for the candidate

There are radiology service in the hospital. CT is available during office hours only. Radiology reg needs to be called in after hours.

Your task:

- 1) Assist the resident in deciding if the neck can be 'cleared'
- 2) Management of the patient subsequently

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Teamwork and Collaboration
- Leadership and Management
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

ouch! my neck hurts!

Actor & Examiner Instructions

For the actor

Resident:

Have not cleared neck before

Patient complains of midline neck pain around C5-7 area.

No focal neurological signs grossly but patient uncomfortable in hard collar., maybe some tingling in the right fingers at first.

Has had oral analgesia

Mechanism of injury: 100km/h, one death at scene . Helped out of car by witness.

Patient no other obvious injury except for neck pain, normal vitals, GCS14 eyes closed but smelled of alcohol eFAST negative.

Radiology reg:

Unhelpful. Have not been woken up before in the past to do scans.

Suggest putting the pt in a soft collar then scan in the morning.

Ask candidate to justify why scans need to be done urgently.

Insist it's not standard practise here and especially in a stable pt, that it can wait till the morning to have it done.

At this point candidate should escalate to calling radiologist oncall: or something along that line, then said ok fine....I'll come in but only just for this time!

or alteranatively candidate may come up with a shared time to have scans done say within next 4 hours/ first thing in am like 6am. or if another CT scans is also required for another patient to have this done all at once. While pt is put in a philidelphia collar, but will need urgent scans if condition deteriorates.

For the examiner

No focal neurology, pt otherwise well

Candidate: to acknowledge inadequate views of Xray.

Recognise high risk mechanism, unable to clinically clear C-spine

Will need CT scan

Justifiable points:

Patient factor: intoxicated, neck pain, inadequate Xray views, pain despite analgesia

increase pressure area and stiffness of neck for pt in prolonged spinal precaution

Departmental factor: Busy, full shift, early imaging will assist with pt flow. will require transfer out to trauma center if significant injury.

Candidate need to demonstrate professionalism, firm but polite manner when dealing with difficult colleague

To escalate plan accordingly when not getting through to registrar.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

ouch! my neck hurts!

Assessment

Domains Assessment Objectives

Medical Expertise

Prioritisation And Decision Making

Communication

Teamwork and Collaboration

Leadership and Management

Professionalism

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 24-year-old man has been referred to your ED by his GP following a CT head. The referral letter and CT scan are provided.

Instructions for the candidate

You are the consultant on in a tertiary centre ED. You are to counsel the man about the results and provide a management plan. You are not expected to take a history nor examine the patient.

Domains being examined

- Medical Expertise
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a normally fit and healthy man. You work in IT as a network systems engineer, which requires long time at a computer and concentration.

You went to your normal GP (Dr Harmer), whom you have been seeing for the past 15 years, for ongoing headaches over the last month, with difficulty concentrating and some visual disturbance. You had not noticed any weakness, sensory changes, or alteration in gait or coordination. After a series of blood tests which were "normal", your GP sent you for a CT scan of your brain. Your GP then contacted you to present to ED with the results. You are unaware of the results.

You are currently engaged to be married, with the wedding in 5 months. You are an only child, and your parents are supportive. If asked, you do not need anyone to come be with you.

Questions to ask:

- Am I going to die?
- What treatment will I need?
- What else might I notice with this?
- What is going to happen?
- What do I do now?

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

CT interpretation

Communication

Clear explanation, reassuring tone, no false expectations

Other Assessment Notes

I think criticising the GP for referral without telling patient results should not happen in front of the patient.

CT interpretation - mass with oedema and mass effect. Unable to determine nature of mass - benign or malignant tumour, abscess, etc

Outline expected management including MRI, neurosurgery involvement, potential for dexamethasone, anti-epileptics, biopsy. Defer discussion of surgery, chemo/radiotherapy to treating teams.

Clearly express level of concern and seriousness. Don't give false hope.

Image courtesy of UoE Radiology via <http://radiopaedia.org> (<http://radiopaedia.org>), from the case <http://radiopaedia.org/cases/37574> (<http://radiopaedia.org/cases/37574>) (this is a glioblastoma)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the ED Consultant on duty on a Saturday afternoon in a busy tertiary ED. You have just taken over from your colleague who said 'It's been crazy busy today – good luck! I'm outta here!'

Currently the department is ramping, there are three acutely unstable patients and you've just been informed a chopper with a major trauma will be landing in 30 minutes.

You are approached by the surgical registrar on call, who is a lovely man but is very junior. He has just been handed over many patients to see. He is asking for guidance on how to start. He will have a list of 7 patients to discuss

Instructions for the candidate

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Teamwork and Collaboration
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a junior service surgical registrar who has just been handed over 7 patients by your colleague. She herself has been overwhelmed, so has taken quick referrals and jotted them down. She didn't have more details. You know the ED department is heaving but you think you need some guidance as where to start in order to be more efficient. If asked questions you are competent to answer them. You are grateful for the ED consultant help.

You bring the handover sheet with you to show the ED consultant:

Handover List with Patient Details:

Mr A

LOS 3hrs. TC 3. 75yo. Abdominal pain, unknown cause. Vitals stable. Lactate 1

Mr B

LOS 2 hrs. TC 3. 55yo. Pancreatitis. Lipase 4500. Vitals stable. On IVF + analgesia

Ms C

LOS 5hrs. TC 4. 22yo. RIF pain ?appendicitis. SBP 80.

Ms D

LOS 5 hours. TC 4. 21yo. RIF pain ?appendicitis. Vital normal. bHCG neg

Mr E

LOS 2 hours. TC 2. 75yo PR bleeding. SBP 140. HR 110. History of AF

Mr F

LOS 30/60. TC 4. 49yo surgical expect with cholecystitis. WCC 11 Vitals stable, on IVABx

Mrs G

LOS 1 hr. TC 3. 45yo surg expect with cholecystitis. WCC 13 Bil 60 Temp 39 SBP 85. No IVABx

LOS – time in ED already

TC – triage category

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Plenty more where it came from

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Prioritisation And Decision Making

Teamwork and Collaboration

Leadership and Management

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are asked by your registrar to assist with intubation of a 70-year-old lady who has presented with respiratory failure and altered mental state. She clinically has APO likely due to a cardiac event. ECG shows no acute changes.

She is afebrile, HR 124, BP 180/90, SaO₂ 92%, GCS 5 (E2 V2 M1)

She is requiring some jaw thrust and is having assisted ventilation with a BVM.

Instructions for the candidate

Assist your registrar to prepare for intubation and outline your post-intubation care plan.

Domains being examined

- Medical Expertise
- Communication
- Teamwork and Collaboration

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Prepare for RSI

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Nurse: Experienced ED nurse able to assist in intubation. Currently providing assisted ventilation with BMV.

Registrar: Junior ED registrar, limited experience with RSI, needs guidance.

Patient: Simple mannequin on bed.

For the examiner

Actual intubation is not required during this scenario. The focus is on preparing the patient and team for RSI intubation and post-intubation care.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Demonstrate clear knowledge and approach to RSI and intubation

Communication

Clearly explain RSI plan and approach

Teamwork and Collaboration

Manage staff around critical procedure (RSI)

Other Assessment Notes

1. Approach to RSI & intubation

- Outline a clear and sensible approach and plan with contingencies for failed airway, including explicit statement of surgical airway as option
- Adequately prepare patient and equipment for RSI (preoxygenate, position, IV access, suction, monitoring)
- Safe plan including appropriate medications and doses
- Clear role allocation and team management

2. Plan for post-intubation care

- Confirm tube position
- Ongoing sedation
- Management of underlying condition (GTN, etc)
- Ventilator settings

3. Bonus points

- Ask about limitations of care and advanced directives

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Procedure- knee aspiration

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

John is a 54 year old male who presents to ED with an isolated warm inflamed knee joint on the right.

Please teach the junior registrar how to do a knee joint aspiration & interpret the joint aspirate results.

Instructions for the candidate

Please teach the junior registrar how to do a knee joint aspiration. Interpret the synovial fluid analysis provided.

Domains being examined

- Medical Expertise
- Teamwork and Collaboration
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Procedure- knee aspiration

OSCE by Anonymous

Actor & Examiner Instructions

For the actor**For the examiner**

Do not interact with candidate.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Teamwork and Collaboration

Scholarship and Teaching

Other Assessment Notes

Synovial fluid analysis for Interpretation:

Appearance- cloudy

WCC 45,000 mm³

Polymorphs 92%

Crystals- positively birefringent

Gram stain- negative

Culture pending

Knee joint aspiration

Indications

☐ Diagnostic- to Ix for septic arthritis

☐ Therapeutic- relieve the pain of a large, tense traumatic effusion

C/I

☐ Overlying skin infection

☐ Known bacteremia (rel C/I)

☐ Prosthetic joint

☐ Haemophilia (until clotting factors given)

Warfarin- value of reversing INR up to 4.5 not proven (risk of iatrogenic haemarthrosis low)

Cx rare

☐ Skin bacteria introduced into joint space- 1/10,000

☐ Haemarthrosis if bleeding diathesis

☐ Allergy to LA

Technique

In general- puncture site should avoid tendons, major vessels & nerves

☐ Pt position- Knee flexed 20 degrees (towel under popliteal region) [or knee fully extended]

Want quadriceps to be relaxed.

□Assistant- compression of suprapatellar region

□PPE, aseptic technique

□Puncture site- Anteromedial approach. Superior portion or midpoint of patella, btn posterior surface of patella & intercondylar femoral notch. [Alternative- anterolateral approach]

□18G needle or cannula, 3 way stop-cock, 60ml syringe

Keep needle & syringe parallel to bed.

Try to remove as much fluid as possible

Ix Gram stain, culture, cell count & differential, polarising microscopy

+/- glucose & protein & LDH (poor differentiators of infectious VS non-infectious cause)

Interpretation of above knee aspirate: DDx Septic arthritis or gout. Refer to ortho to consider washout then iv AB. Depending on patient's risk factors (eg immunosuppression, diabetes) and vital signs (eg fever, tachycardia), may start empiric iv AB prior to Ortho review.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Putting the PE in pregnancy

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are in a tertiary hospital ED. Your patient is 37 yo woman who is 18 weeks pregnant who presents with pleuritic chest pain. She has no history of malignancy or previous Thromboembolism (TE). She is G2P1. There is no family history of TE. There is no history of recent immobilisation or leg swelling. The RMO who assessed the patient is concerned that she has a pulmonary embolus and requests that you review the patient. There is no evidence of respiratory distress or tachycardia and the examination findings are unremarkable. No other cause for her symptoms has been identified.

Instructions for the candidate

Please discuss your strategy for further investigation of possible pulmonary embolus with the patient, in particular the pros/cons of each component.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Putting the PE in pregnancy

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Given that you are a lay person it is reasonable to expect clear but simple explanation from the candidate. They should not make assumptions about your understanding.

For the examiner

No prompts are given.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Putting the PE in pregnancy

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise**

Investigation of Pulmonary Embolus

Prioritisation And Decision Making

Ability to discuss risk/benefits with patients

Communication

Ability to effectively and respectfully communicate complex information to patients

Other Assessment Notes

Candidates must recognise the issues surrounding the investigation for PE, particularly in the pregnant patient

Probability of having PE increased by pregnancy

Recognise that this patient has no risk factors other than pregnancy for PE

Hence pre-test probability is relatively low

Discuss the use of Clinical decision tools such as Wells/Geneva and PERC as they apply to this patient

Discuss the utility of D Dimer in pregnant patients

May discuss the utility of leg USS

Better candidates will give detail regarding the utility in second trimester patients with no clinical evidence of DVT

Recognise the risks to foetus from radiation exposure from CTPA and VQ

Better candidates will be able to give more detailed discussion of the various modalities in terms of radiation exposure

Discuss risks of Imaging modalities to the patient

CTPA: risk of contrast (anaphylaxis and renal)

Increased radiation to breast tissue resulting in increased lifetime risk of malignancy (particularly so during pregnancy/lactation)

VQ: small risk of indeterminate result, less risk of malignancy, often not readily available

Discuss the option not to investigate further, determined by patient's wishes/informed consent/degree of personal 'risk tolerance'

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 17 minutes. **DOUBLE**

Scenario:

This is a simulation double station

You are the consultant on duty in a tertiary emergency department on a weekday afternoon. You have received ambulance pre-notification of a 6 year old female with fever, headache and vomiting due to arrive in your department in 3 minutes.

Working with you are one experienced ED registrar and two skilled nurses

Your tasks are to:

- Lead the team in preparation for the patient's arrival
- Receive clinical handover from the ambulance crew
- Lead the team in assessment and management
- Handover to a colleague after your initial management

Instructions for the candidate

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Teamwork and Collaboration

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

This is a paediatric resuscitation scenario in which a 6 year old presents with CNS sepsis, but develops anaphylaxis and PEA arrest after IV antibiotics are given.

The scenario requires:

- Paediatric airway equipment
- A simulation monitor with adjustable vital signs
- A defibrillator
- A whiteboard for documenting calculations and actions
- Correct weight based dosed IV crystalloids, antibiotics and Adrenaline +/- other drugs

REGISTRAR

- You are competent in paediatric resuscitation, including intubation
- You will assess the patient and convey findings as instructed by the candidate
- Provide vital prompts to ensure that the candidate progresses through the scenario within timeframes below

NURSES

- You are skilled APLS trained nurses but lack initiative for the purposes of the scenario
- Confirm and document calculations and actions on the white board
- Do not initiate actions or suggest solutions for mistakes or omissions, merely emphasise the problem e.g. 'the O2 sats are 90%' (not 'should we give oxygen?')

STAGE 1 at 0-3 minutes: Preparation before ambulance arrives with patient

The candidate will arrive, and is expected to:

- Inform the team of the imminent arrival of the sick child, with a brief summary and concerns
- Assign roles and allocate tasks to begin on arrival
- Prepare equipment and medications
- Prompts for expected actions omitted by the candidate may be: - What should we get ready for the patient? - Is there anything we should do when the patient gets here?

STAGE 2 at 3-4 minutes: Ambulance arrival and handover

Ambulance crew script: 'We called ahead with this 6 year old with headache and vomiting, and a temperature of 38.5c. Her parents called us because she became drowsy. We got her O2 sats at 94% RA and cap refill at 3 seconds and rushed her here. She has IV access in right cubital fossa; but no medications or IV fluid have been given'

IF ASKED:

- No known allergies
- No significant past medical history
- Her parents will arrive by neighbour's car in 30 minutes

STAGE 3 at 4-7 minutes: Initial assessment and management by resus team

Provide this information alluding to CNS sepsis to the candidate (preferably requested by candidate in structured format)

- A: Patent and protected
- B: O2 sats 94% RA, mild right-sided crackles
- C: HR 120bpm, BP 80/50mmHg Central capillary refill 3 seconds
- D: GCS 14 (E4, V4, M6) i.e. confused and disorientated, equal reactive pupils
- E: T 38.5c, Faint non-blanching rash present on arms

Expected interventions from the candidate:

- A/B: Supplementary O2
- C: IV crystalloid in correct weight based volume (should have been calculated earlier); may slightly improve haemodynamic status
- D: The candidate may suggest 'Preparation for intubation,' in which case you should agree but re-direct them to giving antibiotics (see below)
- **E: Empiric antibiotic e.g. Ceftriaxone (PROMPT for this as it is KEY for the rest of the scenario)**

STAGE 4 at 7-9 minutes: Anaphylaxis post IV antibiotic (can be delayed by need to improve haemodynamic status if candidate ahead of time)

Inform the candidate of the signs below, alluding to anaphylaxis:

- A: Lips appear swollen, there seems to be stridor
- B: O2 sats now 80% - (diffuse wheeze on auscultation, if asked)
- C: BP now 40/30 D: Rash looks different 'now raised' and all over limbs and trunk

Expected interventions:

- Adrenaline 10mcg/kg IM anterolateral thigh, preferably with escalation plan i.e. repeat at 3-5 minutes +/- Prepare Adrenaline IV infusion
- Increase FiO2 e.g. high flow, non-rebreathe if not previously initiated
- Adrenaline via nebuliser may be started if requested by candidate
- IV fluid bolus at weight appropriate volume e.g. N saline 20ml/kg

STAGE 5 at 9-15 minutes: PEA arrest with two complete cycles of CPR

Prompt for cardiac arrest: 'The O2 trace has gone - the patient has stopped breathing'

Expected interventions with role allocations (e.g. Airway, compressions, defibrillator management, time keeper) and confederate responses:

- Initial Check pulse: 'No pulse'
- Start CPR in correct ratio 15:2
- Place defibrillation pads and charge ~ 4J/kg
- Rhythm check: Non-shockable; dump charge - Check pulse: 'No pulse'

1st CPR cycle for 2 minutes (can truncate)

- Immediately recommence CPR following on from previous pulse check
- Adrenaline 10mcg/kg IV (then every alternate cycle)
- Address likely reversible H and T causes e.g. O2, IV fluid, Adrenaline Charge defibrillator
- Rhythm check at 2 minutes: Non shockable, Dump charge - Check pulse: 'No pulse'

2nd CPR cycle for 2 minutes (can truncate)

- Immediately recommence CPR following on from previous pulse check
- No Adrenaline
- Charge defibrillator
- Rhythm check at 2 minutes: Non shockable, Dump charge - Check pulse: 'Pulse present' (ROSC)

Intubation is successful if attempted during CPR but then ventilation and cardiac compressions should become asynchronous

POST-ROSC OBSERVATIONS:

- A/B: 'Breathing spontaneously,' 'Face less swollen,' 'mild general wheeze present'
- C: HR 130bpm, BP 70/50mmHg, Cap refill 2-3 secs
- D: 'Eyes have open and limbs are moving, although drowsy'
- E: 'The raised rash seems to be fading'

Give IV corticosteroid if candidate suggests (although they may have already been given for meningitis)

The candidate may want to discuss post ROSC care but interrupt with a phone call from ICU

STAGE 6 at 15-17 minutes: Phone call from Paediatric ICU/Ongoing management plan

Paediatric ICU consultant calls having 'heard about a sick child' and wanting a clinical handover which should include the following:

- Succinctness
- Prioritised information e.g. Post PEA Arrest>Anaphylaxis>CNS sepsis
- Ongoing management plan e.g. Adrenaline infusion, intubation

The paediatric ICU consultant should accept the patient but prompt for features lacking in handover e.g. are there still signs of anaphylaxis, is the airway protected, is Adrenaline infusion going to be started?

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Correct age and weight adjusted doses and equipment e.g. Adrenaline, Crystalloid, ET tube, Defibrillator energy selection

Anaphylaxis management plan

APLS algorithm

Prioritisation And Decision Making

Early CNS sepsis management

Anaphylaxis management with escalation according to timed review of vital signs

Reversible cause management relevant to anaphylaxis e.g. hypoxia, volume status

Teamwork and Collaboration

Closed loop communication

Role ascertainment and task allocation including changing roles during CPR

Succinct referral commencing with macro detail e.g. 'Post PEA arrest' > 'Anaphylaxis' > CNS sepsis

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your intern has just reviewed a 72yo man who presented with syncope. During examination he noted the patient had a heart murmur and wanted some clarification on what he had heard.

Instructions for the candidate

You are the consultant in a tertiary ED. You are to perform a cardiovascular examination in regards to this man's presentation and discuss your findings with the intern.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Intern:

The patient had a syncopal episode at home after getting up to make some tea. He felt lightheaded and then woke on the floor. It was witnessed by his wife who reported he fell on carpet, no significant injuries, no seizures and loss of consciousness for about 30 seconds. He has a past history of hypertension and a prior NSTEMI.

You are to direct the candidate towards performing the examination rather than discussing the case. You thought you heard a soft systolic murmur, but could not characterise it. You would like the candidate to examine the patient and tell you what they found so you can later re-examine.

An ECG has been done and viewed by another consultant. Your plan is to eventually admit this patient to a monitored bed.

Patient:

You are a 72yo man who is normally well and independent. You were in hospital 3 years ago with a heart attack and have been well since. You had 2 stents inserted at that time. Today you got up to make some tea, felt lightheaded and then woke on the floor. You had no chest pain no SOB nor sweating. You have not injured yourself. You are not on anticoagulants.

For the examiner

HR 72

BP 133/68 (if requested, standing BP 136/72)

SaO2 97% RA

RR 14

BSL 6.3

ECG - NSR, inferior Q waves, no acute changes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Cardiovascular examination focused on syncope and murmur differentiation

Communication

Establish rapport, clear and specific instruction to patient

Clear explanation of findings to intern

Scholarship and Teaching

Explanation of techniques and findings to intern

Other Assessment Notes

Assessing for differential causes of syncope:

- check BSL
- check ECG done
- check postural BP
- check for evidence of seizure (tongue biting, incontinence)

Assess for injuries post collapse (head and other)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 72 year old man is brought into your ED following a syncopal episode at a shopping centre, where a passerby called an ambulance. He has a past history of ischaemic heart disease, diet controlled diabetes and hypertension. His medications are aspirin, metoprolol ,and perindopril.

Hi initial observations are:

HR 30

BP 115/65

SaO2 95% on room air.

He is alert, but pale, and is orientated to questioning.

An initial ECG is performed which is provided.

When you begin to take his history he says he would like no treatment, and would like to discharge himself, to his own home, where he lives, alone.

Instructions for the candidate

You are the Consultant in a tertiary Emergency Department, with full services.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are Mr Brudzinski, a 72 year old Dutch man. You have firmly held beliefs that you do not want any intervention, as you live alone, have no dependents, and you believe that medical intervention and hospitalisation are pointless and unpleasant. You think that life does not have much to offer you, and you would rather die in your own home, rather than be hospitalised. You have recently signed up with an online euthanasia society, in preparation for a time in which you might need it (volunteer early on). You appear of sound mind, and you understand all that is being told to you.

If questioned specifically, you will have some features consistent with depression (early morning waking, anhedonia, poor appetite) but you are not actively suicidal.

You are adamant you will not stay in hospital, but you will listen to what the candidate has to say.

You will not actively get up and try to leave.

For the examiner

This OSCE examines the medical expertise in understanding complete heart block and investigation and treatment options.

It also tests the ability of the candidate to demonstrate understanding of competence in decision making.

This is a difficult case, with no right answer, but candidate must recognise need to seek a second senior opinion about competency if there are questions. In view of some features of depression, it is likely that psychiatric opinion may be sought.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Rock and a Hard Place

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Recognition of complete heart block.

Discuss cause - contribution of IHD and medications, in particular metoprolol. Consider renal dysfunction in setting of diabetes

Understand that this requires urgent Ix and management in monitored setting, with pacemaker. Cardiology referral

Communication

Understanding respectful discussion of high stakes of illness

Acknowledgement of personal beliefs.

Reassurance of respect of pt autonomy at same time as complying with duty of care (to establish competency)

Health Advocacy

Understanding duty of care

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Shake, Rattle and Roll

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 17 minutes. **DOUBLE**

Scenario:

You are a locum emergency consultant at a regional hospital with an operating theatre and surgeons including obstetrics on-call. Your nearest tertiary hospital is 45 mins away. Paramedics are bringing you a 35/F, pregnant, from home after having a witnessed generalised tonic-clonic seizure --she was given a total of 10 mg Midazolam IV to terminate the seizure Her vital signs are currently as follows:

HR 110

BP 170/110

RR 16

O2 sats 95% on 15 L O2

GCS 11 (E3V3M5)

Instructions for the candidate

You have two minutes to prepare your team (a nurse +/- a junior doctor) before they arrive. Once the patient arrives, you are to lead your team and manage the scenario as it unfolds.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Teamwork and Collaboration
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Paramedic:

Handover - 35/F, found by husband to be having a generalised tonic-clonic seizure on the lounge. Husband reports that the patient intermittently complained of a headache and neck pain, mild blurring of vision, and abdominal pain for the past 2 days. The patient is 34 weeks pregnant, 1st pregnancy, has had few prenatal check-ups, last one was 12 weeks ago.

If prompted, no known drug use, no trauma, no other past medical history. BGL = 6.2

Treatment so far: Jelco x 1, Midazolam 10 mg IV, simple airway support

Paramedic/junior doctor: You are extremely competent but have no initiative. You need to guide/prompt the candidate to get through the various stages of the scenario as detailed below but should try not to influence the candidate's decisions.

Nurse: you are very competent but have no initiative.

For the examiner

Stage 1: 0-2 minutes

- Preparing the team
- Mention calling for obstetrics +/- retrieval

If team is asked re services at the hospital: general paediatrics, special care baby unit available, no paediatric or adult ICU

Stage 2: 3-7 minutes

- Ambulance handover (as above)
- Initial assessment:
- Sim woman

GCS 11 (E3V3M5)

HR 110

BP 160/100

Sats 97% on 15 L O2

RR 22

Self-ventilating

T 39 C

- During this stage, the candidate should:

-- Lead the team through an assessment of the patient: primary survey, physical exam (normal, no rash, supple neck) obstetric assessment (CTG looking for fetal distress, signs of active labour)

-- VBG: pH 7.30, pCO2 43 mmHg, pO2 152 mmHg, HCO3 18 mmol/L, BSL 5.4 mmol/L, Na 136, K 4.0, Lactate 4.2

-- Bloods inc tox (paracetamol, etc), cultures

-- Team members can prompt candidate

-- "Why do you think she had a seizure?"

--"What do you think is going on with the patient?"

-- recognise and commence treatment for eclampsia

--MgSO₄ 5 gm IV

--BP control

-CTG monitoring: no active labour, FHT 155

Stage 3 : 8-12 minutes

8th minute: Pt starts seizing (Reg to prompt candidate that this is happening)

HR 140

BP 170/100

Sats to 90%

Treatment expected:

Midazolam

Magnesium if not already given

Consider anaesthetic + intubation (if Mg already given in 1st phase)

Minute 10: seizure terminates (prior to intubation)

Post-ictal vital signs

HR 120

BP 150/90

RR 14 O₂ sats 97% on 15 L O₂

GCS 10 (E2V3M5)

Stage 4: 13-17 Stabilisation and referral

Pt's CGS continues to improve to 14 (E4V5M6)

BP remains at 150/90

CTG reassuring trace with no contractions (FHR 150s)

Treatment expected:

Magnesium infusion +/- second agent

Steroids for fetal lung maturity

Discussion with locum Obstetrics Consultant (Examiner) re: patient and plan (should include plan for transfer to tertiary hospital --if not mentioned, can be asked "Do we have facilities to manage this patient at your hospital?")

Assessment

Domains Assessment Objectives

Medical Expertise

Assessment and management of status epilepticus

- Broad differential that should include pregnancy but also other diagnoses, e.g
 - hypoglycaemia and other electrolyte d/o
 - toxins
 - head injury and other neurologic causes (seizure d/o)
- Seizure management (benzos, sodium valproate, phenytoin, etc.) vs eclampsia management (MgSO₄)

Eclampsia management

- Mg SO₄ 4 gm IV bolus followed by 2gm/hr infusion
- Anti-hypertensives
 - Labetalol 20 mg - 40 mg IV boluses
 - GTN infusion
 - Hydralazine 5 mg IV every 10 mins

Management of the critically ill pregnant patient

- Left lateral decubitus
- Extra monitoring of foetus (CTG)
- Early OB consultation re appropriate definitive management/disposition (observation, delivery)
- Betamethasone 12 mg IM for foetal lung maturity

Prioritisation And Decision Making

Communication

Teamwork and Collaboration

Leadership and Management

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are doing a locum shift in a rural emergency department 2 hours by air from the nearest major referral hospital, when a 64 year old farmer drives in complaining of severe chest pain, which came on while he was shoveling manure 45 minutes ago. He had been experiencing pain like this for weeks but for the first time, this episode had not resolved with rest. The triage nurse hands you this ECG.

The man's pain had reduced somewhat with sublingual nitrates, and aspirin had been administered at triage. He is alert, and his vital signs are:

Afebrile, HR 67, BP 180/90, SaO₂ 100% on RA.

His physical examination is unremarkable.

Instructions for the candidate

Provide this man with advice regarding his treatment options, and make the necessary preparations for patient management and disposition.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a 64 year old dairy farmer, usually fit as a bull. You have not seen a doctor for 20 years. You do not take any medications other than your nicotine inhaler which you picked up 2 years ago when you gave up your lifetime habit of smoking. You had a vindaloo that your new immigrant neighbours gifted to you for lunch and feel that your symptoms may be just reflux from the spice overdose.

You are wondering if some Mylanta will fix you up but the fussing by everyone in the department is giving you an impending sense of doom.

When given the news that your myocytes are dying from oxygen starvation, you become concerned and demand the best treatment possible, just like the city folk.

When your options, risks and benefits are explained to you, you accept the doctor's recommendation.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

See below...

Communication

needs to be verbalized in a way such that a layperson can give consent.

Health Advocacy

Professionalism

Other Assessment Notes

The candidate needs to demonstrate a familiarity with the

Indications: (time from onset under 1Hr, unavailability of PCI within 60-90min – early presentation of this patient in conjunction with the remote location suggests that fibrinolysis is the best option in the absence of contraindications)

Contraindications: Known bleeding diathesis, major trauma, surgery, head injury within preceding 3 weeks, suspected aortic dissection (asks about/examines for associated neurological symptoms), previous ICH or stroke of unknown origin, ischaemic stroke in previous 3-6 months, CNS lesion – tumour, AVM, GI bleeding within last month, non-compressible punctures in last 24 hours)

Benefits: Effective 60-80% of the time, improved mortality – benefit approaching that of PCI in early presenters, prevents cardiac failure, and

Risks: Failure to reperfuse - compared with PCI – PCI has mortality advantage especially in cardiogenic shock and those aged over 70, late presenters – these factors do not apply in this case.

Failure of reperfusion greater in thrombolysis, PCI over 90% effective

Bleeding: HTN, Age, low weight, known disease states predisposing to bleeding

ICH in about 1-2%

eg. Peptic ulcer,

Streptokinase issues, hypotension, allergy, rupture all may be mentioned.

Relevant background history and current clinical condition needs to be shown due consideration.

Risks and benefits need to be discussed and communicated in a clear manner to the patient as part of the process in obtaining informed consent.

The candidate should also demonstrate the ability to initiate immediate management (aspirin, heparin etc.) and the need to organise suitable and expeditious disposition for this patient – retrieval to CCU facility.

Sleepy time for Seb

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are on duty when Sebastian, a 3 year old boy is brought in by his mother. He hit his head on the edge of a low table when he tripped and fell about 45 minutes ago. Sebastian has sustained a 3-4cm deep laceration on the left forehead and through the eyebrow which will require suturing. He cried immediately after the fall and there is no concern of a more significant closed head injury. He has been moderately noncompliant with your assessment (as is typical of many 3 year old boys) and will require sedation to enable safe suturing of the wound.

Instructions for the candidate

1. Give instructions to the emergency nurse (who is outside the room), regarding medication and monitoring you would like prepared ready for this procedure. (approx time guide 1-2 minutes)
2. In the remaining time, proceed to discuss the situation with Sebastian's mother Rebecca, paying particular attention to the planned management and gaining of consent. (approximate time guide 5-6 minutes)

Domains being examined

- Medical Expertise
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Sleepy time for Seb

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

Instructions for emergency nurse:

You may prompt for either drugs or monitoring required but be no more specific.

ie " what drugs would you like drawn up?" "what monitoring would you like me to set up?"

Instructions for parent role player:

You are a reasonable but relatively anxious mother. Feel free to ask as many questions as you like to ensure any concerns you have regarding your sons management are allayed.

For the examiner

None

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Sleepy time for Seb

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Safe completion of procedural sedation in a child

Communication

Clear professional direction to assisting nurse

Open and clear discussion with parent

Other Assessment Notes

An excellent candidate will demonstrate/ cover most/all of the following:

Part 1. :

A clear specification of drug, dose and planned method of administration

A clear list of monitoring parameters to prepare for including ECG, pulse oximetry, Etco2 and BP.

Part 2:

A reassuring and professional manner, thus instilling confidence in the patients mother.

A clear explanation in nonmedical terms of the management plan and why this needs to happen

A clear explanation/discussion regarding risks/benefits and the gaining of consent

Offer an opportunity for Rebecca to ask questions, provide answers, reassurance

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

One of your registrars approaches you to discuss a case from the previous week of a 65 year old man found unconscious in a burning factory. His obs were:

GCS 6 (E1 V1 M4)

HR 110 bpm

BP 105/50

SaO₂ 99% on NRB

RR 10 /min

An ABG was taken on 15L O₂:

pH 7.2

pCO₂ 55

pO₂ 144

HCO₃ 20

BE -8

Instructions for the candidate

You are a consultant in an urban district hospital on non-clinical educational duties. You are to interpret the ABG and answer any questions the registrar has about this case.

Domains being examined

- Medical Expertise
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Smoke over water

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are a junior registrar and you wanted to discuss a case you were peripherally involved in. You were unclear of the ABG interpretation and management of this case.

Questions to ask:

- Can you please interpret this ABG for me?
- I thought this was just smoke inhalation, but one of the other registrars listed off a pile of other potential causes. What else could cause this presentation?
- How could I differentiate something like carbon monoxide poisoning out from just smoke inhalation?
- I recall he had a COHb of 15%, and someone mentioned hyperbaric oxygen therapy. what is the role of this in CO poisoning?
- The registrar in charge was quite concerned about a very high lactate. What might that indicate?
- If this were cyanide toxicity, how would you treat it?

For the examiner

Have print out of ABG to share.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Systematic approach to case
Adequate ABG interpretation
Broad differential

Scholarship and Teaching

Clear explanations and teaching technique
Encourage learning

Other Assessment Notes

ABG:

- mixed acidosis (metabolic d/t tissue hypoxia, respiratory d/t conscious state)
- high pO₂ d/t NRB
- Aa gradient high (calculation not required)
- can comment on potential COHb and therefore unable to predict tissue oxygenation, and SaO₂ unreliable
- can ask for COHb to assist Dx, as well as lactate for ?cyanide

CO poisoning

- COHb and mixed metabolic/resp acidosis on ABG
- history of enclosed space, engines, combustible gases
- altered sensorium, preceding headaches, GI upset

Hyperbaric Rx

- potential benefit
- logistically difficult given intubated and will require transport to larger centre
- literature not conclusive

Cyanide

- high lactate in this setting
- Mx:
 - decontaminate - remove clothing, wash skin.
 - antidote: hydroxycobalamin - cyanokit = 5g, repeat after 15/60 if no improvement
 - other options dicobalt edetate, sodium thiosulfate

From 2011.1 SCEs: <http://lifeinthefastlane.com/facem-sce-2011-061/> (<http://lifeinthefastlane.com/facem-sce-2011-061/>)

There's some air in there (part I)

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your registrar approaches you about a 22-year-old male who presented with pleuritic left sided chest pain and SOB. Onset was 15 minutes ago. He has a history of a previous spontaneous pneumothorax, and this feels similar.

His vitals are:

HR 105

BP 110/70

RR 28

SaO2 96 RA

Instructions for the candidate

You are the consultant on. The patient is in a resus room, and you are working with a registrar and a nurse. You are to explain the findings on the x-ray to your registrar and develop a management plan. You are to assist the registrar in managing the case as it unfolds.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Health Advocacy
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

There's some air in there (part I)

Actor & Examiner Instructions

For the actor

Patient

You are an otherwise fit and well male. You smoke, but have no other medical conditions nor take any medications. No allergies. You have had one previous spontaneous pneumothorax on the left that was managed conservatively. You feel quite short of breath and anxious.

You are relieved after the chest catheter is inserted. About a minute later you develop severe, sharp, pleuritic pain on the left again with shortness of breath and significant distress. This settles with adequate analgesia.

Registrar

Junior and competent. You've previously seen open thoracostomy and chest drain insertion for this, and have never done a seldinger chest catheter. You are keen to observe this procedure. You are blissfully unaware of the spontaneous pneumothorax management guidelines, but did see a post about sending these patients home with a Heimlich valve.

Nurse

You are a competent ED nurse who seemingly takes joy in making no decisions. You can do anything you are instructed to do quickly and safely.

For the examiner

Requirements: small bore intercostal catheter, actor and/or mannequin

This is a long scenario for 7 minutes.

The elements to explore are:

1. Interpretation of x-ray (1 minute)
2. Management plan (1 minute)
3. Set up and insertion of chest drain (4 minutes)
4. Assessment of deterioration (1 minute)
5. Analgesia options (and we're out of time)

Deterioration is due to pain and distress. SaO₂ will remain normal. It is expected the candidate will examine the patient and drain to ensure function.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

There's some air in there (part I)

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise**

Management of spontaneous pneumothorax
Insertion of chest drain

Prioritisation And Decision Making

Appropriate stepwise approach to management and assessment

Communication

Clear explanations to staff and patient of diagnosis, plan and ongoing care

Health Advocacy

Might as well mention quitting smoking, avoiding SCUBA, and future need for pleurodesis

Scholarship and Teaching

Clear explanation of x-ray and procedure to registrar

Other Assessment Notes

1. Mx spont ptx
 - Appropriate choice of approach (small bore chest catheter, UWSD, admission)
 - Identify potential for tension pneumothorax and decompress if required
2. Reinflation pain
 - Assess patient to exclude other complications
 - Adequate analgesic plan (parenteral opioids, intrapleural local anaesthetic)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

There's some air in there (part II)

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your registrar approaches you about a 22-year-old male who presented with pleuritic left sided chest pain and SOB. He was found to have a large left-sided spontaneous pneumothorax and an intercostal drain was inserted. He had some reinflation pain that settled with analgesia.

It is now 2 hours after chest drain insertion, and he is becoming increasingly SOB again. His vitals are:

HR 95
BP 135/90
RR 28
SaO₂ 94% on 6L O₂

A CXR is taken.

Instructions for the candidate

You are to briefly assess the patient and formulate a management plan. You will be assisted by your registrar and an ED nurse.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

There's some air in there (part II)

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Patient

You are an otherwise fit and well male. You smoke, but have no other medical conditions nor take any medications. No allergies. You have had one previous spontaneous pneumothorax on the left that was managed conservatively.

You were relieved after the chest catheter is inserted, but had severe, sharp, pleuritic pain on the left again with shortness of breath and significant distress. This had settled with adequate analgesia.

Over the last 30 minutes you have become increasingly short of breath. There is no additional pain. When the diagnosis is explained, you become angry that this is the 2nd adverse event associated with this procedure.

Registrar

Junior and competent. You inserted the chest drain and are a little upset there is another complication. You eventually ask if this is your fault.

Nurse

You are a competent ED nurse who seemingly takes joy in making no decisions. You can do anything you are instructed to do quickly and safely.

If the candidate asks for non-invasive ventilation, question whether this is safe in someone with a pneumothorax.

For the examiner

On auscultation, there are left-sided widespread (mainly basal) coarse crackles. The chest drain is swinging but not bubbling.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

There's some air in there (part II)

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise**

Assessment of increased SOB in patient with chest drain in situ
Management of unilateral pulmonary oedema

Prioritisation And Decision Making

Clear management plan generation

Communication

Clear explanation to patient and registrar of diagnosis (re-expansion pulmonary oedema)

Professionalism

Management of complaint and registrar feeling guilt

Other Assessment Notes

1. Assessment

- Clear and structured approach to assessing patient with chest drain in situ
- Check tube position, function, auscultate

2. Management

- Supplemental O2
- Analgesia prn
- consider CPAP - if suggested, need to justify use in PTx (chest drain in situ) and outline what needs to be monitored (may develop pneumothorax on other side)
- no role for GTN or frusemide (but not critical error - will lead to some hypotension)
- disposition to high dependency

The management is supportive with increased supplemental oxygen and analgesia. In some cases, NIV, or even intubation and ventilation, has been required. In a refractory case, selective lung ventilation has been described.

3. Complaint management

- Acknowledge patient dissatisfaction
- Outline plan to deal with adverse event
- Counsel registrar

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are asked to see a 35/F, Jane Stephens, with an acute episode of palpitations. She states these palpitations started 1 hour before, with no associated symptoms. She has never had this before and has no significant past medical history.

HR 180
BP 110/75
RR 18
O2 sats 100% RA

She has been placed in your resus room and you have an experienced nurse and intern in attendance. Attached is her ECG.

Instructions for the candidate

You are to treat the patient, manage the situation as it unfolds, and provide teaching to the junior RMO.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Patient:

- you are a mildly anxious person who will be wary of medications (especially when adenosine and its adverse effects are explained to you) and will ask for non-medication options to be trialled before agreeing to medication.
- when asked, you have no past medical history, no family history, do not drink or do drugs, not on any medications

Intern:

- you are not very good at interpreting ECGs; you think this is sinus tachycardia
- you ask A LOT of questions
- what is SVT? what causes it?
- what are the options for treatment? if only two treatments are discussed --what other treatment options are there?
- what are the considerations re: admission versus discharge?

Nurse: extremely capable, do not do anything without being told doses.

For the examiner

It's up to you to decide which treatment terminates the SVT.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Correct interpretation of ECG

Knowledge of SVT and its treatment options

-- Vagal manoeuvres

-- Adenosine

-- Verapamil

-- Cardioversion

Prioritisation And Decision Making

Communication

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A storm's a-brewin'!

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the consultant rostered on a non-clinical shift. A trainee who was recently involved with a difficult case (a patient presenting with thyroid storm) has asked you to discuss this rare and difficult condition's diagnosis and management.

Instructions for the candidate

You are to discuss with the trainee the diagnosis and management of thyroid storm.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

A storm's a-brewin'!

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

You are an ACEM provisional trainee who has recently been involved with a difficult case of a 42-year-old woman who presented unwell with fever, tachycardia, nausea and vomiting. She was initially treated in the ED as a case of severe gastroenteritis and managed with IV fluids, antipyretics, and antiemetics, however when the patient deteriorated/failed to improve. When the ED Consultant on shift became involved it was discovered that the patient was suffering from thyroid storm.

You had never before seen a case of thyroid storm and did not fully understand the diagnosis and management. You are to request a brief tutorial on the topic so that you are more prepared in the future.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Communication

Scholarship and Teaching

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the Consultant in charge of a rural ED. You have just been involved in the resuscitation of the child described below.

3 year old boy (Mattie) found face down in family pool. Unknown period of submersion. On arrival Emergency Services he is in a PEA arrest. He has been resuscitated for 20 minutes in the field and a further 40 minutes in the ED. He is intubated and ventilated. His rhythm has now degenerated to asystole. Bedside ultrasound shows no cardiac activity. You deem there to be no reversible factors.

The boy's mother Jane has been present during the resuscitation. She is being looked after by one of your senior nurses. It is your task to talk to her about Mattie's prognosis.

Instructions for the candidate

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Summer Peril

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

You are understandably extremely distressed by what has happened to your little boy. He is your only child. His father is away on business so you have been on your own with Mattie. Your mother does live in town and is available for support if this is explored.

For the examiner

VBG: pH 6.8

pCO₂ 45pO₂ 95HCO₃ 9K⁺ 6.8Na⁺ 140Cl⁻ 99ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Recognition poor prognosis

Prioritisation And Decision Making

Decision to cease resuscitation

Communication

Breaking bad news

Other Assessment Notes

Recognition of poor prognosis and need for decision to terminate resuscitation efforts

Effective communication with parent

Attempts to provide support for parent

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Swing and push

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 34yo patient has been observed in your ED's short stay unit overnight following an anaphylactic reaction last night. They had significant perioral oedema, stridor, wheeze and urticaria on arrival. They were treated with IM adrenaline (2 doses of 0.5mg), antihistamines and steroids. Their symptoms have completely resolved.

Instructions for the candidate

You are the consultant on in the short stay unit. You are to advise the patient on how to use an EpiPen(tm) adrenaline auto-injector. You may use the attached image in your explanation to the patient.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Swing and push

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are usually fit and well with no prior medical conditions nor allergies. You had eaten chestnut paste (or some other interesting food) for the first time, and immediately noted tingling around the lips and in the mouth. This developed over 5 minutes into swelling and difficulty breathing with an associated rash. Your friend called an ambulance, who gave you IM adrenaline with significant improvement, and you were given a second dose in the hospital due to ongoing wheeze and lip swelling. you now feel completely back to normal.

The doctor is coming to discuss ongoing management of your allergy including use of an adrenaline auto-injector (EpiPen).

For the examiner

Requirements: ideally EpiPen training model, failing that, use an EpiPen (don't inject anyone) or the attached photo.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Allergy and anaphylaxis first aid and management including action plan description
Proficient use of the EpiPen auto-injector

Communication

Establish rapport.
Clear, articulate and concise explanations.
Allow opportunity for questions and answer appropriately

Health Advocacy

Allergy prevention advice and management
Include patient's living environment (home, work, social) in discussion of management

Other Assessment Notes

1. Allergy action plan

- avoid allergen
- signs of allergic reaction
- management steps (eg antihistamine, epipen, call for help)
- when to use epipen
- bonus: empty ventricle syndrome
- action plan example available here: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> (<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>)

2. EpiPen technique

- Remove from carry case
- Pull off blue safety cap
- Press orange end firmly against lateral thigh until click
- Hold for 10 seconds
- Call ambulance
- Take used epipen with you to hospital
- If you have doubts about how to use an EpiPen(tm) have a look here: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/how-to-give-epipen> (<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/how-to-give-epipen>)

3. EpiPen general information

- Prescription for 2 pens - 1 on person, 1 at home or at work. Can buy more off PBS
- Expiry in 2 years, need to replace - take old EpiPen to pharmacy
- Replace earlier if adrenaline discoloured (viewing window)
- Can still use if no other adrenaline available
- Need to replace old/used epipens immediately
- Need to educate family, friends, coworkers on signs of anaphylaxis and how to administer epipen (use

action plan / posters)

- Can use others' epipens if only ones available - but make sure it is immediately replaced!

- In a survival setting you can get more adrenaline out of a used epipen:

<http://adelaideemergencyphysicians.com/2014/07/short-on-adrenaline-get-a-bit-more-from-the-epipen/>

(<http://adelaideemergencyphysicians.com/2014/07/short-on-adrenaline-get-a-bit-more-from-the-epipen/>)

4. Allergy preventative care and follow up

- Avoid allergen

- Medical alert bracelet indicating anaphylaxis

- Allergy specialist follow up considered

- Letter to GP to inform

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Talk to the Hand!

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A medical student on her first day in ED has picked up a case of M.E a 36/M who presents with the injury as shown below. She has sought guidance re: her assessment of this patient.

Instructions for the candidate

Discuss the key points in the history of this patient and demonstrate an approach to a thorough hand examination. Use the medical student's hands to demonstrate your exam technique.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

It's your first day, you're a medical student, you're pretty clueless. You will however be able to remember and repeat back or demonstrate whatever the candidate has taught you. If the candidate has missed key features for history and exam, can prompt with "Is there anything else I should ask/do?"

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Anatomy of hand

Correct approach to examination of tendon/nerve/vascular injury

Communication

Clear advice, engaged and approachable manner

Scholarship and Teaching

Providing opportunity to show knowledge, demonstrate techniques learned

Professionalism

Other Assessment Notes

Key elements in the history

- occupation
- handedness
- mechanism including need for work cover, any delay in seeking treatment
- allergies/medications/significant medical conditions
- last meal
- tetanus

Thorough and efficient approach to hand exam

- Discussing role of analgesia and regional anaesthesia techniques
- Comparing with normal hand
- Examination of sensation prior to anaesthesia
- Wound exploration in correct hand position (asking patient to assume position at injury)
- Examination of relevant tendon function

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Teaching a procedure to a junior doctor - CVC insertion

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the consultant rostered to a teaching day. You are doing a session on Central Venous Access.

You will be taking a junior registrar through the process of Central Venous Catheter insertion.

You will be using the kit provided to you now in this reading time.

Instructions for the candidate

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Teaching a procedure to a junior doctor - CVC insertion

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Try and make the candidate speak as much as possible.

Answer any questions you are asked with short answers.

If the candidate doesn't cover the following topics in their teaching session ask the following (cover as many as time allows):

- What are the indications?
- Are there any contraindications?
- Do you have to have a CVC in to run inotropes? Can they be run peripherally?
- Do I have to get consent? Does it have to be written and signed?
- Why would I choose one CVC site over another?
- What sort of PPE do I need to wear?
- What are the possible complications?
- How do I confirm it is in the right spot?

For the examiner

Provide the candidate with a full CVC kit in its packet (can obviously be reused).

Ideally have a mannequin that allows demonstration of the landmarks of one of the 3 sites for CVC access.

If the mannequin allows for actual insertion that is even better but not necessary.

Have a trolley on which the CVC line can be laid out.

If possible have ancillary equipment like sterile drapes, chlorhexidine swabs, suture kit or proprietary catheter stabilisation device (e.g. Arrow CVC stabilisation device), transparent dressings e.g. Tegaderm.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Teaching a procedure to a junior doctor - CVC insertion

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise**

- Knowledge of indications, contraindications, alternative options, consent, site choice

Communication**Scholarship and Teaching****Other Assessment Notes**

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Teaching a procedure to a junior doctor - Intubating LMA

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A new registrar has joined your emergency department. As per your usual practice you have asked them to familiarise themselves with the Difficult Airway Trolley.

The registrar comes back to you holding the piece of equipment that is provided below asking if you can explain its use.

Instructions for the candidate

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Teaching a procedure to a junior doctor - Intubating LMA

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Registrar is supposed to act as if they have used an LMA before but not an intubating LMA.

Given the short time involved they are not to ask if they can demonstrate how to use it unless the candidate has run out of things to say.

For the examiner

SIMULATION SET UP

- Provide candidate with a full intubating LMA kit ideally still in its packet
- When they walk in have a range of other airway adjuncts available for them to use if they choose including a standard LMA (could be used to compare the rigid and hyperangulated curvature of an intubating LMA), a normal ETT (to compare to an armoured ETT in the intubating LMA kit), a bag-valve mask as well as distractors such as bougies, OPAs etc.

ANSWERS

Great summary of indications, contraindications, technique and complications of iLMA is available from a regular source of information:

<http://lifeinthefastlane.com/ccc/intubating-lma/> (<http://lifeinthefastlane.com/ccc/intubating-lma/>)

The company 's resources:

http://www.lmana.com/files/fastrach_maneuvers_guide.pdf
(http://www.lmana.com/files/fastrach_maneuvers_guide.pdf)

and their manual:

<http://www.lmana.com/viewifu.php?ifu=44> (<http://www.lmana.com/viewifu.php?ifu=44>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Teaching a procedure to a junior doctor - Intubating LMA

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise****Communication****Scholarship and Teaching****Other Assessment Notes**ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are the duty consultant in a tertiary referral ED. You are starting the morning shift at 0800, after a what appears to have been a busy night shift. You are in charge of the 4-bay resuscitation area, and are allocated a senior registrar. You receive a message from the local ambulance service that they are 10 minutes away with a 75yr old woman with chest pain who is haemodynamically unstable.

On the department status board you see that there are 4 patients in the resuscitation room being managed by the night registrar (see attachment).

Instructions for the candidate

You are to:

- Take handover from the night registrar who has been working in the resuscitation area
- Plan the subsequent management of the patients with your team of a senior registrar and nurse
- Plan for the imminent arrival of the new patient

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Day Registrar

You are a competent senior registrar with airway abilities. You are comfortable managing most clinical situations, but prefer to avoid interpersonal conflict. You unquestioningly accept instruction from the candidate.

Nurse

You are a senior nurse, team leader of the nursing team in the resuscitation area today. You have been at work since 07:00 and have a handle on the patients and state of the resus rooms. Your staff are stretched to cover the 4 rooms, with backup nursing staff allocated from the main area. All equipment and supplies are in order. You are concerned that all 4 rooms are occupied, with 1 person intubated and another on NIV. These patients must stay in the resuscitation room until they can be transferred to ICU. You would like to move at least one of the other patients out of the rooms to the main department to have a resus room available.

Night Registrar

You are a competent senior registrar. You are tired and a little frustrated after a busy night with a number of difficulties. You do not want to debrief this morning, but would appreciate the opportunity to do this at a later stage if offered. The patients under your care are:

Resus 1: John JEFFERS

42yo man, driver in MVC vs truck. You have not yet had a chance to fully assess this man (just arrived). ? pulled out in front of truck at moderate speed, truck vs front passenger side. Seatbelt worn, no LOC, extricated by ambulance crew. On primary survey, maintaining own airway, good air entry, SaO₂ 100% on 15L O₂, mild tachycardia (HR 115) systolic BP 130. Alert, GCS 15, complaining of left flank and chest wall pain.

Resus 2: Joseph GORDON

78yo man with PHx COPD, prior MI, HT, T2DM. Presents with infective exacerbation COPD worsening over last 4 days. Arrived in respiratory distress, SaO₂ 78% on RA with ambulance. Initial ABG showed type 2 respiratory failure. He is on bilevel NIV with pressures 15 inspiratory: 8 expiratory, FiO₂ 40%, maintaining SaO₂ at 95%. He has had regular salbutamol and ipratropium nebulisers, prednisolone and IV antibiotics. He was seen by the night ICU registrar at 0500 who advised weaning off the NIV because there were no ICU beds. This is one of your frustrations. He is slowly improving and relatively comfortable. His ABGs at arrival and 1 hour ago are:

arrival 1 hour ago

pH 7.21 7.32

pCO₂ 84 65

pO₂ 54 87

HCO₃ 35 31

Resus 3: Beryl WILSON

82yo female PHx prior bowel CA resection, HT, AF. Presented with worsening abdominal pain over 1 day, associated vomiting, reduced bowel motions/flatus. Abdomen generally tender with guarding and

peritonism. Erect CXR and subsequent CT abdo showed free gas consistent with perforated viscus. You called for a surgical consult at 06:30 but the registrar was doing a procedure. You called again at 07:15 and the registrar told you it was nearly handover time and to call the day registrar at 08:00. This is also one of your frustrations. Beryl is currently comfortable after IV morphine but her blood pressure has been trending on the low side, currently HR 95, systolic BP 90. She has had 2L crystalloid but has not had antibiotics (you had forgotten to give them). If asked, she is the sickest amongst your patients (although you are unsure about Resus 1).

Resus 4: James SLATER

27yo man with no known past history. Reported to have consumed a decent amount of alcohol as well as GHB. Friends called the ambulance when he became agitated. On arrival to ED he was drowsy, GCS 11 (E3 V3 M5). His BAL was 0.24, bloods unremarkable (no paracetamol level done). Over the next 30 minutes his GCS dropped to 7 (E1 V2 M4) and you elected to intubate him. Uncomplicated RSI, grade I view. Now sedated on propofol at 15mL/hr, ventilated. His ETT and NGT have had position checked on xray. The ICU registrar was informed of his condition at 04:30, but since no beds were available, they have suggested keeping him in ED for extubation when the GHB wears off. This is extremely frustrating for you, as you know ICU have the ability to move non-ventilated patients into the recovery area, but the registrar has refused to do this overnight.

For the examiner

Props:

- patient list for candidate and replicated on whiteboard

Actors:

- night registrar
- day registrar
- resus nurse

This will be a time-pressured station. The night registrar actor should be encouraged to deliver a brief handover and answer any questions, and then depart, leaving some time (ideally ~2 minutes) for a planning discussion amongst the day team.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Appropriate management plans for all patients with different system pathologies

Prioritisation And Decision Making

Clear prioritisation and delegation of tasks

Communication

Active listening and questioning of night registrar

Clear delegation and instruction to day staff of status and plans for each patient

Leadership and Management

Management of multiple critically ill patients

Supervision of junior staff

Advocacy and support for night registrar, including ensuring timely departure, offer of debrief and correction of missed medical management

Consideration of state of main department in context of busy resus area

Other Assessment Notes

Sensible and structured approach to handover

Identify sickest patients and immediate needs

Identify outstanding tasks that need completing and appropriately delegate

Identify need to discuss cases directly with ICU and surgical consultants to ensure timely management (not to delegate to registrar)

Identify need to follow up with night registrar to debrief and feedback on management as well as outcomes of discussions with inpatient/ICU teams

Bonus points: explore advanced care directives/limits of care where appropriate.

Controversial: role of asking night staff to stay and assist

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

That don't look right

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are asked by a nurse to assess Mr Philips, an admitted 87-year-old patient in ED. During bed changes she noticed that his penis looked abnormal, and he was complaining of discomfort. He was admitted under medicine for community acquired pneumonia. He has been stable and is waiting for a bed on the ward.

Instructions for the candidate

You are to perform a focused assessment of the patient. You are then to explain any abnormalities found to the patient and outline the management approach.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

That don't look right

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Patient: Lucas Philips

You are a lucid and relatively well 87-year-old. You have an IDC for prostatism, which was changed at the nursing home earlier in the day before coming to hospital. You have never had this condition before. It is somewhat uncomfortable.

Prompts: "What can we do to fix it?" "Are you going to inform the nursing home?" "I'm upset with the nursing home to let this happen"

For the examiner

This could also be played as an in-house iatrogenic event if the IDC were inserted after arrival. This could extend to dealing with quality improvement.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

That don't look right

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Management of paraphimosis

Communication

Clear explanation of condition and management options

Health Advocacy

Follow up of cause and care at nursing home to prevent future recurrences (adverse event reporting)

Other Assessment Notes

1. Identify paraphimosis
 - likely iatrogenic after IDC insertion
2. Sensible management approach
 - Consider penile block
 - Pressure / pressure bandage
 - Ice glove
 - Direct manual reduction +/- babcock clamps
 - Sugar or hyaluronidase
 - Multiple puncture (ow!)
 - Progression to dorsal slit
3. Dealing with complaint / adverse event
 - Adverse event reporting
 - Communication with nursing home

Image lifted from Roberts & Hedges Clinical Procedures in Emergency Medicine 6ed 2014

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A junior doctor comes to you having assessed a 16-year-old girl with vomiting, lethargy, polyuria and polydipsia. Her BSL is 30 mmol/L. She has never been diagnosed with diabetes mellitus prior. The doctor has just performed an ABG and seeks out your assistance.

Instructions for the candidate

You are to analyse and interpret the ABG, explaining findings to the junior doctor. You are then to explain to and advise the junior doctor on appropriate management for the patient.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

The scenario commences as soon as the candidate enters the room when the bell rings. Start with: "Hello. You must be the consultant. Can you please take me through the patient's ABGs?"

You are a competent, reasonably knowledgeable intern, but lacking in the experience needed interpret ABGs confidently. Questions you should ask if the relevant issues are not already covered:

"Is there respiratory compensation?"

"What is the anion gap?"

"Why is the Na low, and the K high?"

"Remind me about the Aa gradient please?"

"So, how do we treat this guy?"

Ideally, the scenario should take all of the allotted 7 minutes. Please ensure you engage the candidate in a full discussion, to address all relevant issues to this case. Imagine what your character will need to know about this case.

For the examiner

Introduce yourself, and ask the candidate if s/he understands the scenario briefing. After that, introduce him/her to the junior doctor, and allow the scenario to commence. Do NOT be involved in the scenario beyond this, unless there is a critical issue that the role-player cannot address. The candidate may finish the scenario early, if all tasks are completed and the role-player has no further issues to discuss.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Interpret the ABG: Acidaemia. HAGMA cw ketoacidosis. Anion gap of 26. Adequate resp response. Minor (prob insignificant) rise in Aa gradient. Na dropped by hyperglycaemia, and K raised by acidaemia.

Corrected Na is 138, predicted K is 3.5.

Delta ratio is 1.4, suggesting a pure HAGMA.

Needs NSaline resus, insulin infusion, close K and glucose monitoring. Concurrent glucose infusion if BSL 15 mmol/L or lower. Watch fluid status carefully. Seek and treat possible trigger, such as infection.

Education of patient and family re illness and implications.

Communication

Verbal clarity, conciseness, specificity

Scholarship and Teaching

Permits doctor to ask questions

Teaching method that is structured and tailored to doctor's understanding

Professionalism

Shows respect

Professional appearance, demeanour and conduct

Other Assessment Notes

This OSCE based on one from TEEMwork course 2015.1: <http://teemwork.com.au/>
(<http://teemwork.com.au/>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

The Agony and The Ecstasy

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Irving, a 26/M, has presented to ED via ambulance who picked him at an outdoor music festival and has brought him to your tertiary ED. He admits to taking "at least" 15 tablets of ecstasy over the course of the afternoon and whilst dancing fell onto his right knee and could no longer weight bear following. SAAS have handed him over as "Probable Knee Dislocation" and there is note of R knee swelling and tenderness. They have given a total of 10 mg Morphine IV about 20 minutes ago. Other pertinent exam findings are dilated pupils (6 mm, equal and reactive) and the following obs...

HR 122

BP 125/75

RR 24

SaO2 98% 4L O2 CIG

T 37.7 C

Knee xrays were taken and the images are attached.

He is currently in a cubicle in a monitored treatment area.

Instructions for the candidate

Please review the images and on entering the room, perform the following tasks:

- 1) You have 2 minutes to describe and interpret the images of the R knee to your junior registrar, Kylie.
- 2) Manage the situation as it unfolds. You will have the junior registrar in the cubicle.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Teamwork and Collaboration
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

The Agony and The Ecstasy

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Irving: You are initially compliant if mildly agitated (your best impression of a person who has taken ecstasy). After about 2 minutes, you will become more agitated and attempt to get off the barouche (a bad idea with your broken knee but you "feel" no pain).

When asked or if with access to an iSimulate:

HR now 145

BP 175/85

RR 25

T 38.2 C

SaO₂ 98% RA

Junior registrar, Kylie: you are incredibly competent but you have no initiative will be unable to calm the patient down.

For the examiner

Simulation settings:

1st 2 minutes

HR 122

BP 125/75

RR 24

SaO₂ 98% on 4 L O₂ via CIG

T 37.7 C

After 2 minutes

HR 145

BP 175/85

RR 25

T 38.2 C

SaO₂ 98% RA

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

The Agony and The Ecstasy

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

- Adequate and systematic description and interpretation of knee xrays
- Presence of prosthesis and healing shaft fracture (not the acute injury)
- Presence of periprosthetic horizontal distal femur fracture with likely haemarthrosis/knee effusion on lateral film
- Pertinent negatives

- Recognition of sympathomimetic toxicity requiring treatment (benzodiazepines)
- recognises and verbalises seizure risk, complications such as hyperthermia, rhabdomyolysis

- Considers/rules out differentials for agitation
- head injury
- sepsis
- heat stroke

- Takes measures to ensure patient and staff safety

Prioritisation And Decision Making

In management of sympathomimetic syndrome

- Staff and patient safety (i.e, security, considers physical restraint depending level of agitation of actor)
- Benzos
- Fluids
- Consideration of (+/- preparation for) intubation if large doses of sedation required, seizures/status epilepticus
- Appropriate disposition depending on response to treatment

Teamwork and Collaboration

- Delegates tasks appropriately
- Recognises need for assistance/other staff (resus call-out, nurses, security)

Leadership and Management

- Calm, confident manner
- Situational awareness

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

The eye, the eye!

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A 63yo man has presented to ED with an acutely painful red left eye after watching a movie. The pain is severe, his vision is blurry, and he is feeling nauseated. He has been assessed by an RMO who is concerned he has acute angle closure glaucoma.

Instructions for the candidate

You are the consultant on. You are to review the assessment with the RMO (you will not be examining the patient) and then advise on initial management.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

The eye, the eye!

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

RM0: You are a junior RM0 new to ED and not completely familiar with eye examination. You have found the following, but need to be prompted to reveal it:

History:

Sudden onset of left eye pain and blurring of vision after watching a movie. Never had this before. No history of eye conditions. Pain is severe and constant and feels deep in the eye. He has vomited once and feels nauseated.

PHx hypertension, diet-controlled T2DM. Meds: perindopril. NKDA. FHx: father had glaucoma.

Examination:

Left eye red, teary. Left pupil semi-dilated (size 6) and non-reactive, indirect reaction to right side intact. Pain worse with light. Extraocular movements intact. VA right: 6/12, left: gross movement only. You have not done a slit lamp exam.

You are unsure how to use the tonometer and have brought it with you to be instructed.

You are unsure of any treatment measures except acetazolamide (but you are unsure of the dose).

For the examiner

Requirements: tonometer

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Assessment and management of acute angle-closure glaucoma

Prioritisation And Decision Making

Clear directed management plan

Scholarship and Teaching

Clear and supportive educational interaction

Other Assessment Notes

Introductions and approach

1. Assessment

*History

- Risk factors (PHx, FHx, eye conditions, known shallow anterior chamber, eye drops, medications (eg ipratropium), ethnicity, glasses / contacts)
- Onset and progression, duration
- visual change (eg halo)

*Examination

- prompt for general appearance, pupil reaction
- visual acuity
- anterior chamber cloudiness
- conjunctival injection, discharge
- IOP (not done)

2. Use of tonometer

3. Management

*identify emergent nature of Mx

*Drug therapy

- aggressive management indicated due to significant visual loss
- Reduce production
 - Timolol 0.5% 1 dr every 30mins - 1/24
 - Acetazolamide 500 mg IV (250 orally tds after)
 - +/- Mannitol 1g/kg
- Improve aqueous flow
 - Pilocarpine 2% drops every 5min for 1h (contracts pupil)
 - Latanoprost 0.005% 1 dr/2h for 6h

*Surgical

- iridotomy or iridectomy

*Adjuncts

- antiemetics
- analgesia
- dark room

*Disposition

- urgent ophthalmology review

Bonus:

- pathogenesis, using word Schlemm during OSCE
- complications / adverse effects of medications

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are approached by a junior doctor regarding Julia, a 42-year-old female who rolled her ankle off a gutter and sustained an isolated right ankle fracture. She has referred the patient to orthopaedics but reports that the orthopaedic reg was unhappy with the referral and became abusive over the phone.

Instructions for the candidate

You are the consultant on. You are to explain the x-ray findings to the junior doctor and then discuss the case with the orthopaedic registrar.

Domains being examined

- Medical Expertise
- Communication
- Leadership and Management
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Junior Doctor:

You have fully assessed Julia who had a simple mechanical fall and has an isolated ankle fracture. The foot is neurovascularly intact. She has had analgesia and imaging as shown. You called the ortho reg to refer, and he told you you were "a bit useless" when you could not adequately describe the ankle fracture classification. He stated he was "very busy" and "why don't you just put on a backslab and refer her to fracture clinic? Or go find someone who knows what they're doing?".

You are a little upset after the interaction.

"Can you call the ortho reg for me?". If the inappropriate behaviour is not discussed on the initial phone call, "He really made me feel bad and was quite abusive earlier. I don't think that's appropriate", then "I really think someone should tell him to behave better".

Ortho reg:

You received a call from a junior doctor in ED who could not provide a detailed history nor adequately describe the fracture ("a fractured right ankle with involvement of both tibia and fibula"). You are in the midst of a busy clinic and late for your theatre time, and have an exam in a week, and do not have patience at present for any incompetence.

"Yes someone called me, but they had no idea what was going on. What's the story?"

You did not get an appreciation of the injury type. When confronted with your behaviour you are initially defensive due to the poor quality of referral, but if the candidate is convincing you agree that your behaviour was inappropriate and apologise.

For the examiner

It is expected that the candidate will review the history, x-rays and details of the interaction between the junior doctor and the ortho registrar.

The candidate should then be prompted to call the ortho reg.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

There is a fracture...

Assessment

Domains Assessment Objectives

Medical Expertise

Description and management of simple fractures

Communication

Clear explanation to junior doctor.

Open communication with ortho reg

Leadership and Management

Advocacy for staff and ensuring good clinical care for patient

Professionalism

Maintaining an objective and professional rapport with junior doctor and ortho reg.

Other Assessment Notes

1. X-ray and clinical management

- This is a Weber C fracture, which will most likely require operative fixation. There is no imminent need for reduction or intervention.

2. Discussion with ortho reg

- Clear referral with sufficient detail and suggested management plan

- Open discussion about behaviour and clearly defining appropriate behaviour and communication

- If unresponsive to feedback, this should be stepped up to include their consultant

Images courtesy of Radswiki via radiopaedia: <http://radiopaedia.org/cases/weber-c-ankle-fracture-1>
(<http://radiopaedia.org/cases/weber-c-ankle-fracture-1>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Thunderclap & Lightning, Very Very Frightening! ...Part 2.

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

The numerous family members of your patient from T&LVVF Part 1 have arrived. Included in their numbers is an intoxicated son named Bif, who has repeatedly harassed the nursing staff, attempted to enter the resus room where you are managing Markos, and is demanding to talk to the doctor in charge. This is you.

To recap, Markos Helios is a 68/M with a large subarachnoid haemorrhage that is thought to be aneurysmal however a CT-A has not shown a definite aneurysm (suspicious but not diagnostic lesions in the L MCA or basilar tip). A formal angiogram is planned for tomorrow morning. Overnight, the plan is to admit Markos in HDU. You have appropriately managed Markos and he is awaiting a bed.

Your task is to explain Markos' condition to the family and manage the situation as it unfolds.

Instructions for the candidate

Domains being examined

- Medical Expertise
- Communication
- Leadership and Management
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Thunderclap & Lightning, Very Very Frightening! ...Part 2.

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Ideally need Markos's wife Georgia, and another son who is sober, Bill. And of course, Bif.

Option A:

- Bif is confrontational, and verbally aggressive. He is clearly very intoxicated and takes over the whole interview. He will not respond to verbal de-escalation and requires a threat to call security to forcibly remove him from the department before he settles down and is ready to listen to what the candidate has to say. If the candidate displays authority and command of the situation, then Bif (and the rest of the family) settle down and the candidate can proceed with the explanation. The candidate will be evaluated more on management of a difficult relative rather than his ability to explain Markos' condition.

Option B:

- Bif is confrontational but is NOT aggressive. He responds to reassurance and some attention to his concerns. He does not "go off" if this happens early but will interrupt occasionally with questions such as...

"Is dad going to die?"

"Why doesn't he need an operation tonight?"

"Is he going to be operated on by the best?"

Etc, etc.

- The candidate will be evaluated on his/her explanation to family and managing the room/Bif.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Thunderclap & Lightning, Very Very Frightening! ...Part 2.

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise**

- Explanation of SAH, surgery, complications

Communication

- Establish rapport with family, communicating with Bif who is difficult

Leadership and Management

- More relevant for Option A re: Bif. Managing the difficult/demanding/violent relative

Professionalism

- Remaining calm and professional when managing Bif.

Other Assessment NotesACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Thunderclap & Lightning, Very Very Frightening! ...Part 1.

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your patient is Markos Helios, 68/M, who lives at home with family, has a history of hypertension and type 2 Diabetes, and presents via ambulance following a collapse. He reported a headache to family earlier this evening and was on his way to bed when his family heard a loud thud and found him unresponsive on the floor. On arrival of the paramedics, he had a GCS 14 (1 point off for confusion), BP 210/120, HR 68, other observations are normal. He does not have any focal neurology. You suspected a neurological cause for his presentation and so you ordered a CT head. Your junior registrar has come to you for assistance with CT interpretation.

Attached are selected images from the noncontrast CT brain that you ordered.

Instructions for the candidate

Please describe and interpret the images to your junior registrar and answer his/her questions regarding further investigations and management of this patient.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Thunderclap & Lightning, Very Very Frightening! ...Part 1.

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Questions to ask:

You are a knowledgeable junior registrar with lots of questions!

Such as:

- "what are the key features (positives and negatives) of the CT that you need to make a referral to neurosurgery?"
- "aside from referring to neurosurgery, what other aspects of management need to be addressed?"
- looking for management of hypertension, expectant management of increased ICP, discussion of seizure prophylaxis, prevention of secondary injury
- if the CTA doesn't show an aneurysm what other diagnostic tests are available?
- Aside from traumatic SAH, are there other kinds of SAH? (perimesencephalic haemorrhage)

For the examiner

Be invisible.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

- Demonstrate coherent, concise but thorough technique for CT image interpretation and reporting
- Able to answer questions re: SAH management as above

Prioritisation And Decision Making

- Prioritise important management steps and recognise need to urgently manage hypertension versus airway management which is NOT indicated.

Scholarship and Teaching

- Providing education re: CT interpretation and SAH management

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Time to pull (part 1)

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

David, a 32yo man was brought to the ED overnight after being found with a reduced conscious state after using GHB. He was intubated soon after arrival for a GCS of 7. His CT head is normal, and no significant injuries have been identified. His blood alcohol level was 0.06 on arrival 6 hours ago. His other blood results are normal.

There were no ICU beds available overnight and he has remained in the ED resuscitation bay. You are asked by the morning registrar whether he can be extubated.

Instructions for the candidate

You are the morning consultant on in the resuscitation area. You are to guide the registrar in their assessment of the patient to determine suitability of extubation.

Domains being examined

- Medical Expertise
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Time to pull (part 1)

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

Registrar:

You are a moderately experienced ED registrar. You are able to intubate, but have not extubated in ED (although you have in anaesthetics).

"I'm happy to do the assessment if you can talk me through it as we go"

"What indicates a failure of this assessment?"

"Is there anything else we should check prior to extubation?"

"Do we need to prepare anything for after extubation?"

For the examiner

Requirements: intubated mannequin on ED ventilator, ideally chart showing stable obs

Vent: pressure assist spont breathing

- Insp pressure 15 => volumes 600mL
- PEEP 5
- FiO2 50%

HR 75

BP 125/70

RR 14

SaO2 99%

ABG on FiO2 0.3

pH 7.37

pO2 145

pCO2 37

HCO3 25

Patient is currently sedated on propofol 20ml/hr, no recent muscle relaxants

Candidate should guide and explain steps to registrar to perform.

If important steps are missed, then the obs can deteriorate.

If being mean, the patient can wake agitated and attempt to pull their own tube.

Time to pull (part 1)

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Knowledge of requirements for extubation

Scholarship and Teaching

Good teaching technique

Other Assessment Notes

1. Indication for intubation - identified and has now resolved (in this case, GHB should have worn off) - no other reason to remain intubated 2. Easy to re-intubate 3. Adequate mental state when sedation weaned 4. Departmental resources 5. Haemodynamically well, no inotropes 6. Minimal ventilation support - decrease FiO2 to <40% - minimal support: insp support 5, PEEP 5 - good gas exchange on ABG 7. Failure - RR <8 or >35 - SaO2 < 88% - resp distress, agitation, arrhythmia, hypotension 8. Post-extubation plan - high flow O2 or NIV - management laryngospasm - observation to normal - discharge plan - patient counselling re dangerous drug use

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Time to pull (part 2)

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

David, a 32yo man was brought to the ED overnight after being found with a reduced conscious state after using GHB. He was intubated soon after arrival for a GCS of 7. His CT head is normal, and no significant injuries have been identified. He has been assessed as appropriate for extubation in ED. He is on minimal ventilatory support and has roused to a cooperative state when sedation was weaned.

Instructions for the candidate

You are the consultant on in the resuscitation area. You are to perform the extubation and provide an ongoing management plan. You will be assisted by an experienced emergency nurse.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Time to pull (part 2)

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

Nurse:

Experienced and able to perform tasks requested.

The patient has been assessed as appropriate for extubation and weaned off sedation and ventilatory support in preparation. He is now off sedation and is eyes open, obeying commands. There are no significant secretions.

For the examiner

Requirements: intubated mannequin, ventilator, monitor, resus equipment

The focus is not on determining if extubation is appropriate, although a brief assessment is reasonable.

Ventilator - pressure support

PEEP 5

Pinsp 5

FiO2 0.3

TV ~550mL

HR 75

BP 125/70

RR 14

SaO2 99%

ABG on FiO2 0.3

pH 7.37

pO2 145

pCO2 37

HCO3 25

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Safe practice of extubation and post-extubation care

Prioritisation And Decision Making

Safe approach and ongoing management plan

Communication

Clear communication with nurse and patient

Other Assessment Notes

1. Appropriateness of extubation (see part 1)

- indication identified and has now resolved (in this case, GHB should have worn off)
- no other reason to remain intubated
- easy to re-intubate
- adequate mental state when sedation weaned
- haemodynamically well, no inotropes
- minimal ventilatory support
- good gas exchange on ABG

2. Preparation

- identify potential complications: aspiration, resp failure, hypoxia, laryngospasm
- for procedure: preoxygenate, suction, syringe to deflate cuff
- for complications:
 - intubation equipment and drugs
 - BVM with PEEP valve
 - NIV

3. Procedure

- sit up
- suction tube and oropharynx
- preoxygenate on 100% O₂
- large inhale, deflate cuff and remove tube
- immediate high flow O₂
- ready to manage laryngospasm (PEEP, jaw thrust, re-induction and intubation)

4. After-care

- observation for 1 hour in monitored conditions
- markers of failure:
 - RR <8 or >35
 - SaO₂ < 88%
 - resp distress, agitation, arrhythmia, hypotension
- discharge criteria:

- normal mental state
- no O2 requirement
- normal obs
- eat and drink
- responsible companion
- counselling:
 - no alcohol/drugs 24/24
 - no driving/heavy machinery 24/24
 - using drugs is bad, man

Bonus:

- consider departmental resources and staffing

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A senior ED nurse approaches you about a patient who has just arrived in the ED. He is a 34yo male sustained a possible snake bite while walking in an area known to have both brown and tiger snakes. The bite occurred 1 hour ago.

Instructions for the candidate

You are to perform a brief assessment and manage the situation as it unfolds.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Teamwork and Collaboration
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

Patient:

You are a normally very well 34yo male. While walking you felt a scratch on your leg and saw the tail of snake disappearing under a bush. Your companion applied a pressure immobilisation bandage immediately and called the ambulance service.

It took an hour to come to hospital. You feel nauseated and have a headache, but have no other symptoms.

Nurse:

You are an experienced ED nurse. You have briefly seen the patient and performed obs. You have drawn bloods and sent them to the lab. You can prompt "Should we do a VDK?" and "Would he be eligible for antivenom?". You need clear guidance if antivenom is to be given. You can question regarding appropriate dose, route of administration and dilution.

For the examiner

This patient has systemic envenomation from a brown snake bite. The PIB is inadequately applied - too loose and too short.

There is blood oozing around the IV site. Examination findings are:

HR 110

BP 105/80

RR 24

T 37.6

SaO₂ 100% RA

If PIB is not reapplied and IV resuscitation given, he will deteriorate further.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

'Tis but a scratch

Assessment

Domains Assessment Objectives

Medical Expertise

Snake bite envenomation assessment and management

Prioritisation And Decision Making

Perform immediately required tasks

Develop clear management plan

Communication

Rapport and clear communication with the patient and staff

Teamwork and Collaboration

Clear team management and allocation of tasks

Scholarship and Teaching

Know of the controversies about antivenom use (eg dose)

Other Assessment Notes

1. Assessment

* History about bite and first aid

- location, time of day, geography, number of bites, witnessed snake, clothing, PBI

- medical conditions, allergies (prior antivenom allergy)

* Examination for signs of bleeding (bite, IV, gum, intracranial) and neurotoxicity (ptosis, ophthalmoplegia, bulbar)

- check site, bite marks, local reaction (cut hole in PBI, also swab, then rebandage), lymph tenderness

* Investigation

- appropriate bloods (CBE, EUC, LFT, CK, Coags, Fibrinogen and FDPs)

--- on presentation, 1 hour post PBI off, 4 hours post PBI off (~6 hours post bite), 12 hours post bite

- urinalysis for myoglobin (Hb ++)

- VDK use - skin swab (use diluent if doing VDK immediately, otherwise saline-moistened sterile swab; store in fridge), how to interpret

2. Immediate management

- reapply PBI

- fluid resuscitation

3. Antivenom

- Identify he is likely to benefit

- Describe rationale for choice of strain

- Obtain informed consent (indications, contraindications, complications (esp allergy, serum sickness), alternatives)

- Prepare patient (monitoring, IV access), team (roles and plan, environment (resus, able to manage anaphylaxis))

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Vomiting is just gastro right?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 17 minutes. **DOUBLE**

Scenario:

A 5 year old girl has been brought in to the ED at 1100hrs by her father with recurrent vomiting and a fever since last night. She is now in a cubicle with her father after having completed a nurse assessment.

You are to take a history and then perform an examination.

Once this is complete please advise the parent of your likely diagnosis and proposed plan.

Instructions for the candidate

Please verbalise your examination findings as you proceed. Exam findings are exactly what you encounter with the patient (if a real patient is available) with any variances from actual findings (including if a mannequin is used) verbalised by the examiner after you examine each region.

Domains being examined

- Medical Expertise
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Vomiting is just gastro right?

Actor & Examiner Instructions

For the actor

2 actors: father and child (age in stem can be adapted to child's actual age).

Child: To provide hx as age appropriate i.e. the younger the child the more history is obtained from the parent.

Father: A fairly good historian - only vague on a few small details. To provide majority of history dependent on ability of child to participate as actor.

HISTORY

PROFILE: Pt lives with both parents and younger sibling in nearby suburb. No-one else in family is unwell.

PC: Vomitting and fever since last night

HPC:

Father starts history by saying he is worried his child has appendicitis or gastroenteritis.

Pt has been off food since last night and overnight woke up parents saying she felt unwell and subsequently started vomitting. Vomitted 5 times in total - last episode 1 hour ago in waiting room. Vomit orange in colour. No blood.

Pt hasn't kept anything down - food or fluid since.

Father unsure when she last urinated - is pretty sure she hasn't been since getting up with patient at 0600hrs this morning.

No associated diarrhoea. Bowels last open yesterday and were normal.

Pt noted to be hot at home and temperature taken - Temp 38.7 degrees. No rigors.

Pt remains hot today and miserable so brought in.

Some mild lower abdominal pain. Pt always points to belly button when asked on location.

Father not sure if patient has dysuria, frequency or malodorous urine.

No cough, sore throat, sore ears or runny nose.

No skin infections.

Has had 3 episodes of fever and vomitting before, last episode a year ago, never associated with diarrhoea. Never this bad and resolved within 24 hours so parents didn't get child reviewed.

ANTENATAL HX: Normal pregnancy. Born at term via NVD.

PMHX: Nil significant

MEDS: Nil regular

IMMUNISATIONS: Up to date

EXAM:

Vitals available on chart provided.

Temp 37.9 degrees. HR 110 BP 90/50 RR 18 SaO2 99% on RA - if possible have this on an observation chart.

Weight - 18 kg. Normal weight and height on growth charts. BGL 5.2

General: Looks well. Alert. Tolerating bright light. No meningism. No obvious rash.
Hydration: Moist mucosa, good skin turgor and cap refill.
CVS: HS dual and nil. Normal pulses (if examined)
RESP: Clear. No cough heard. No increased WOB.
ABDO: Soft. Mildly tender in suprapubic region. No percussion tenderness. Normal BS.
ENT: Normal
SKIN: No rashes to more complete exam. No cellulitis.

URINALYSIS - father has copy of automated urinalysis strip lying face down on table next to him - says the nurse gave it to him as she couldn't find the notes at the time of doing the test. If candidate says they would like to do the test (extra marks) the father volunteers that it has already been done and provides the result. If candidate doesn't ask for it/mention it the father volunteers it anyway.

RESULT:

Leuks +
Nitrites +
RBCs ++
Protein +

LIKELY DIAGNOSIS: UTI.

Possible but unlikely (and give reasons) - appendicitis, gastroenteritis, bowel obstruction

PLAN:

Potential for discharge on oral abx if can get patient to tolerate oral intake.

If can't tolerate oral abx will need admx for IV abx and rehydration.

1. Antibiotics. If tolerates oral intake after therapy.. Best regime as per RCH:

http://www.rch.org.au/clinicalguide/guideline_index/Urinary_Tract_Infection/
(http://www.rch.org.au/clinicalguide/guideline_index/Urinary_Tract_Infection/)

If oral medication is appropriate: Infants and Children

Trimethoprim 4mg/kg (150mg max) BD (only tablets generally available in community, RCH pharmacy make 10mg/mL suspension for RCH patients)

or

Trimethoprim and sulphamethoxazole (8mg-40mg per mL) 0.5 ml/kg (20ml max) BD

or

Cephalexin 15mg/kg (500mg max) TDS

10 days total if < 2years, 7 days if older

Check antibiotic sensitivities and adjust therapy in 24 to 48 hours.

2. Address nausea and decreased oral intake

Rehydration - from RCH Clinical Practice Guidelines:

http://www.rch.org.au/clinicalguide/guideline_index/Gastroenteritis/
(http://www.rch.org.au/clinicalguide/guideline_index/Gastroenteritis/)
Ondansetron drug dose

Not recommended for children < 6 months old or < 8kg

Should only be administered once in this setting.

Table 1: Ondansetron wafer dose

Weight Ondansetron wafer Dose
8 -15 kg 2mg
15-30 kg 4mg
> 30 kg 8mg

Oral rehydration

Lemonade, homemade ORS and sports drinks are not appropriate fluids for rehydration
Encourage parents to find methods to help children drink. Eg: cup, icypole or syringe, aiming for small amounts of fluid often.
Continue breastfeeding.
Suggest oral rehydration solutions (ORS) eg. Gastrolyte™, HYDRALyte™, Pedialyte™

Trial of oral fluids in the emergency department:

Note: Most children with mild/no dehydration can be discharged without a trial of fluids, after appropriate advice and follow-up arranged.

In patients requiring rehydration: give frequent small amounts of ORS, aiming for 10-20 ml/kg over 1 hour. Significant ongoing GI losses (frequent vomiting or profuse diarrhoea) minimise the chance of success at home. Consider early NGT rehydration in these children.

FATHER ASKS ABOUT FOLLOW UP ASSUMING PT TOLERATES ORAL INTAKE INC. ABX:

Pt to stay in ED until tolerates oral intake including first dose of abx.

GP review in next 24 - 48 hours to chase urine. Advise GP may do tests to investigate cause of UTI e.g. US (bonus marks).

Return to ED if patient deteriorates to suggest infection and dehydration is worsening i.e. fevers persist > another 24 hours or patient develops the shakes (rigors), or continues to vomit, or doesn't make urine.

For the examiner

RESOURCES REQUIRED:

Child - of any age. Or paediatric sized mannequin.

Parent - male or female.

Examination room and bed.

2 chairs - one for patient + parent, 1 for candidate

Vital signs Chart

Urinalysis result on small piece of paper.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Vomiting is just gastro right?

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Approach to child with fever

Communication

- Good, age-appropriate interaction with child for both hx and exam
- Appropriate use of parent as collateral hx

Other Assessment Notes

- Good, age-appropriate interaction with child for both hx and exam
- Appropriate use of parent as collateral hx
- identifies that patient unlikely to have either gastroenteritis or appendicitis with UTI being most likely diagnosis
- Understandable explanation of likely diagnosis and plan in layman's terms.
- Reasonable management plan including commencement of appropriate type and dose of antibiotics, and acknowledging that patient may require admx (if dehydrated and fails Trial of Fluids) or may be able to go home depending on response to treatment in the ED.
- Good discharge instructions including when to come back and when and with who to get follow up.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are asked to see 29 yr old Homosexual male

He was at the bar last night and had a lot to drink. he met someone he liked at the bar.

Passions flared and the unthinkable happened.

Next morning he woke up in that men's bed and left after exchanging just pleasantries.

He is very worried about HIV.

Instructions for the candidate

u r to see this gent and do the counselling for PEP.

You have to explore the encounter in detail.

A good candidate would also explore his alcohol habits and casual sexual escapades.

Domains being examined

- Medical Expertise
- Health Advocacy
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Were u the Receiver or

OSCE by Anonymous

Actor & Examiner Instructions**For the actor**

You are fit and healthy male.
U are in a stable relationship.
Your partner and u have no health problems.
U are otherwise fit and healthy.
You don't know this man and are unsure about is HIV status.

For the examiner

Need to discuss the risks of BBV.
Also PEP and further follow up.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Were u the Receiver or

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Health Advocacy

Professionalism

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

We've got a bleeder!

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

A HMO at a small rural centre calls for help managing a patient with epistaxis.

Instructions for the candidate

You are an emergency consultant at a large Regional Emergency Department. You are about to receive a phone call from a HMO who is working in a small rural hospital 100km away. The HMO is experiencing difficulty managing a patient with epistaxis.

Your roles are to

- Take a brief directed history from the HMO
- Establish a management plan for the patient including disposition

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication
- Health Advocacy
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Actor & Examiner Instructions

For the actor

You are a HMO 2 working at a small regional hospital.

Your background experience

- You are competent at history taking and examination
- Your experience is limited to simple management of epistaxis including external compression and insertion of nasal tampons. You have never posteriorly packed a nose although are willing to with guidance

Hospital Resources

- You are the only doctor in the hospital. You have experienced nursing staff
- You are able to call in one other more senior doctor in – they are a GP who has worked in the town for some time
- There is no-one with advanced airway skills immediately available
- The small ED is set up with basic drugs and basic airway equipment. You are able to perform basic resuscitation
- There is no blood stored at your hospital – the usual procedure is for it to be brought with a retrieval team
- You are able to run basic lab tests including a VBG, FBE, UEC and coags
- You do have some TXA

The situation

- You have an 80y.o. gentleman who has presented with epistaxis
- History
 - o Epistaxis for 2 hours
 - o Spontaneous onset. Blood loss ++ onto towels.
 - o Bleeding from both nostrils and down back of throat
 - Has been coughing/vomiting up small amounts of blood
 - o He is on warfarin for AF
 - o No previous history of epistaxis. INR levels usually within normal levels.
 - o Recent LRTI symptoms – commenced oral antibiotics 5 days ago
- Exam
 - o BP 180/110 PR 110 RR 16 SpO2 95% Temp 36.4
 - o Bleeding from both nostrils and down back of throat
 - o No obvious trauma
 - o Chest clear
 - o No obvious airway compromise
- Investigation
 - o VBG:
 - pH 7.30 HCO3 20 pCO2 38
 - Hb 85
 - Na+ 140 K+ 4.5 Cl 90
 - o FBE, UEC, Coags – pending
 - What you have tried so far:
 - o External compression for 10 mins
 - o Merocell nasal tampons in both nostrils

- Despite this he continues to bleed.

Your questions to the candidate

- What can I do now to stop the bleeding?
 - o If prompted: no anterior source of bleeding seen
 - o No rapid rhino available. Does have Foley catheter
 - o Once foley catheter or posterior packing completed bleeding appears to cease
- If required
 - o Are there any other treatments I can give? (if fluids/resuscitation not yet discussed)
 - o What should I do about his BP?
 - o Should I arrange transport to you? (If disposition not discussed)

For the examiner

telephone station

see assessment for further details

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

We've got a bleeder!

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Identifies likely posterior bleed

Identifies possibility of warfarin over-anticoagulation

Stepwise management plan, including

- Resus
 - o IV fluids, large bore cannula.
 - o Identifies potential need for blood products
- of epistaxis
 - o set-up – suction, lighting, PPE
 - o sit patient upright + slightly forward
 - o may try cophenylcaine/adrenaline spray/packing ± TXA
 - o view on anterior nose - ? source bleeding
 - o decision to posteriorly pack
 - Foley catheter or ribbon gauze
- Of BP: manage conservatively, consider treatment if remains high post haemorrhage control

Prioritisation And Decision Making

Identifies potential life threat if bleeding not controlled

Activation of retrieval services

Communication

Establishes clear history and examination findings

Clear step-wise instructions

Health Advocacy

Identifies need for transport to larger centre (posterior bleed, higher risk)

Scholarship and Teaching

Clear instructions

Checks understanding throughout

Supportive

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What are you doing up a ladder?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Elderly gentleman with ankle injury

Instructions for the candidate

You are a consultant in a regional ED. Your registrar has asked you to assist with a patient with an ankle injury. The registrar is competent in airway management and procedural sedation. You also have experienced ED nurse to assist you.

The patient is 74 year-old male man who presented with severe pain and the inability to bear weight after sustaining an inversion injury to the right ankle following a one and a half metre fall from a ladder. He has no other injuries.

TASKS :

Briefly interpret X-rays in discussion with registrar

Explain diagnosis to patient and proceed to manage their injury

Domains being examined

- Medical Expertise
- Communication
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What are you doing up a ladder?

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

INSTRUCTIONS FOR REGISTRAR :

You are a senior reg, competent in airway management having completed 6 months of anaesthetics. You are comfortable performing procedural sedation.

If asked confirm that this is a closed injury without neurovascular compromise.

You have not taken a full history in terms of determining if the patient is safe for procedural sedation in ED.

Ortho reg has looked at the X-rays and would like ED to proceed with reduction and call them back once post reduction X-rays have been taken. No OT time to do it upstairs.

INSTRUCTIONS FOR NURSE :

Competent ED nurse

Can complete all tasks as requested but take no initiative

INSTRUCTIONS FOR PATIENT :

74 years old

Retired mechanic

Up on roof clearing gutters at home.

PHx : hypertension. Osteoarthritis. Cholecystectomy. Knee arthroscope last year.

Medications : something for my blood pressure, not sure what

No cardiac past history. Never have chest pain / angina

Non smoker

No respiratory illness.

No problems with anaesthetics

Ask a few simple questions when gaining consent.

Ate breakfast 6 hours ago, nothing since.

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What are you doing up a ladder?

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise**Communication****Leadership and Management**

Other Assessment Notes

XRAY INTERPRETATION :

AP : intact tibio-talar articulation and the disarticulation between the head of the talus and the navicular, with the navicular and calcaneum being displaced medially.

LATERAL : Avulsion fractures of the posterior process of the talus and anterior process of the calcaneum are seen. The dislocated talonavicular joint is seen. Incongruity of the subtalar articulation gives an indication to the subtalar dislocation.

PROCEDURE :

1) Indications / contraindications :

early reduction is the key to ensuring a good prognosis for recovery

safety checks for procedural sedation :

- fasting
- medical PHx (note: pt age 74) - all ok
- allergies
- brief airway anatomy assessment
- checks vital signs before proceeding

2) Gains Informed consent

3) Preparation for procedure :

- Setting : resus
- Staffing : x2 doc, x1 nurse (ideally more than this)
- Patient positioning : sitting in bed
- Monitoring : full
- Communication & comfort :
- Medications : appropriate sedation
- Equipment : airway equipment, plaster trolley
- Departmental issues :

4) Technical skill in performing procedure :

- requires adequate sedation

- grasp toes with dominant hand and calcaneum with non dominant hand
- typical manoeuvres include knee flexion and ankle plantar flexion
- followed by distraction and hindfoot inversion or eversion depending on direction of dislocation

5) Situational Awareness

6) Communication and Consultation : ortho, patient, team

7) Prevention and Management of complications :

- potentially devastating injury - complications range from chronic pain from subtalar arthrosis to talar AVN.
Earlier reduction = better outcomes

- Risks associated with procedural sedation : depression of protective airway reflexes, pulmonary aspiration, drug toxicity, individual variations in response to the drugs used, delayed onset of action of drug administration in patients with circulatory impairment

8) Post procedure Mx:

- Apply backslab
- Elevate
- check neurovasc
- Analgesia
- Requires post reduction xray and probably CT - associated fracture very common, may need ORIF
- Admission : ortho

9) Discharge advice to patients / carers & plan for follow up :

- Referral to orthopaedics for admit
- Period of non-weight bearing of 4 weeks with no fracture and 6 weeks with an associated fracture
- Active physio at end of NWB period"

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What happens now?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You have been assessing and treating Desmond, a 74yo man who was brought by ambulance with altered mental state, hypothermia and hypotension. Des is normally bed-bound and fully dependent in a high-level-of-care nursing home following an acquired brain injury 30 years ago. His normal GCS is 12 (E4 V2 M6), and was noted to be 9 tonight (E3 V1 M5).

You have determined Des has severe sepsis of unknown source. His ABG showed a pH of 7.1 with a lactate of 6. You have fluid resuscitated and given appropriate antibiotics. After 3L of fluid, he has produced 25mL of urine via an IDC.

In his paperwork from the nursing home is an Advanced Care Directive from 2 years prior indicating that "All measures are to be undertaken, including CPR". This was signed by Des' sister, his only family, who has just arrived.

Instructions for the candidate

You are to discuss Des' current situation with his sister, Jane. As part of this discussion, you are to clarify the Advanced Care Directive and end of life wishes.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What happens now?

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are a 71yo lady, married with 2 grown children and 3 grandchildren.

Des is your only remaining direct family member, and you were always close. Since his injury, you visit him almost daily. You feel he remains interactive. His eyes brighten and follow you when you visit, and he makes some sounds. He is unable to use any of his limbs effectively due to spasticity.

You want all appropriate treatment to be provided. At the time of the Advanced Care Directive you were asked this question, and you answered yes. No further details were explored.

You would like to see Des returned to his nursing home in similar state to his normal self. You are unfamiliar with the terms "for resuscitation", "CPR", "intubation" and any medical jargon.

When the candidate raises the issue, you may be surprised, you may ask "are you going to withdraw care?".

You are worried that if you do not say "do everything" that he will receive inadequate care, and he may thereby suffer. You would like him to receive antibiotics and IV fluids. You would not like him to be intubated, receive CPR nor have any invasive procedures. You feel certain Des would not like to be on a mechanical ventilator, nor have his life prolonged using artificial methods.

You firmly believe that Des should receive maximal therapy to treat the current infection, but if this illness turns out to be insurmountable that Des should be kept as comfortable as possible.

Ask:

- "Is he going to die?"
- "When will he die?"
- "What happens now?"

For the examiner

None

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What happens now?

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Prognosis and management of severe sepsis in highly comorbid patient

Communication

Clear, specific and empathetic.

Appropriate body language.

No euphemisms.

Health Advocacy

Focus on good end of life care, maintaining dignity and comfort

Professionalism

Respectful, empathetic

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What just happened?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You have just successfully resuscitated Jason, a 53yo man who was brought in by ambulance with chest pain and suffered a VF arrest on arrival. He had immediate CPR and received 3 defibrillations and 1 dose each of adrenaline and amiodarone. His post-resuscitation ECG showed infero-lateral STEMI and he has been intubated and transferred to the cath lab for PCI.

Instructions for the candidate

You are the consultant who has just lead the resuscitation. Jason's partner has just arrived and is in the relatives room. You are to inform Jason's partner of what has happened, gain background history and discuss Jason's management and prognosis.

Domains being examined

- Medical Expertise
- Communication
- Professionalism

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What just happened?

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Actor may be male or female. You are Jason's partner of the last 10 years.

You were informed that Jason had developed chest pain at work and was taken by ambulance to the hospital. Jason has been working in a very stressful job at present. You are highly anxious and want to see him.

He is normally reasonably well. He has been stressed recently at work and not sleeping well. He has not mentioned chest pains before. He has no prior heart problems. He has Type 2 Diabetes and is on a tablet. He was noted recently to have high blood pressure and borderline high cholesterol, and has been advised on lifestyle changes, leading to him buying a bike recently (but has not used it much; waste of money, really). He has no allergies. He drinks minimal alcohol, smokes cigarettes (10/day, more recently with stress) and uses no alternative medicines nor illicit substances.

You have been with Jason for 10 years. Jason has 2 daughters who live interstate and his mother lives here.

"Can I see him?"

"Is he going to die?"

"What happened to him?"

"What are they doing to him?"

"When are they doing it?"

"What's going to happen afterwards?"

For the examiner

None

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What just happened?

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Explanation of resuscitation efforts

Explanation of STEMI pathogenesis, risks & benefits of PCI and PCI procedure

Explain likely prognosis and ongoing management

Communication

Appropriate language without jargon

Clear, concise and specific

Active listening, opportunities to ask questions, appropriate pauses, ensures understanding

Professionalism

Respectful and non-judgemental

Ensures identity and status of partner, ensures confidentiality

Other Assessment Notes

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What now, what now?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You are called in to assist with a deteriorating patient in the resus room.

The patient is a 69yo female who complained of a headache and then had an unconscious collapse at home. Her husband called the ambulance service and she arrived GCS 3, HR 80, BP 140/70, SaO₂ 89% on 8L O₂.

She was promptly intubated, but your registrar has had troubles ventilating the patient immediately following intubation.

The attachment is for examiner use.

Instructions for the candidate

You are the consultant on in an urban district ED. You are to assist the registrar with management of this patient.

Domains being examined

- Medical Expertise
- Prioritisation And Decision Making
- Communication

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What now, what now?

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are a middle-level registrar who has completed an anaesthetics term. You are confident that you intubated the trachea. The intubation was uncomplicated, with grade 2 view, size 7 ETT seen to pass through the cords.

The patient, however, has been very difficult to ventilate. The ventilator is alarming with high pressures, and you have not seen a rise in SaO₂.

You used propofol and rocuronium for induction. You have not started any ongoing sedation or other infusions.

You think you should remove the tube, and reintubate. You are seeking help to troubleshoot the difficult ventilation.

For the examiner

The ETT is correctly sited. To simulate difficult ventilation, you could use a small size tube (eg 5) tape the end of the ETT to replicate high pressures.

Monitor could show:

HR 90

BP 120/45

SaO₂ 90%

EtCO₂ 45

The ventilator is set to volume-control:

RR 12

TV 500

PEEP 5

FiO₂ 1.0

You will need a bag-valve, suction, intubation and airway rescue equipment.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

What now, what now?

OSCE by Anonymous

Assessment

Domains Assessment Objectives

Medical Expertise

Management and troubleshooting of difficult ventilation

Management of intubated patient

Prioritisation And Decision Making

Clear, prioritised, stepwise approach to management of intubated patient and difficult intubation

Communication

Clear instruction and explanation to registrar

Other Assessment Notes

- Structured approach to situation
 - eg consider DOPES, disconnect from vent, use bag-valve, adjust vent settings
 - investigate cause
- Consider other management
 - sedation, analgesia
 - CT head, ICU
 - discuss with family

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Who needs yoga?

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

An 18-year-old female is brought to your minors area after a reported left "knee dislocation". The injury occurred during a yoga manoeuvre. The ambulance crew report the first-on-scene responder handed over that he had reduced a knee dislocation. The left leg is neurovascularly intact and has no gross deformities. Her pain is currently controlled.

Instructions for the candidate

You are the consultant on. You are to assess the patient's injury, focusing on examination, and formulate a management plan.

Domains being examined

- Medical Expertise
- Communication
- Health Advocacy

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Who needs yoga?

Actor & Examiner Instructions

For the actor

You are a fit and well university student. You have no medical problems and no allergies.

You were doing yoga and during an exercise where you twisted on your flexed left knee. You heard a pop and there was immediate severe pain. Your knee appeared deformed, with the kneecap off to the side and standing up on its edge. The good-looking ambulance officer gave you pain killing drugs through a drip and reduced the kneecap into position. You have never had this happen before.

When examined, you are very nervous about the knee being touched or moved. You are tender over the medial border of the knee. You can bend you knee fully and straight leg raise. Sensation and movement are intact.

You work as a waitress and have just started a new job. You don't want to miss your work, with your next shift in 2 days time.

"Did I dislocate my knee?" "Do I need an x-ray" "Do I have to wear the splint?" "Can I go to work?"

For the examiner

The examination is unremarkable with good range of movement. There is no joint effusion and the leg is neurovascularly intact.

X-rays, if requested, are normal with good alignment.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Who needs yoga?

Assessment

Domains Assessment Objectives

Medical Expertise

Examination of the knee

Management of first patella dislocation

Communication

Establish rapport, good explanation of injury and management

Health Advocacy

Ensuring best possible care for your patient

Other Assessment Notes

1. History

-Adequately explore injury mechanism and important past history

2. Examination

- Hand hygiene
- Compare legs
- Assess neurovascular
- Assess joint effusion
- Palpate for tenderness
- Active and passive movement, straight leg raise
- Cruciate and collateral ligaments
- Cartilage (McMurray's)
- Apprehension test
- Gait

3. Investigation

- x-rays may be appropriate - reasoning should be provided

4. Management

- Clear diagnosis
- Splinting and ROM exercises
- Follow up
- Return to sport/yoga/work
- Risk of recurrence

Bonus points

- offer analgesia prior to examination

You cracked the chest? Crucify!

OSCE by Anonymous

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

You have just pronounced life extinct on a 28yo male who presented to the ED via ambulance following single stab wound to left clavicle region. He was conscious and talking on arrival in the ED, with no recordable blood pressure but a faint carotid pulse. He arrested within 2 minutes of arrival in your outer metropolitan emergency department.

During the resuscitation you performed a thoracotomy.

The family of the patient have just left the department after you talked to them. Your staff have asked for a hot debrief of the case.

Instructions for the candidate

You will be expected to conduct the debrief with your staff to ensure you allay any of their concerns and questions.

Domains being examined

- Medical Expertise
- Communication
- Leadership and Management

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

You cracked the chest? Crucify!

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

You are the resuscitation team in an outer metropolitan emergency department. You are not used to major trauma, let alone penetrating trauma. You are not used to giving blood transfusions or dealing with traumatic cardiac arrest.

Case details – 28yo male, single small stab wound to left clavicular region, talking on arrival in ED. Rapid deterioration to cardiac arrest. Thoracotomy performed without tamponade. Significant bleeding from subclavian vessels. Unable to control bleeding. Died from haemorrhage.

Reasons for distress

- Why do a thoracotomy in the first place?
- Not used to so much bleeding
- Not used to blood transfusions
- Too many instructions from team to cope with at once
- Talking on arrival – why did he die?
- Any other questions you may have related to a difficult resuscitation

If questions aren't adequately answered, can become increasingly distressed and upset. Towards end, ask – so where do we go from here? How do we learn more about this? What happens if this happens again?

For the examiner

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

You cracked the chest? Crucify!

OSCE by Anonymous

Assessment**Domains Assessment Objectives****Medical Expertise**

- Trauma resuscitation
- Role of thoracotomy in penetrating trauma
- Massive transfusion protocols

Communication

Non-judgemental debriefing approach

Leadership and Management

Team leadership systems and communication within resus setting

Other Assessment Notes

Worth watching: <http://intensivecarenetwork.com/hinds-crack-the-chest-get-crucified/>
(<http://intensivecarenetwork.com/hinds-crack-the-chest-get-crucified/>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Candidate Instructions

You have 3 minutes reading time. This OSCE will run for a maximum of 7 minutes.

Scenario:

Your junior registrar approaches you for assistance with a 57yo female who presented with 2 weeks of gradually worsening vertigo. The patient, Mary Burns, is now having difficulty getting out of bed due to the vertigo. She has vomited today. She has been otherwise well and has noted no tinnitus or hearing loss. It gets worse with movement. She has a past history of hypertension and impaired glucose tolerance, and is not on any medications.

Your registrar is unsure if this vertigo has a central or peripheral cause.

Instructions for the candidate

You are the consultant in a tertiary ED. You are to examine the patient to differentiate a central or peripheral cause and explain your findings to the registrar.

Domains being examined

- Medical Expertise
- Communication
- Scholarship and Teaching

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

You spin me right round

OSCE by Anonymous

Actor & Examiner Instructions

For the actor

Patient:

You are normally fairly well, but have been having intermittent vertigo for the past week, gradually getting worse and more persistent. You have not seen a doctor about this prior to today. You gave a full history to the other doctor and are expecting a thorough examination.

Registrar:

You've noted the history as above, but could not decide what examination features are differentiating for central vs peripheral causes. You are especially interested in learning a thorough cerebellar exam.

You've heard of the HINTS exam, but are unsure of the components and want to know 'is it applicable in ED patients?'

For the examiner

It is not expected the patient will be subjected to multiple Halpike or head impulse tests. If the candidate wants to perform these, ask how they would perform them.

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>

Assessment

Domains Assessment Objectives

Medical Expertise

Efficient and thorough cerebellar and neurological examination focused on causes of vertigo

Communication

Establish rapport, clear, articulate and specific instruction to patient

Clear communication with registrar

Scholarship and Teaching

Guided demonstration of cerebellar exam and discussion of utility of HINTS exam

Other Assessment Notes

HINTS - very sensitive in studies for central cause, but studies are in group of selected high risk patients being examined by consultant neurologists and not representative of general ED population with vertigo

A cerebellar examination checklist can be found at

<http://adelaideemergencyphysicians.com/2015/04/fellowship-physical-examination-tips/>

(<http://adelaideemergencyphysicians.com/2015/04/fellowship-physical-examination-tips/>)

ACEM FEx questions courtesy of <http://acemfex.adelaideemergencyphysicians.com>