

OSCE 6

Candidate Instructions

You are a consultant in a tertiary emergency department. You are about to start your morning Short Stay Ward round at 0800 in the morning when the nurses and night registrar ask you to quickly speak to Mary.

Mary is a 40 year old woman who presented to the ED at 0200 in the morning with headache and nausea. The registrar found the assessment challenging as Mary was not forthcoming with all the history.

Clinical information available:

Gradual onset headache 2 days ago and is ongoing, although now mild. It is bifrontal and throbbing in nature. It gets better with some paracetamol.

Normal vital signs, GCS 15, no intoxication, no focal neurology.

She has some faint bruising on her neck – see photo.

Investigation results:

FBE, UEC nad.

BetaHCG negative

CT brain - No acute intracranial pathology. No skull fracture.



Overnight in the Short Stay Unit, Mary slept for a few hours and had breakfast. Her vital signs remain within normal limits. On a repeat examination in the morning, your registrar noted some bruises on Mary's neck and was concerned about strangulation. Your registrar is concerned about the possibility of family violence.

When the registrar asked her about the bruises, Mary promptly requested to leave the hospital. The registrar and nurses have asked her to stay until the consultant ward round. Your registrar has asked for your assistance to speak to Mary now. Mary is agreeable to speak with you prior to leaving. She has covered the bruise with a scarf and will not let anyone examine her neck further.

Your tasks is to:

- Speak with Mary and determine an ongoing management plan with her.

This OSCE will assess the following domains

Communication 40 %

Medical Expertise 30 %

Health Advocacy 30%

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Role player Instructions

- Role: Female, Age range: 30-45.

You are a senior nurse in who works in a general medical ward in another hospital. You presented to this ED at 0300 with headaches and nausea, following your evening shift.

You are secretly fearful of having a bleed in your brain. Your husband, Sam, had assaulted you 2 days ago by attempting to strangle you with his hand. He also slapped you.

You told your husband that you had been rostered to work a double shift i.e. from 1500 to 0800. You want to quickly go home so that he does not find out you came to ED. Sam is recently unemployed due to the pandemic. He has turned to drinking alcohol daily. He has frequent outbursts and is abusive daily.

You could not concentrate at work but finished the shift anyway at 0000. Your headaches and nausea made you worried hence you presented to emergency.

You are very relieved that the CT brain (scan of your brain is normal).

Your demeanour throughout this station is one of fear yet apprehension.

You will ask 'why' if the candidate advised you that you should :

- a. Undergo another CT scan of you neck (with contrast i.e. dye thru your veins)
- b. Stay in hospital for social work evaluation

You will decline an offer to make a police report.

You have your sister who lives nearby as support.

0-4 minutes (introduction and clarification of why Mary wants to leave)

When candidate enters the room :

I heard my head scan is normal . I feel fine and. wish to go home now. I came here willingly and I am feeling fine now. Why do I need to stay any longer ?

Most candidates will introduce themselves and ask :

- a. About your headache
- b. OR if they asked have you got someplace really urgent to go to :

I really need to go home now. I am actually a nurse who works in another hospital and I just finished an evening shift yesterday. My husband is expecting me to come home. I told him that I was doing a double shift instead"

Candidates are expected to clarify and ask about your headache :
e.g. Can I ask you a bit more of what happened at yesterday ?

I came in because I had a headache and felt sick.

I was at work (I am a nurse at another hospital) and was doing the evening shift and felt nauseous.

I have had the headache for the last 1-2 days.

Nothing really makes it better or worse.

I don't want to answer any more questions.

My scan of my head is okay isn't it ? > I would like to go home.

If asked about trauma to the head (i.e. fallen down or being hit by someone) – state **no**

If asked about loss of consciousness – **no**

No vomiting

No diarrhea

No abdo pain

Headache better with some paracetamol. Now pain free.

No numbness in arms/legs or face.

IF asked about these :

Please answer :

Past Medical History or health problems : – **just Asthma**

Medications – **just Ventolin puffer occasionally**

Allergies – **NO known allergies**

Social history – **you work as a nurse in another hospital**

If asked what department ; **"I prefer not to say"**

When asked specifically about strangulation :

Actor should not answer. Look away. Keep quiet.

Most candidates will try and ask another way. Do not nod or shake your head.

You live with your husband; Sam.
No children.
Smokes 5 a day
Drinks infrequently .



Most candidates will ask “How are things at home”

At this juncture – do open up a little bit and tell about the circumstances i.e.
Sam (your husband) is unemployed for the last 6 months due to the pandemic.
He is doing part time casual work (administration) – he used to manage a tour company.
He is drinking alcohol daily.
You are the sole breadwinner. Both of you have a big mortgage and debts to pay.

You lives with Ray (her husband of the last 5 years)

You both have no kids and are not planning on having one.

Has Sam every hit you ?

Do not say yes or no.

Why should I stay to see a social worker ? What can they do ?
The last time I spoke to a social worker ; no one followed up with me ?

Monash Practice OSCE 2021.1

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Examiner Instructions

Medical Expertise (50%)

Using the term family violence
Clarifying strangulation marks / bruising
Offer further investigation to look for vascular injury (CT Angiogram or MR Angiogram or Ultrasound)
Discuss risks of stroke / further events if this is not excluded.

Getting Mary to explain risks and understanding why she is self-discharging against medical advice

Screening questions for family violence e.g.

- Within the last year have you been hit, slapped or hurt in other ways by your partner or ex-partner?
- Are you frightened of your partner or ex-partner?

If the woman answers yes to either or both questions:

- Are you safe to go home when you leave here?
- Would you like some assistance with this?

Communication (50%)

- introduces self and purpose of review
- establishes rapport
- allows time for patient to open up
- demonstrates empathy
- professional and respectful approach
- uses appropriate non verbal skills
- uses appropriate language
- allows patient to react emotionally
- actively listens
- encourages patient(s) to ask questions - provides appropriate answers

Health Advocacy Part

Offer social work input

Offer medical certificate

Confidentiality

Family violence support – phone counselling or website info. Provide one example e.g.

Victoria SAFE STEPS, 1800RESPECT