



CABRINI PRACTICE OSCE 2:

Candidate Information:

Sarah is a healthy 40 year old woman who is a non-smoker she has presented with sudden onset of chest pain. Her Chest X-ray is shown.

Her Vital signs are normal.

Tasks:

1. Interpret Sarah's chest x-ray and explain the significance of the findings to her.
2. Advice Sarah about her treatment options

Domains:

Medical expertise

Investigation Interpretation 20%

Management 50%

Health Advocacy 30%

Sarah's Chest Xray:





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Role Player Instructions: Sarah

HOPC:

Onset Left sided sharp chest pain last night while watching TV, sharp, rated 6/10, worse with inspiration, no SOB, otherwise well.

No fevers/cough/palpitations/collapses or any other symptoms.

PHx

Asthma

No Pneumothoraxes

Medications- Ventolin prn

NKA

Social Hx:

Lives with husband and kids works as interstate truck driver

Questions:

At 4 minutes:

"What treatment do I need?"

Question candidate about pros and cons of each treatment options.

If candidate asks your preference or what's important to you:

"I have a very important job tomorrow driving from Melbourne to Cairns return. It's going to take the whole week so I need to get this sorted out today"

(Note- if above Hx not elicited by candidate but then becomes relevant for follow-up plan, role player can volunteer this information)

Given this information the candidate will likely offer you simple aspiration or percutaneous drain.

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

Very poor level of competency displayed	Well below minimum level of competency displayed	Below minimum level of competency displayed	Minimum level of competency displayed	Above minimum level of competency displayed	High level of competency displayed	Very high level of competency displayed
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Please rate ALL of the following domains:

Medical Expertise:

Investigation interpretation	☐	☐	☐	☐	☐	☐	☐
Management	☐	☐	☐	☐	☐	☐	☐
Health Advocacy	☐	☐	☐	☐	☐	☐	☐

Detailed assessment criteria

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

Medical Expertise:

Investigation CXR:

- **small - moderate** sized left Pneumothorax (apical inter-pleural distance 4cm, hilar inter-pleural distance 1.5cm)
- small L pleural effusion
- no radiological tension
- rotated to right
- otherwise normal

Management

- explanation that resorption rate is approx. 2% per day
- list **options with pros and cons**

	Pros	Cons
1.conservative -analgesia, rest (may offer O2) -fup serial CXR	- non-invasive	-symptomatic -long time to resolve -could get worse



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-symptoms to return- SOB/worse pain/collapse -avoid diving/flying		
2.simple aspiration	Minimally invasive	May recur and need repeat or more invasive, probably not adequate for moderate PTx
3.percutaneous drain	-definitive	Complications- infection/pain/trauma

-Advise on recommended option- likely simple aspiration or percutaneous drain

-Follow-up plan- appropriate to initial management plan, including repeat CXR and medical review

-advise symptoms that would warrant ED review eg increasing SOB/increasing pain/lightheaded/syncope/fevers

Health Advocacy

-demonstrated **shared decision making** steps(must have 4 bold below):

1. Ask patient's understanding/knowledge
2. **Explain medical condition**
3. **Explore patient's preference and what is important to him**
4. **Explain options and pros/cons**
5. **Advise on recommended management plan taking into account patients preferences**
from step 3
6. Agree on flexible management plan fitting patients work commitments

Station Summary: Pneumothorax CXR and management

INFORMATION

EXAMINER NOTES (For examiner reference only)



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OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence the candidate's

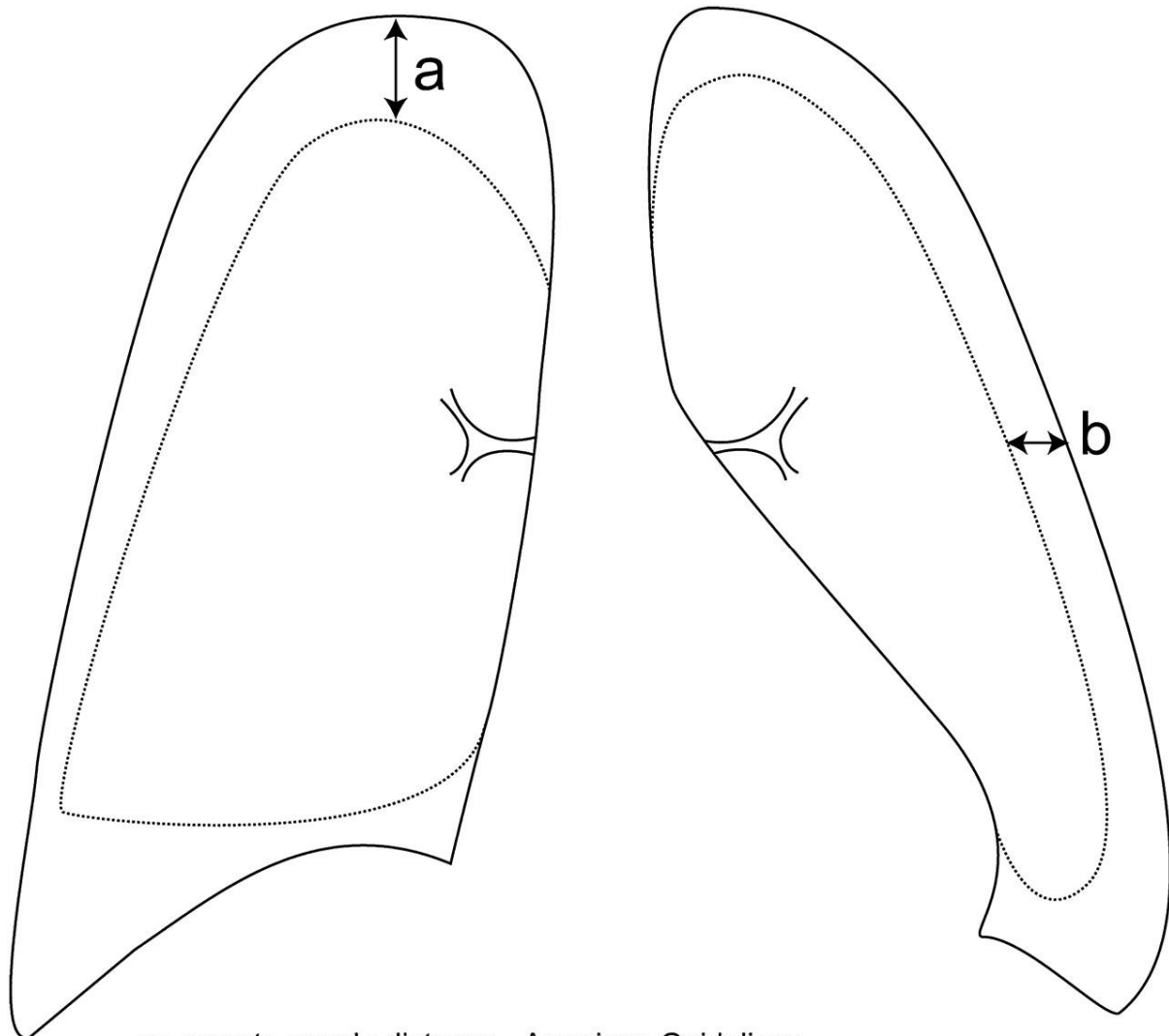
exam outcome e.g. protocol breach, candidate illness, etc

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 practicing junior emergency physician , select the ONE option that best reflects the candidate's performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE:



a= apex to cupola distance - American Guidelines

b= interpleural distance at level of the hilum - British Guidelines

British Thoracic Society Guidelines : Small PTx if $b < 2\text{cm}$, large if $b > 2\text{cm}$ (at level at hilar)

American Society of Chest Physicians Guidelines : Small PTx if $a < 3\text{cm}$ apical distance, large PTx if $a > 3\text{cm}$ apical distance