

OSCE 6

Candidate Instructions

You are approached by an HMO in your ED who has just seen a 45-year-old man with palpitations. The HMO has taken a history and examined the patient. You can ask him/her for relevant clinical information. A nurse has already given you the ECG (provided outside examination room).

The patient is clinically stable. You will not be required to directly review the patient in this scenario.

His observations:

HR 140 bpm

BP 137/80 mmHg

RR 14/min

SpO2 99% room air

GCS 15

Your tasks:

- Review the ECG and explain the findings to the HMO
- Formulate a management plan and explain this to the HMO
- Answer any further questions the HMO has about the case

Domains assessed:

Medical Expertise 70%

Prioritisation and Decision Making 30%

A copy of this case information and the ECG is provided in the examination room.

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Role Player Instructions

You are (*use your own name*), an HMO working in the ED and have taken a history and performed a brief examination on Mr Chan, a 45-year-old man with palpitations. You require help to formulate a management plan.

Clinical information:

Mr Chan was going for a brisk walk on a warm day yesterday afternoon when he suddenly developed shortness of breath and palpitations. He went home and rested but the symptoms persisted, so he came to hospital this morning. Duration of symptoms <24 hours. The prior evening, he had consumed a large amount of alcohol (10 std drinks), and had been feeling a bit “seedy”, but needed to take the dog for a walk so went anyway.

He has not had any chest pain or any other symptoms

This has never happened before.

He has a past history of hypertension, for which he takes irbesartan. NKA

You have examined him and other than a persistent tachycardia he has a normal examination. He is feeling a bit better but still feels a bit light-headed and breathless if he tries to move around.

You have given him a litre of fluid and plan to give him another litre of fluid and send him to the ED short stay ward for “rehydration”.

His observations:

HR 140 bpm

BP 137/80 mmHg

RR 14/min

SpO2 99% room air

GCS 15

When candidate enters the room, you say:

“Hi, I’m (*your name*), one of the new HMOs. Can I talk to you about this patient I’ve just seen please? Mr Chan is 45 and came in with palpitations. I think the nurses gave you the ECG?

“Can you tell me what it shows?”

Expected:

- Regular narrow complex tachycardia – atrial flutter
- HR 150 – 165
- Flutter waves – most obvious II, III, aVF
- Atrial rate 300 with 2:1 block

Let the candidate ask you for the rest of the HOPC and examination findings.

Expected:

- PMHx, meds, allergies
- Previous episodes AF
- Onset/duration
- Associated Sx – chest pain, SOB, diaphoresis, dizziness or collapse
- Precipitating factors – febrile illness, AMI, alcohol/stimulants, electrolyte disturbance, sleep apnoea
- Thrombo-embolic risk

Expected management plan:

- Investigations: electrolytes, Mg/Ca, CXR, FBE,
 - o Trop not indicated if no features suggestive of ischaemia
 - o TFTs – not recommended during acute episode as most abN tests during an acute illness return to normal on recovery. Delay testing until well if recurrent.
 - o Outpatient TTE
- Rate control strategy
- Rhythm control strategy
 - o less likely to achieve chemical cardioversion than AFib
 - o electrical cardioversion more likely to be effective
 - higher joules better e.g. 100-150J
 - o Conservative approach waiting for spont reversion is less appropriate given HR 150 and symptomatic
- Anti-coagulation

Further questions:

- How is atrial flutter different to atrial fibrillation in terms of management?
- Are there any other tests we would consider doing ?(echo, TSH)
- Should I do a troponin ? (Not useful in this case given no ischaemic sounding symptoms)
- How would management differ if he had had symptoms > 48 hrs (no DCR, rate control and anticoagulated +/- admit for TOE/DCR)
- What underlying problems might cause a patient to go into AF/flutter (PIRATES)

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Examiner Instructions

Station Summary: Focused assessment of a patient with recent onset atrial flutter. Provision of advice regarding investigation and management.

Candidates are required to:

- review and interpret the ECG
- discuss the case assessment and management with the HMO, and
- answer any further questions from the HMO.

You should not interact with the candidate.

Please use the following criteria to inform your domain ratings:

Medical Expertise: Investigation interpretation and further assessment — 40%

- Correctly interprets the ECG
- Seeks appropriate history/exam findings
- Creates and explains a focused investigation plan that confirms or excludes time critical diagnoses

Medical Expertise: Management – 30%

- Creates an appropriate management plan

Prioritisation and Decision Making – 30%

- Highlights high-risk features identified during initial patient assessment
- Prioritises essential components of ongoing assessment of any patient in the emergency department
- Provides a rationale to explain decisions about ongoing assessment, treatment and disposition decisions

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