
Station Number TWO - History taking

Candidate instructions

This is a 7 minute history taking station.

You are a consultant in a mixed urban district Emergency department. It is a Tuesday afternoon. An ambulance has brought in an 18-month-old child called Jodie, who has suffered a seizure at home. The paramedics have treated with one dose of IM Midazolam and the seizure terminated just after arriving at the hospital. Another FACEM and the paediatrician are looking after the child in a resuscitation cubicle. The parent of the child has arrived by private car and is waiting for an update in the family room.

You have been asked to speak to them to gain a collateral history, and explain what is happening with the patient.

Your tasks are to:

- Take a collateral history from the parent
- Provide them with an anticipated management plan
- Answer any questions the parents may have

You are not required to perform an examination of the patient.

This OSCE will assess the following Domains:

- Medical Expertise
 - Assessment 30%
 - Management 30%
 - Communication 40%
-

Role player instructions

You are the parent of a child who has just been brought in (Jodie).

You witnessed what you think was a seizure at home. Jodie has been well the last few days. But she complained of a slight sore throat this morning and felt tired so was put down for a nap. On waking she felt hot to touch and you went to get her a cold drink. On returning a few seconds later you noticed her to have changed colour, her eyes rolled back, she was unresponsive and her right arm was jerking. She didn't respond when you called her and gave her arm a squeeze and looked blue.

You placed the child in the recovery position and called the ambulance. You're not sure exactly how long it took for them to arrive, but you estimate 10 minutes. Your child was still seizing when they left. The hospital is approximately a 20-minute drive from your home.

No rash, headaches

Nothing like this has ever happened before.

No antenatal issues, born via uncomplicated NVD

No pmhx, fit and well

No siblings

No fhx of seizure

No hx of trauma. No suspected overdose, no dangerous medications/drugs in the house.

No reg meds

IUTD

Weight 11kg

Attends day care

Developmentally normal; If asked prompt for specific details

"I think so, what things should she be able to do by this age?" - Walking, Simple single words, Use spoon, Plays with toys, Some stranger danger

By 3 minutes candidate should be offering explanation of what they think is going on, if not prompt:

“Did the paramedics fix the seizure by the time they got here?”

“What’s wrong with my daughter?”

Other Prompts

“Will this happen again?”

By 5 minutes, if disposition not covered

“What’s going to happen now?”

“So when can I take Jodie home?”

“Does she need any tests before going home?”

Examiner Instructions

This is a history taking station which assesses the candidates ability to take a focussed history from the parent of a child who has had a febrile convulsion. The candidate is expected to recognise that this is a complex convulsion (focal seizure activity at onset and prolonged convulsion) and provide an appropriate investigation and disposition plan accordingly.

Candidate is expected to elicit important points of history:

- Timing of seizure, nature of seizure and identify prolonged duration given still seizing on arrival
- Preceding urti symptoms and fever
- Complex febrile convulsion
- Should elicit basic screening Qs re pmhx, trauma, development etc

Candidate should be able to identify cause of seizure

- Most likely febrile convulsion, but should clarify that this is a complex febrile convulsion – focal seizure and prolonged

Should be able to explain febrile convulsions

- Illness causing fever leading to seizure
- Does not lead to epilepsy but risk of future episodes given this is a complex, prolonged febrile convulsion
- 1 in 3 will have further febrile seizures
- Tend to grow out of it by age 6
- Even complex seizure low risk of 'brain damage'

Should be able to explain expected management course in simple terms

- Anti-seizure medication if further seizures
 - Needs period of observation to ensure wakes up fully
 - Needs observation +/- further investigations given focal seizure
 - Mention BSL, urine, imaging, bloods, maybe LP if concern for meningitis on clinical review
 - Complex nature means should be admitted for period of observation and investigation
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Key assessment/pass criteria:

- Appropriate history identifying nature of seizure, background illness and eliminating important differentials eg toxicological, meningitis, trauma
 - Recognises that this is a complex febrile convulsion and need for admission/further investigation
 - Appropriate communication style with parent
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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.



Response Category	Percentage
Very poor	35%
Well below minimum standard	25%
Below minimum standard	15%
At minimum standard	10%
Above minimum standard	5%
High standard	5%
Very High standard	5%

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**

☐
