
Station Number SIX: Examination

Candidate instructions

This is a 7 minute station.

You are a consultant working in a major tertiary centre. Mr Smith is a 49 year old who presents with back pain for the last 5 days. He has been referred by his GP who has been unable to manage his pain in the community and feels he is getting worse.

His current observations are:

- HR 110
- BP 100/60
- Sats 97% on air
- Temp 37.9

Your tasks are to:

- Take a brief history and perform a focussed neurological examination of Mr Smith alluding to your differential diagnoses
- Summarise your findings and plan with Mr Smith

This OSCE will assess the following domains:

- Medical Expertise
 - Assessment 40%
 - Management 40%
 - Prioritisation and decision making 20%
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Role player instructions

You are an active person who has been suffering with back pain for 5 days now
The candidate is expected to take a history and do a focussed neurological examination.
You are to follow these instructions, being careful to only use the scripted prompts.

They may offer you pain relief, if they do state:

“Thanks I’ve just had some paracetamol and endone”

History

The pain started 5 days ago, dull at first but now more severe and in the middle of your back. It’s worse on movement but there are no other aggravating factors. You have no other symptoms, but you do feel run down. If asked, say you’ve been feeling feverish on and off since the pain started. There is no history of trauma or exertion triggering the pain. You have been taking regular paracetamol and ibuprofen with little relief. Your GP prescribed you endone but it only takes the edge off.

You have a past medical history of rheumatoid arthritis and type II diabetes. Your regular medications include Metformin and weekly methotrexate. You have no history of malignancy.

You have no allergies.

Social history

You are married with 2 kids and work in construction.

This has impacted your job significantly.

You don’t smoke, drink occasionally and have never been an IV drug user.

Prompt at 3.5 mins to move onto the Examination if candidate hasn't already

“Do you need to examine my back as well?”

Candidate should then proceed through an examination that should cover the following:

- Palpation along the midline of the spine
- Gross assessment of tone, power, and reflexes in the upper limbs and lower limbs.
Assessment of gait.
- The pain is exacerbated on movement but does not radiate down the leg/or anywhere else
- You will not be required to fake any pathology apart from pain in the thoracic spine on palpation
- They may state a need to examine the ‘saddle area’, they will only talk through this part
- During the examination they will be required to describe their expected findings for various differential diagnoses

They are then required to come up with a management plan for your back pain.

If by 5-6 minutes they haven't mentioned a management plan ask:

“So what's the plan from here?”

Examiner Instructions

This station requires the candidate to recognise the potential for epidural abscess in an immunocompromised patient. Candidates are required to take a brief history, perform a focussed examination and give the patient a management plan which should include investigation for epidural abscess.

- Candidate should introduce themselves and outline their intention to take a history, examine and discuss a management plan
- Check pain level and offer analgesia

History should cover the following points

- location of pain, severity
- Associated symptoms especially fever
- Red flags for back pain- malignancy, IVDU
- PMHx- pick up on immunocompromised status
- Med Hx including drug allergies
- Social history in particular IVDU, and occupation

Examination

- Observations- candidates should note tachycardia & temp and that this is suspicious for an infective cause
 - Palpation- tenderness over spinous processes is more suggestive of an infective cause or trauma (which the history excludes)
 - Assessment of power in upper and lower limbs. This will be normal in this patient.
Weakness in lower limbs more than upper could be suggestive of cauda equina syndrome.
 - Sensory disturbance in a specific dermatome is more suggestive of disc prolapse or nerve root impingement
 - Straight leg raise test to test tension in L5/S1 nerve root, determine if there is sciatic pain.
This will be normal.
 - Better candidates may discuss need to examine other systems looking for a broader differential e.g. pneumonia, pyelonephritis
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Plan

- Bloods including inflammatory markers
- Urgent imaging- CT or MRI (preferable) to rule out epidural abscess
- CXR/Urine to complete septic screen
- Neurosurgical referral pending results.

Key assessment/pass criteria

- Appropriate history focussing on back pain 'red flags'
 - Brief focussed examination including assessment of region of pain and lower limb neurology
 - Appropriate plan recognising that this patient is immunosuppressed and has abnormal vitals and requires further investigation for possibility of infective cause for back pain eg epidural abscess
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OSCE Station:

COMPONENT ASSESSMENT

For each domain below select the **ONE** option which best represents this candidates performance. The option '**Minimum level of competency displayed**' represents the minimum level of safe independent practice as a junior FACEM in Australasia.

A horizontal bar chart with seven bars of increasing length and decreasing height, colored in a gradient from light blue to dark blue. Each bar contains a text label representing a response category. The bars are arranged from left to right, with the shortest bar on the left and the longest bar on the right.

Response Category	Percentage
Very poor	1%
Well below minimum standard	1%
Below minimum standard	1%
At minimum standard	1%
Above minimum standard	1%
High standard	1%
Very High standard	1%

Please rate all the following domains:

[illegible]

GLOBAL ASSESSMENT RATING

Please rate this candidate's OVERALL performance in this OSCE:

In terms of a **safely practising junior emergency physician** please select the ONE option which best reflects this candidate's performance in this station

**Well
Below
Standard**

☐

**Below
Standard**

☐

**Just at
Standard**

☐

**Above
Standard**

☐

**Well
Above
Standard**

☐
