

# CANDIDATE INSTRUCTIONS

You are an emergency department consultant working in a rural hospital Emergency Department.

A medical student in your department has arranged to meet with you to discuss a patient that they saw last week with one of your junior doctors. The patient was a 60 year old female that had presented with a severe sudden onset headache the previous day. She had a past history of atrial fibrillation for which she had been prescribed warfarin. She was worked up for a subarachnoid haemorrhage with a non-contrast CT head and a lumbar puncture which were both negative. She was discharged home from the ED as her symptoms had resolved and she examined normally.

Subsequently the patient re-presented to the ED 2 days later with a complaint of lower back pain. The patient reported increasing difficulty with walking since her original discharge, and had been faecally incontinent which had never happened before to her.

The medical student would like to discuss how to assess and manage a patient with back pain.

Your tasks are to:

- outline your assessment of a patient with lower back pain in general
- describe your management of this patient in particular

*You have 7 minutes to complete this station*

Domains assessed:

|                                    |     |
|------------------------------------|-----|
| Medical expertise                  | 50% |
| Scholarship and Teaching           | 20% |
| Prioritisation and Decision making | 10% |
| Leadership and Management          | 10% |
| Communication                      | 10% |

## MARKING SCHEDULE:

Medical expertise 50%

### History

- malignancy, fevers/night sweats, pain worse on lying, saddle anaesthesia, urinary retention, bowel incontinence, weight loss, paraesthesias, IVDU

### Examination:

- Lower limb neuro - tone/power/reflexes/coordination/sensation (NB: if asked, medical student reports they know the myotomes and dermatomes so don't have to go into microscopic detail)
- Gait
- Back - focal tenderness
- Anal tone and sensation

### Investigations:

- bladder scan (shows 500mL) + IDUC
- prioritises urgent MRI

### Management:

- IDUC for urinary retention/patient comfort
- reversal of warfarin
- disposition of urgent transfer to tertiary centre with MRI

Prioritisation and Decision making 10%

- disposition of urgent transfer

Leadership and Management 10%

- erroneous to perform LP on anticoagulated patient
- addresses immediate patient issues (patient already transferred)
- quality improvement potential
- apology to patient

Scholarship and Teaching 20%

- systematic approach
- history/examination/investigations/disposition
- follow up resources or teaching session

Communication 10%

- discuss at level appropriate to medical student