

Cabrini Practice OSCE Station FIVE

Candidate Instructions:

You are supervising a resident in your tertiary ED. She has assessed a 73 year old female with recurrent collapses.

Your resident has performed a thorough history and examination below:

History of Presenting Complaint: Unconscious collapse today.
Lightheaded prior to collapse, no other preceding symptoms. 3 x collapses in last week.

No chest pain/shortness of breath/palpitations/fevers/focal neurological abnormality/headache/seizures/incontinence.

No injuries from fall.

Past History: Hypertension

Medications: Perindopril 5mg daily, Metoprolol 50mg twice a day

No Known Allergies

Social History: Lives with husband, non-smoker, social alcohol, independent in activities of daily living

Examination: Vitals normal, postural BP normal, exam normal

The patient is stable and well.

On entering the room you will meet the Resident, Rebecca.

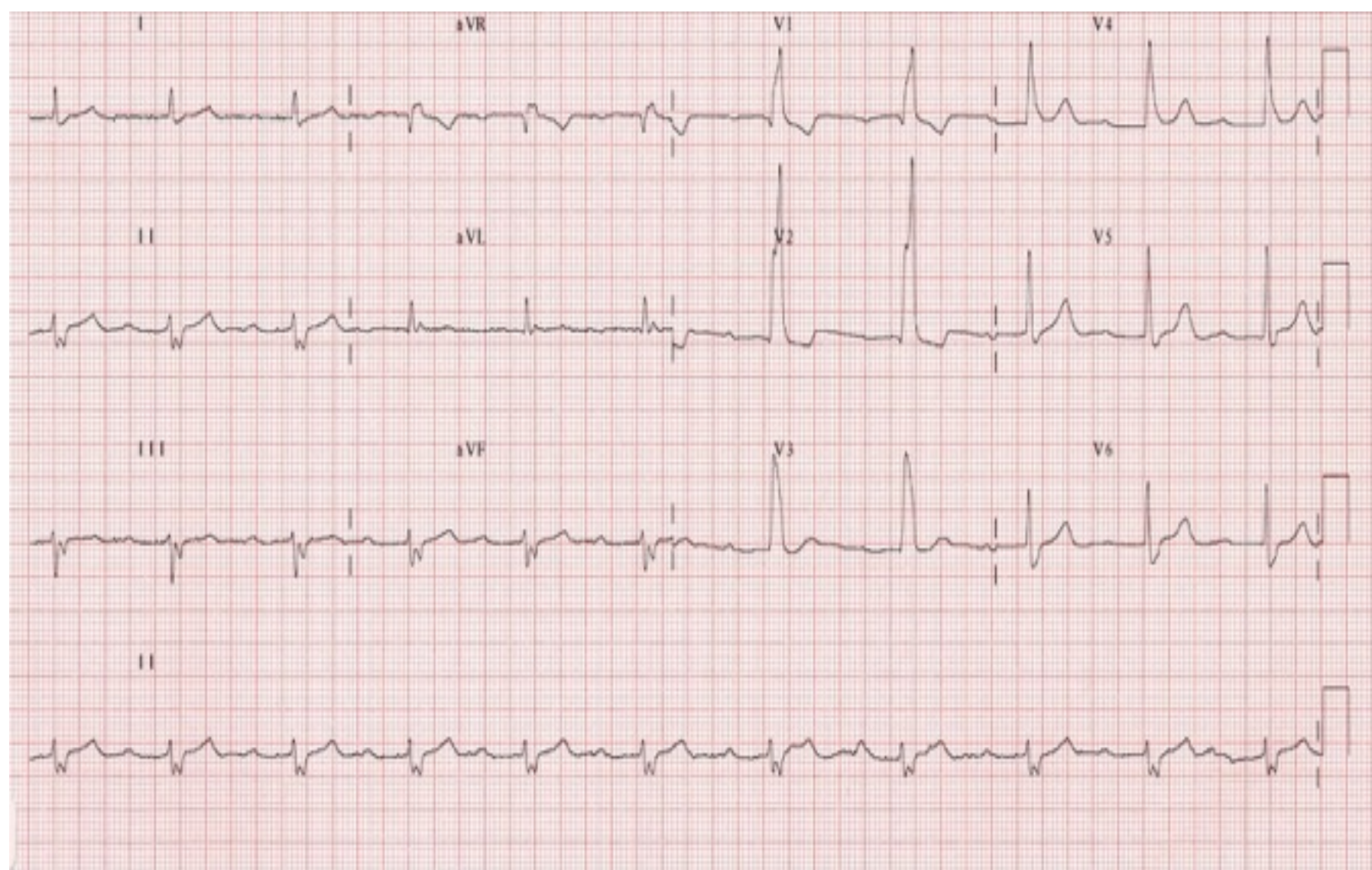


Your Tasks are to:

- Treat this as a teaching exercise
- Interpret the ECG and explain the findings to the resident
- Answer the resident's questions regarding management

Domains Examined:

Scholarship and teaching	50%
Medical Expertise	50%



Role Player Instructions:

You are a competent resident without initiative and unable to interpret the ECG.

Prompt at beginning:

"Can you explain this ECG to me?"

"It doesn't look normal to me"

3:00 minutes Prompt:

(If not stated prior) "What do you think might have caused her collapses"

"What is the management?"

3:30 minute Prompt:

"If the patient suffered symptomatic complete heart block can you show me how to perform transcutaneous cardiac pacing with this defibrillator?"

Additional Prompts:

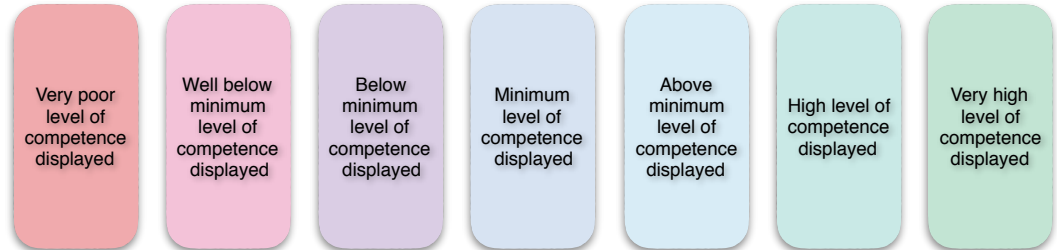
(If doesn't explain) "How do you know that the pacing is working?"

(If still doesn't explain) "What is the difference between electrical and mechanical capture?"

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	☐	☐	☐	☐	☐	☐	☐
Scholarship & Teaching	☐	☐	☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

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

Medical Expertise

- ECG
 - Sinus Rhythm, First Degree Atrioventricular Block, Left Axis Deviation (likely Left Anterior Fascicular Block), Right Bundle branch Block = ***Tri-fasicular Block***
 - Likely progressing to ***Complete Heart Block*** causing recurrent collapses
 - Requiring ***PPM*** insertion during this admission
- ***Transcutaneous pacing technique***
 - Connect ECG leads
 - Pads on(AP belter)
 - Turn on
 - Pacing mode (fixed/demand)
 - Set rate 50-70bpm, increase mAmps to 70, achieve mechanical capture then increase 5-10 mAmps explain mechanical/electrical capture
 - Sedation/analgesia,
 - Complications: pain/burns, failure to capture-Explain transcutaneous pacing is temporizing measure and bridging to pacing wire/PPM,
 - Trouble Shooting if pacing rate not captured at a current of 120-130mA - resite electrodes and repeat above.

Scholarship & Teaching

- ***Assess resident's level of knowledge***
- Clearly explains and educates resident on ECG findings and implications for this patient
- ***Checks that resident understands*** explanations and asked if there are any questions
- Accurately demonstrates how to perform transcutaneous cardiac pacing
- Suggests resident to revise ECG interpretation and transcutaneous pacing and use as stimulus for future learning, eg present at ED education meeting, report back to consultant

INFORMATION

Station Summary: Interpretation of history of syncope and ECG showing Tri-fasicular Block.
Demonstration and explanation of Transcutaneous Pacing

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: