

Cabrini Practice OSCE Station FOUR

Candidate Instructions:

You are the consultant in charge during an evening shift at a mixed urban ED.

You have just assessed a 14 month old boy named Max who presented following a generalised tonic-clonic seizure at home. The seizure terminated after 4 minutes and Max was brought to ED by his parents.

At triage his BSL was 7.3.

There was no focal seizure activity.

Max is now awake and stable with normal vital signs and examination.

Your tasks are to:

- Take a focused history from Sam, Max's parent
- Explain the diagnosis and treatment to Sam and answer their questions

Domains Examined:

Medical Expertise Assessment	20%
Medical Expertise Management	40%
Communication	40%



Role Player Instructions:

You are Sam, the parent of Max a 14 month old boy who has just suffered a generalized seizure.

The seizure has ended and Max is currently stable and alert. You are now speaking to the treating doctor about what happened. You are upset and worried about Max but able to converse in a calm manner.

You are to provide Max's Medical history to the doctor and ask specific questions below.

HOPC: Max had been well up until this evening when he developed a fever of 38.9 and cough and runny nose similar to his older sister's illness. You gave him a dose of Panadol 3 hours ago. Max had a 4 minute generalized tonic-clonic seizure at home which spontaneously resolved and you have brought him urgently to ED.

No rash/reduced tone or floppiness/focal abnormal neurological symptoms/vomiting.

Normal cry/stools/urine output/feeding, no offensive smelling urine.

No other symptoms.

PHx: Normal pregnancy, first baby, normal vaginal delivery at term, healthy newborn, IUTD, NKA, no meds

SHx: Your partner is on his way, Max is in childcare 2 days a week.

Questions for doctor after 3 minutes:

"What is a febrile convulsion? How common is it? Will it happen again?"

"Did this happen because Max is in childcare?"

"Does this mean he has meningitis?"

"Does this mean he has epilepsy?"

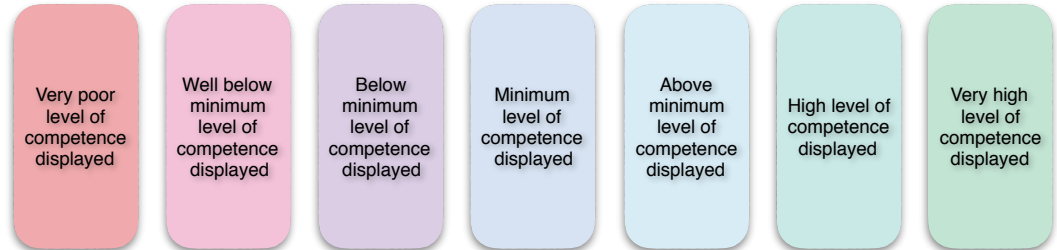
"Does he need anti-seizure medications?"

"What happens now?"

Examiner Marking Sheet

COMPONENT ASSESSMENT

For each Domain below, select the ONE best option that best represents the candidate's level of performance. The option "**minimum level of competency displayed**" represents the level of safe independent practice as a **junior FACEM** in Australasia



Please rate ALL the following domains:

Medical Expertise - History	☐	☐	☐	☐	☐	☐	☐
Medical Expertise - Management	☐	☐	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

Please use the following criteria to inform your ratings above (mandatory items in ***bold italics***)

Medical Expertise - History

- Accurate and relevant history taking- AMPLE
- ***Simple features febrile convulsion:*** < 15mins, generalized, no focal signs, recover within 1 hour, first during this illness, IUTD
- No features of complex febrile convulsion
- Synthesis of history and assessment as a ***simple febrile convulsion***

Medical Expertise - Management

- ***Appropriate Mx*** of simple febrile convulsion, no Ix, reassurance, discharge home, symptomatic treatment only
- Febrile convulsions knowledge
 - ***Common*** 3%, 6/12-6 yrs, usually with simple viral infection
 - Recurrence rate depends on the age of the child; the younger the more likely
 - ***Benign***
 - ***Doesn't reflect meningitis or epilepsy***
 - Can't be prevented with antipyretics

Communication

- ***Open, clear communication*** with parent
- Understanding and empathy demonstrated
- Demonstration of high level listening skills and ***addressing parents specific concerns*** without inferring judgment or blame
- Open body language
- ***Clear instructions/next steps***

INFORMATION

Station Summary: History and explanation of Uncomplicated Febrile Convulsion

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence the candidate's exam outcome e.g. protocol breach, candidate illness, etc

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum average of the individual domain scores. This element MUST be completed for the standard of the examination to be set.

	Well Below Standard	Below Standard	Just at Standard	Above Standard	Well Above Standard
In terms of a safely practising junior emergency physician , select the ONE option that best reflects the candidate's	☐	☐	☐	☐	☐

EXAMINER SIGNATURE: