



OSCE 12

Candidate Instructions

This is a **7 minute** Standardised Case-Based Discussion (SCBD) Station.

You will be interacting directly with an examiner who will ask you about your assessment and management of the following clinical situation. Further information will be provided as the case evolves.

The examiner will be assessing your medical knowledge as well as your reasoning and rationale.

Please be as specific as possible when answering. For example, when discussing drugs, describe your dosage regimen and the reasons why you chose that regimen, as opposed to others.

Case Information:

You are the duty consultant of a tertiary emergency department at 1100 on a Monday. The ambulance has just brought in a 35 year old male from prison with abdominal pain.

The case information available is:

History:

- Background of IV drug use
- Has previously ingested razor blades and other foreign bodies
- States severe abdominal pain and demanding analgesia
- Not co-operative with any further history

Examination:

- Abdomen:
 - Soft with generalised tenderness



His vital signs are:

Temp	37.0 °C
RR	20 /min
SaO ₂	98 % on room air
HR	110 bpm
BP	170/90 mmHg
GCS	15

Your tasks are to:

- Outline your differential diagnoses
- Answer further questions from the examiner

This OSCE will assess the following domains:

- Medical Expertise: Assessment and Diagnosis – 30%
- Health Advocacy – 40%
- Professionalism – 30%



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Examiner Instructions

This is a **7 minute** Standardised Case-Based Discussion (SCBD) Station.

Candidates will be asked a series of standardised scripted lead-in questions. All questions and probes must be consistent as per the script so that all candidates have as close to the same 'standardised' experience as possible.

Two examiners will independently mark the station.

- Examiner 1 will interact with the candidate, lead the discussion by asking scripted questions and provide further clinical information as the case evolves.
- Examiner 2 will observe the candidate's performance.

Where a candidate has already raised a topic or an issue, the examiner may provide an unscripted probe to the candidate for further clarification or elaboration on that issue. Probing questions ask a candidate to go into further detail on a topic that they have already initiated or mentioned.

Examples of a probe that may be asked:

"You mentioned fluid management. Can you elaborate on that?"

Where a candidate has NOT already raised a topic or an issue expected of a competent new FACEM, the examiner must NOT provide an unscripted prompt or ask unscripted further questions. Prompts that suggest there has been a mistake, or an omission must NOT be provided.

The objective of the station:

To explore the assessment and management of a 35 year old male patient with a foreign body ingestion. Further assessment reveals it is likely a button battery, but patient refuses endoscopic removal. He is currently a prisoner.

Please see **Candidate Instructions for full instructions / domains provided to candidates.*



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Lead Examiner Script

Part 1 (0 – 2 mins)

Opening statement:

“Please outline your differential diagnoses”

The candidate is expected to cover:

- Wide differential diagnosis: (list below not exhaustive)
 - Foreign body ingestion – high risk: button batteries, multiple magnets, sharp objects.
 - Surgical – perforated viscous, pancreatitis, appendicitis, testicular torsion, biliary colic, trauma.
 - Medical – gastritis, urinary tract infection.
 - IVDU – deep abscesses, drug withdrawal, drug-seeking.

“The patient is refusing to provide further history. How would you approach this?”

The candidate is expected to cover:

- Patient:
 - Attempt to gain rapport and explain need for further information.
 - Patient’s priority may be analgesia, which is challenging in this patient, can be difficult differentiating between pathology and drug seeking behaviour. Default should be to treat pain first.
 - If history not forthcoming will need collateral history from sources below.
- Hospital:
 - Review notes from previous presentations.
- Prison:
 - Review transfer documentation.
 - Call prison health service.

- If candidate does not cover collateral history, then ask:

“How would you obtain further information on this patient?”

Part 2 (2 mins – 5 mins)

At the **2 minute mark**, say:

“You assess the patient as having an oesophageal button battery requiring urgent endoscopy. The patient refuses consent and is demanding opioids. Outline your approach to this situation.”

The candidate is expected to cover:

1. Correct communication issues and check understanding:
 - a. Explain diagnosis + treatment
 - b. Consequences of no treatment – perforation, bleeding, infection, death
2. Assess capacity
3. Address reasons for treatment refusal – fear, anxiety, denial, previous trauma
4. Analgesia: Given decision for endoscopy and removal of FB, analgesia to be provided as clinically indicated
5. Discuss treatment options:
 - a. Review +/- admission by gastroenterology team
 - b. High risk of complications
 - c. Return to prison should not be an option
6. Recruit Prison Health Supervisor / Guardian
7. If patient still refuses, address medico-legal implications (mark in Domain 3)
8. Documentation

Capacity assessment:

- Capacity is decision and time specific
- Presumption is that an adult has capacity
- Must be able to:
 - Understand and retain the information
 - Understand and weigh the consequences of the different choices
 - Voluntarily make a decision
- If candidate does not cover risks of not having endoscopy, then ask:
“What are the key issues you want to communicate to the patient.”
- If candidate does not mention capacity, then ask:
“What are the key features of capacity assessment for this patient?”
- If candidate does mention capacity, but without adequate detail, then ask:
“Can you please provide more detail about capacity assessment for this patient?”
- If candidate does not mention reasons for treatment refusal, then ask:
“What are the key issues you want to discuss with the patient?”



Part 3 (5 mins – 7 mins)

At the **5 minute mark**, say:

“Despite your discussion, the patient is still refusing to undergo endoscopy.

Describe your ethical and medico-legal considerations?”

The candidate is expected to cover:

Ethical:

- Beneficence – doing good for the patient
- Autonomy – giving the patient the opportunity to choose freely
- Prisoners should have the same right of access, equity, and quality of health care as the general population
- Governments and prison authorities have a duty of care to all prisoners

Medico-legal:

- Complex as patient is also a prisoner – balancing patient autonomy vs prison duty of care
- Legislation varies between Australian states / New Zealand
- In some jurisdictions the government is the guardian / decision-maker for the prisoner with a duty of care. In others autonomy over-rides duty of care if the patient has capacity.
- Documentation and consultation with appropriate entities / organisations (prison, director of medical services, medicolegal services)

“Outline your approach to these considerations?”

Expected candidate responses - given complexity / regional variation only needs to convey principles of:

- Wide escalation to multiple stakeholders:
 - Gastroenterology senior medical officer
 - Executive director of medical services or hospital legal team
 - Prison health senior medical officer
 - Senior decision maker within prison system
- Documentation – capacity, alternative options, patient wishes in event of deterioration.
 - If the candidate does not cover the medio-legal considerations, then ask:
“How would you manage the legal aspects in this case?”
 - If the candidate does not mention specifics to prison health, then ask:
“What factors do you need to consider for this patient, given he is a prisoner?”
 - If the candidate does not provide adequate detail, then ask:
“Can you provide more detail please?”



OSCE 12 - Lead Examiner Script Summary

Part 1 (0 – 2 mins)

Opening statement:

“Please outline your differential diagnoses.”

“The patient is refusing to provide further history. How would you approach this?”

- If candidate does not cover collateral history, then ask:

“How would you obtain further information on this patient?”

Part 2 (2 mins – 5 mins)

At the **2 minute mark**, say:

“You assess the patient as having an oesophageal button battery requiring urgent endoscopy.

The patient refuses consent and is demanding opioids.

Outline your approach to this situation.”

- If candidate does not cover risks of not having endoscopy, then ask:

“What are the key issues you want to communicate to the patient.”

- If candidate does not mention capacity, then ask:

“What are the key features of capacity assessment for this patient?”

- If candidate does mention capacity, but without adequate detail, then ask:

“Can you please provide more detail about capacity assessment for this patient?”

- If candidate does not mention reasons for treatment refusal, then ask:

“What are the key issues you want to discuss with the patient?”

Part 3 (5 mins – 7 mins)

At the **5 minute mark**, say:

“Despite your discussion, the patient is still refusing to undergo endoscopy. Describe your ethical and medico-legal considerations?”

“Outline your approach to these considerations?”

- If the candidate does not cover the medio-legal considerations, then ask:

“How would you manage the legal aspects in this case?”

- If the candidate does not mention specifics to prison health, then ask:

“What factors do you need to consider for this patient, given he is a prisoner?”

- If the candidate does not provide adequate detail, then ask:

“Can you provide more detail please?”



Domain	Criteria	Marking rules to be 'at a minimum level of competence'/other comment	Criteria met / not met
Medical Expertise: Assessment & Diagnosis: 30%	Wide differential diagnosis: (list below not exhaustive) - Foreign body ingestion – high risk: button batteries, multiple magnets, sharp objects - Surgical – perforated viscous, pancreatitis, appendicitis, testicular torsion, biliary colic, trauma - Medical – gastritis, urinary tract infection, DKA. - IVDU – deep abscesses, drug withdrawal, drug-seeking Further history: - Patient: - Attempt to gain rapport and explain need for further information - Patient's priority may be analgesia, which is challenging in this patient, can be difficult differentiating between pathology and drug seeking behavior. Default should be to treat pain first. - If not forthcoming will need collateral history from sources below - Hospital: - Review notes from previous presentations - Prison: - Review transfer documentation - Call prison health service - Next of kin or other family	Wide differential diagnosis: - Must include foreign body ingestion, surgical causes, IVDU cause History: - Must attempt to gain rapport without requiring prompt - Must identify need for collateral history including prison health services	
		Feedback Statements – Did the candidate adequately:	
		- Identify appropriate differential diagnosis. - Outline a strategy for gaining cooperation from the patient. - Identify key elements of obtaining further history.	



Health Advocacy: 40%	- Correct communication issues and check understanding: - Explain diagnosis + treatment. - Consequences of no treatment – perforation, bleeding, infection, death. - Assess capacity. - Address reasons for treatment refusal – fear, anxiety, denial, previous trauma. - Shared decision-making ideal – may require some negotiation regarding analgesia. - Discuss other treatment options and alternative care: - Review +/- admission by gastroenterology team. - High risk of complications so return to prison should not be an option. - Recruit Prison Health senior medical officer. - If still refuses to address medico-legal implications (mark in Domain 3). - Documentation. Capacity assessment: - Capacity is decision and time specific - Presumption is that an adult has capacity - Must be able to: - Understand and retain the information - Understand and weigh the consequences of the different choices - Voluntarily make a decision - Communicate that decision If mentions capacity assessment without prompting to mark higher.	Minimally Competent Criteria: - Correct communication issues - Check understanding of consequences - Components of capacity assessment - Must describe attempting to address patients concerns: - Reasons for treatment refusal - Provide analgesia Feedback Statements – Did the candidate adequately: - Identify correct communication issues. - Identify components of capacity assessment. - Check patient’s understanding of consequences of no treatment. - Assess and address patient’s concerns for refusal of treatment.	
Professionalism: 30%	Ethical: - Beneficence – doing good (the right thing for the patient) - Autonomy – giving the patient the opportunity to choose freely - Prisoners should have the same right of access, equity, and quality of health care as the general population - Governments and prison authorities have a duty of care to all prisoners Medico-legal: - Complex as patient is also a prisoner – balancing patient autonomy vs prison duty of care - Legislation varies between Australian states / New Zealand - In some jurisdictions the government is the guardian/decision-maker for the prisoner with a duty of care. In others autonomy over-rides duty of care if the patient has capacity Given complexity / regional variation only needs to convey principles of: - Wide escalation to multiple stakeholders: - Gastroenterologist - Psychiatrist - Executive director of medical services or hospital legal team - Prison health senior medical officer - Senior decision maker within prison system Documentation – capacity, alternative options, patient wishes in event of deterioration If mentions prison health without prompting to mark higher.	Minimally Competent Criteria: Given complexity of prison health, needs to convey principles of: - Balancing patient autonomy vs prison duty of care. - Broad escalation to stakeholders including health and prison. Feedback Statements – Did the candidate adequately: - Describe how medico-legal frameworks and principles are applied to prisoner health. - Balance respect for patient autonomy with best clinical practice. - Mention stakeholders from multiple agencies.	