

# TEMPLATE FOR YOUR OWN OSCEs

## OSCE 2015

### Mock Objective Structured Clinical Examination

#### Universal Marking Template

##### Section 1 – Interaction with the Patient (Universal)

Criteria	Done Well	Not Done Well	Not done
1) Hand Hygiene or Washing (and/or Universal Precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Introduces Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Uses Patients Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Interacts with the patient 'well'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### Section 2 – The Clinical Skill Tested (*This is likely derived from MINI-CEX or other Source*)

**NB:** Write in the space criteria you wish to 'examine'

Criteria	Done Well	Not Done Well	Not done
1) Asks patient whether they are in pain/comfortable before starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Other Criteria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Reports findings concisely and accurately at end:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Feedback Comments for Candidate:

- 3 Good Things:

- 1 or 2 Things to do next time:

## STATION 1

### you are the senior ED doctor

Mrs Sandrine Heinz is an elderly lady with rheumatoid arthritis and asthma. Although she has always been good at controlling her asthma in the past, the GP has noticed that her control is decreasing and suspects it is because her arthritis is preventing her from using her inhaler correctly. He has therefore issued her with a spacer device.

Mrs Heinz currently takes two puffs of her Beclomethasone (brown) inhaler every morning and only uses her Salbutamol (blue) inhalers when required.

Please speak to Mrs Heinz instructing her on how to use the spacer device (using the multiple breath technique) and answer any questions she may have. You will not be required to take a full history on her asthma control.

# STATION 1

PROP FOR ASTHMA SPACER STATION (Provide Spacer and Inhaler for OSCE Exam)



# FACEM OSCE 1

Candidate Number: \_\_\_\_\_ University: \_\_\_\_\_  
 Date: \_\_\_\_\_ Year of Study: \_\_\_\_\_

## STATION 1 - INHALER TECHNIQUE

Appropriate introduction (1=full name and role), checks patient's name (1)	2	1	0
Explains purpose of interview and checks consent (2=does well, 1=adequately, 0=poorly or not done)	2	1	0
<b>Presenting Complaint:</b>			
Establishes what patient understands by inhalers (1) and any previous experience (1)	2	1	0
Explains how bronchodilators work – they relax the air passages in the lungs	1	0	0
Explains the need for the medicine to reach deep down into the lungs (1) and to stay there for as long as possible so that the medicine can be absorbed (1)	2	1	0
Explain when to use the inhaler (1) and that 2 puffs are to be taken at a time (1)	2	1	0
<b>Demonstrates How to Use the Inhaler</b>			
Talks through the steps of using inhaler:			
• Remove mouthpiece cover	1	0	0
• Shake canister	1	0	0
• Hold the inhaler vertically with the mouthpiece near your mouth and with your index finger on top of the inhaler	1	0	0
• Breathe all the way out	1	0	0
• Put the mouthpiece in your mouth with your lips forming a tight seal around the mouthpiece	1	0	0
• Start taking a deep breath in and press firmly down on the top of the inhaler with your index finger as you take the breath	1	0	0
• Breathe in for as long and hard as you can	1	0	0
• Hold your breath for 10 seconds, then breathe out normally	1	0	0
• Repeat the process once more	1	0	0
Ask the patient to perform the procedure (1) and corrects any errors (1)	2	1	0
Appropriate closure (e.g. explains next step, thanks patient and summarises) (2=does well, 1=adequately, 0=poorly or not done)	2	1	0
<b>Communication Skills</b>			
Invites questions (1), listens actively (1).	2	1	0
Organised approach (e.g. systematic, summarises) and checks understanding	2	1	0
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0
<b>Total Score</b>			

Global Rating	1 Clear Fail	2 Borderline	3 Clear Pass	4 Very Good	5 Outstanding
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## STATION 2

*Time allowed: 7 minutes*

### **you are the senior ED doctor**

Your patient, Miss Sandra Barnard, is 45 year old who has been admitted with a severe headache. A CT of her brain did not reveal an intracranial bleed. However, the consultant has reviewed the patient and would still like to rule out a sub-arachnoid haemorrhage by looking for xanthochromia in a CSF sample from a lumbar puncture.

Please explain to the patient the situation and address any concerns that Miss Barnard has regarding a lumbar puncture.

# FACEM OSCE 2

Candidate Number:	University:		
Date:	Year of Study:		

## STATION 2 - LUMBAR PUNCTURE

Appropriate introduction (1=full name and role), checks patient's name (1)	2	1	0
Establishes reason for consultation	1	0	0
<b>Informs Patient and Addresses Concerns</b>			
Asks what patient knows and what has happened so far	1	0	0
Able to elicit patient's concerns about procedure (1), concerns about diagnosis (1)	2	1	0
Explains that it will be under local anaesthesia (1) using lignocaine injected under the skin to numb the area (1)	2	1	0
Explains procedure: what procedure involves (i.e. a needle is inserted in between the spaces of two intervertebral bodies for about 1-2 cms and fluid which surrounds the spinal cord is collected (1) and that the amount collected is only a very small amount of the total fluid that is contained within the space (1)	2	1	0
Explains why procedure is being done: i.e. for diagnosis/exclusion of meningitis or subarachnoid haemorrhage	1	0	0
Explains possible complications: bleeding, infection of site, meningitis, possibility of result being ambiguous and CSF leak (2=any three suggestions, 1=any two suggestions, 0=one or none)	2	1	0
Explains a sample of the fluid will be kept and analysed in the laboratory	1	0	0
Post-procedure plan: to stay in hospital overnight as results may not be back until tomorrow (1) and the need to lie flat for at least 4 hours post-procedure to prevent CSF leak/headache (1)	2	1	0
<b>General Communication Skills</b>			
Invites patient to ask questions	1	0	0
Checks patient understanding	1	0	0
Avoids use of medical jargon	1	0	0
<b>Examiner to ask:</b>			
'What investigations would you ask for on the form?'	2	1	0
CSF culture and sensitivity, cell count, glucose, protein, PCR (maximum 2 marks)			
'What are the most likely potential diagnoses?'			
Migraine, meningitis, subarachnoid haemorrhage, temporal arteritis, raised CSF pressure (e.g. cancer) (2=any three conditions, 1=any two conditions, 0=one or none)	2	1	0
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0
<b>Total Score</b>			

Global Rating	1	2	3	4	5
Clear Fail		Borderline	Clear Pass	Very Good	Outstanding

## STATION 3

*Time allowed: 7 minutes*

You are a junior doctor working in Accident and Emergency.

Mrs Young is a 40 year old lady who is 6 weeks pregnant after having had her third course of IVF treatment. She has never had any children and this is the first time her IVF treatment has 'worked'.

Earlier this evening she came into the department complaining of vaginal bleeding. The triage nurse sent off a blood test. Beta hCG levels have come back as 'low' indicating a high chance of miscarriage. Two urine pregnancy tests performed in the department are both negative. She is in the waiting room with her husband. Please explain the results and their significance to her.

# FACEM OSCE 3

Candidate Number:	University:
Date:	Year of Study:

## STATION 3 - BREAKING BAD NEWS – MISCARRIAGE

Appropriate introduction (1=full name and role), checks patient's name (1)	2	1	0
Establishes rapport with the patient (1) and starts with an open question (1)	2	1	0
<b>Current Situation and Delivers News</b>			
Establishes patient's understanding of situation so far	1	0	
Obtains consent from patient for consultation (1) and summarises situation to date (1)	2	1	0
Asks if patient would like anyone else to be present (e.g. family member)	1	0	
Gives warning shot	1	0	
Delivers bad news and results of the investigations (2=does well)	1	0	
Use of silence to give patient space to think and absorb information	2	1	0
<b>Communication Skills</b>			
Acknowledges patient's feelings/concerns (1) and responds appropriately (1)	2	1	0
Checks what and how much information patient wants at this point	1	0	
Reassures where possible (1) without giving false hope (1)	2	1	0
Empathy (both non-verbally and verbally)	1	0	
Avoids medical jargon	1	0	
Lists actively (e.g. picks up cues/responds appropriately)	1	0	
<b>Delivering Information</b>			
Explains referral to specialist (1) and for further investigations (1)	2	1	0
Encourages patient to discuss news with family	1	0	
Offers counselling	1	0	
Arranges follow-up (1) and offers patient information leaflet (1)	2	1	0
<b>Closing Remarks</b>			
Invites questions from patient (1) and offers patient contact details in case of emergency or questions they have at a later stage (1)	2	1	0
Summarises situation (1) and checks patient's understanding (1)	2	1	0
Checks that patient is fit to leave after consultation and can safely return home	1	0	
Organised (e.g. systematic, signposts change in focus of interview)	2	1	0
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0
<b>Total Score</b>			

Global Rating	1	2	3	4	5
	Clear Fail	Borderline	Clear Pass	Very Good	Outstanding

#### STATION 4

## STATION 4 – you are the day ED consultant

You are asked to see Mrs Jones on the ward who you prescribed Augmentin to earlier this morning for pyelonephritis. Unfortunately you failed to realise that she was allergic to this medication. She did not develop a severe reaction when the nurses administered her medication but is now complaining of a rash and is very angry that she was given medication she is allergic to. Please speak to her and address her concerns.

# FACEM OSCE 4

Candidate Number: \_\_\_\_\_ University: \_\_\_\_\_  
 Date: \_\_\_\_\_ Year of Study: \_\_\_\_\_

## STATION 4 – THE ANGRY PATIENT – PRESCRIPTION ERROR

	1	2	3	4	5
<b>Appropriate introduction</b> (1=full name and role), checks patient's name (1)	2	1	0		
Establishes rapport with the patient (1) and starts with an open question (1)	2	1	0		
<b>Establishes Reason for Consultation</b>					
Enquires about the current circumstance leading to patient's dissatisfaction	1	0			
<b>Acknowledges patient's anger and validates their feelings</b>					
Allows patient to vent their anger	1	0			
<b>Accepts responsibility for error and apologises for mistake</b>					
Explains how the mistake may have arisen	2	1	0		
<b>Corrective Action</b>					
Offers to do something to help the patient alleviate their dissatisfaction	1	0			
Suggests how situation may be sorted/prevented in future:					
• Highlighting allergy in red in the drug chart and clinical notes					
• Administration of antihistamines +/- steroids to alleviate rash					
• Discussion of situation with colleagues so team aware (2=all three of the above options, 1=any two of the above options, 0=only one or none)	2	1	0		
Advises patient on hospital complaints procedure with PALS should they wish to submit a letter of complaint	1	0			
<b>Candidate explains they will submit a critical incident form</b>					
Negotiates and agrees a course of action (2=a comprehensive plan performed in a sensitive manner, 1=vague plan or poorly done, 0=no clear decision on next course of action)	2	1	0		
Establishes whether patient has any other concerns or expectations of the situation (2=does well and sensitively, 1=tasks but doesn't respond to patient's concerns, 0=not done)	2	1	0		
<b>Communication Skills</b>					
Candidate avoids dismissive, threatening body language or interrupting the patient (1). Good use of eye contact and does not raise their voice (1).	2	1	0		
Avoids criticising the patient or blaming colleagues	1	0			
Candidate uses verbal and non-verbal clues to demonstrate active listening	1	0			
Demonstrates empathy (verbally and non-verbally)	1	0			
Candidate remains calm and professional throughout consultation	2	1	0		
<b>Closing Remarks</b>					
Invites patient's questions (1) and responds appropriately (1)	2	1	0		
Summarises situation (1) and checks patient understanding of action plan (1)	2	1	0		
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0		
<b>Total Score</b>					

Global Rating	1	2	3	4	5
	Clear Fail	Borderline	Clear Pass	Very Good	Outstanding

# STATION 5

## OSCE Station



### Station 5:

**Time Allowed – Approx. 7 mins**

**You are the ED Doctor on Evening Shift**

**Your Medical Student was keen to practice Blood taking on this after hours shift**

**She inadvertently has pricked herself with the needle removed from the patients arm**

**First aid including 5 minutes washing has been applied**

**The student is very worried about catching HIV as a result of this injury**

**She is visibly upset**

# FACEM OSCE 5

Candidate Number:  
Date:

University:

Year of Study:

## STATION 5 - NEEDLESTICK INJURY

Appropriate introduction (1=full name and role), asks for student's name (1)	2	1	0
Explains purpose of interview and checks student is happy to discuss recent situation with junior doctor (2=does well, 1=adequately, 0=poorly or not done)	2	1	0
<b>Establishes Current Situation</b>			
Establishes that medical student has just sustained a needlestick injury (1) and takes a brief account of the incident (1)	2	1	0
Establishes length of time since the event (1) and type of exposure i.e. percutaneous or mucocutaneous (1)	2	1	0
Enquires after which patient the student was attempting to take blood from (1) and what the student did with all the equipment after the event (i.e. whether they disposed of the sharps appropriately so other staff would not sustain a needlestick injury as well) (1)		1	0
Establishes that student has had their full course of hepatitis B vaccinations prior to medical school		1	0
<b>Information Giving Regarding Management of Needlestick Injury</b>			
Advises student, if not already done so, to squeeze wound so blood comes out and wash under tap water (1) WITHOUT scrubbing wound (1)	2	1	0
Advises student to contact occupational health for urgent advice		1	0
Explains that if risk for infective transmission is from a high risk patient (i.e. HIV positive) then post-exposure prophylaxis (PEP) in the form of 'triple therapy' of anti-retroviral drugs (1) should be started within 1 hour from injury (1)	2	1	0
Explains that PEP consists of a 28 day course of antiretroviral drugs (1) and after three months the student will be required to have a blood test to check HIV, hepatitis B and C status (1)	2	1	0
Advises student to practice safe sex (1) and not to donate any blood within this time (1)	2	1	0
States that PEP can reduce the risk of HIV transmission by 80% (1) and is normally only given in high risk situations if the risk of HIV transmission is thought to be high (1)	2	1	0
Reassures student that risk of percutaneous HIV transmission from a patient with known HIV is not as high as he/she may think (3 per 1000 injuries)		1	0
Explains the side effects of starting PEP e.g. nausea, vomiting, diarrhoea, headaches, dizziness (1) and states that these effects can be substantial but should not put student off completing the PEP course should this be started by occupational health (1)	2	1	0
<b>Management of Patient in Accident and Emergency</b>			
Explains that student should not go back to take blood from patient (1) and offers to perform task or arrange another health professional to do this (1)	2	1	0
Candidate states they will document the exposure in the patient's notes and on incident form		1	0
<b>Examiner to ask: 'What information would you like to know about the patient?'</b>			
Candidate states they would like to ask/check patient's infective status (i.e. HIV status, hepatitis B and C status) (2=states all three, 1=states two diseases, 0=one or none)	2	1	0
Candidate states they would like to 'risk assess' patient if infective status unknown (i.e. whether the patient practices safe sex, whether they are an intravenous drug abuser, if they have ever had previous sexual acquired infections, whether the patient has multiple piercings/tattoos, what their country of origin is etc.) (2=three suggestions, 1=two suggestions, 0=one or no suggestions)	2	1	0
If status unknown and risk assessment is high then suggests asking patient's permission to take blood sample for hepatitis B, C and HIV testing	2	1	0
<b>Communication Skills</b>			
Invites questions (1). Listens actively and responds appropriately (1).	2	1	0
Organised approach to information giving (e.g. systematic, summarises, signposts change in focus of question)	2	1	0
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0
<b>Total Score</b>			

Global Rating	1 Clear Fail	2 Borderline	3 Clear Pass	4 Very Good	5 Outstanding
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# STATION 6

## OSCE Station



Station 6:

Time Allowed – Approx. 7 mins

You are the ED Doctor on Day Shift

Your Patient Mrs Scarlett, a 29 year old female, has come in today by ambulance having had Chest Pain while at the supermarket

She has had an unremarkable work up with normal ECG and Blood Tests in the context of no cardiac risk factors

Your Resident Medical Officer (RMO) is concerned about some Red Flags in Mrs Scarlett's personal circumstances

please review the patient

# FACEM OSCE 6

Candidate Number:	University:
Date:	Year of Study:

## STATION 6 - DOMESTIC VIOLENCE

	1 Clear Fail	2 Borderline	3 Clear Pass	4 Very Good	5 Outstanding
Appropriate introduction (1=full name and role), checks patient's name (1)	2	1	0		
Explains what interview will be about and asks for consent (2=does it well)	2	1	0		
Starts with an open question	1	0			
<b>Social History</b>					
Home circumstances (2=in some detail e.g. lives with husband, husband in army, lives on base)	2	1	0		
Whether patient has children	1	0			
Patient's occupation (2=explores in some detail)	2	1	0		
Explores patient's support network of family and friends (2=explores in some detail)	2	1	0		
Alcohol (1), recreational drugs (1)	2	1	0		
<b>Elicits Information About Violence</b>					
Whether any violence or intimidation (2=asks in sensitive manner)	2	1	0		
Explores nature of violence	2	1	0		
Finds out how long violence has been going on (1) frequency of episodes (1)	2	1	0		
Whether any other form of abuse or control (e.g. sexual, emotional, financial)	2	1	0		
Explores patient's explanation for husband's behaviour (2=in detail)	2	1	0		
Reassures that she is not to blame (1) acknowledges importance of explaining what has happened (1)	2	1	0		
Explores what she wants to have happen now (2=in some detail and addresses issue of confidentiality)	2	1	0		
<b>Gives Information</b>					
Higher prevalence of domestic violence in pregnancy (1)	2	1	0		
Suggests patient has a bag packed in safe place or keeps mobile phone close by (1)	2	1	0		
Offers information on support (e.g. GP helpline, phone numbers of organisations, information leaflets or other sensible suggestions) (2=thorough)	2	1	0		
Offers information about photographic evidence of bruising or writing notes (1) can be used as evidence if police prosecute (1)	2	1	0		
Questioning skills (e.g. appropriate blend of open and closed questions, clarity)	2	1	0		
Avoids leading questions (0=uses leading questions)	1	0			
Listens actively (e.g. picks up cues/responds appropriately to information)	1	0			
Organised (e.g. systematic, summarises, signposts change in focus of questions)	2	1	0		
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0		
<b>Total Score</b>	2	1	0		

CARDIOVASCULAR EXAMINATION

**STATION 7**

Mr Arthur Brook has been admitted to hospital complaining of chest pain.

Please perform a full cardiovascular examination of this patient.

The examiner will stop you after 9 minutes to ask you to present your findings.

# FACEM OSCE 7

Candidate Number:

University:

Date:

Year of Study:

## CARDIOVASCULAR EXAMINATION

Appropriate introduction (1=full name and role), checks patient's name (1)	2	1	0
Explains examination appropriately and obtains consent (2=does well, 1=adequately, 0=poorly or not done)	2	1	0
Appropriately exposes patient (down to underwear)		1	0
Applies alcogel to hands before and after examination (1=both)		1	0
General inspection around the bed for ECG monitor, medication, intravenous drips, external pacing wires, warfarin measurement books		1	0
General inspection of patient at end of bed for shortness of breath, mitral facies, pallor, obesity, peripheral oedema, sternotomy scars, pacemaker, added sounds of artificial valves (2=any three observations, 1=any two, 0=one or none)	2	1	0
Examines hands for peripheral stigmata of cardiac disease such as clubbing, splinter haemorrhages, peripheral cyanosis, Janeway lesions, Osler's nodes, slow capillary refill time, nicotine staining, tendon xanthoma (2=any three observations, 1=any two, 0=one or none)	2	1	0
Examines radial pulse (rate, rhythm, radio-radial delay, radio-femoral delay) (2=all aspects, 1=only three of the four aspects, 0=two or less)	2	1	0
Examines brachial pulse for volume and character of pulse (1) as well as gently raising arm above head to assess for a collapsing pulse (1)	2	1	0
Offers to measure BP – examiner to state this is not necessary		1	0
Examines eyes (for anaemia, xanthalasma, corneal arcus)		1	0
Assesses carotid pulse bilaterally (commenting on volume (1) and character (1)) – must be bilateral to get the points, and not done at the same time on both sides simultaneously	2	1	0
Assesses jugular venous pressure (1) with patient lying supine on bed and angled at 45 degrees (1)	2	1	0
Inspects precordium (scars, visible apex beat)		1	0
Palpates precordium (for heaves and thrills)		1	0
Localises apex beat (1). Comments on whether this is displaced (1).	2	1	0
Auscultates with the bell of stethoscope at the apex and with patient in expiration, turned on left side for mitral stenosis (1). Also listens for radiation of murmur into axilla (1).	2	1	0
<b>Auscultates with Diaphragm of Stethoscope in the Remaining 3 Areas:</b>			
Whilst listening in all areas, candidate simultaneously palpates the carotid pulse to time potential murmurs		1	0
Aortic area with patient leaning forwards in expiration (1). Checks for radiation of murmur into neck (1).	2	1	0
Pulmonary area		1	0
Tricuspid area		1	0
Sits patient forward and listens to bilateral lung bases		1	0
Examines for dependent sacral and ankle oedema		1	0
Treats patient with consideration throughout (2=does well, 1=adequately, 0=poorly or not done)	2	1	0
Gives clear instructions to patient during examination (2=does well, 1=adequately, 0=poorly or not done)	2	1	0
<b>Examiner to ask: 'What else would you like to do to complete your examination?'</b>			
Offers to perform full peripheral vascular examination, inspect the observation charts, perform fundoscopy, ECG and a urine dipstick (2=any three suggestions, 1=any two suggestions, 0=one or none)	2	1	0
<b>Examiner to ask: 'Please present your findings and offer a diagnosis.'</b>			
Candidate presents findings (1) in a logical and structured manner (1)	2	1	0
Candidate presents offers a suitable diagnosis (1) and differential (1)	2	1	0

Global Rating	1 Clear Fail	2 Borderline	3 Clear Pass	4 Very Good	5 Outstanding
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STATION 7

## STATION 8 – You are the evening ED consultant

Mr Thompson, your patient, is a Jehovah's Witness and is due for a laparoscopic right hemicolectomy tomorrow morning. He has already had a discussion with your consultant regarding refusal of any blood products to be given to him and has signed a consent form accepting the risks of this procedure.

His wife, Mrs Thompson, has come to visit him on the ward this evening and asks to speak to you in private. Please speak to her and address her concerns.

# FACEM OSCE 8

Candidate Number: \_\_\_\_\_ University: \_\_\_\_\_  
 Date: \_\_\_\_\_ Year of Study: \_\_\_\_\_

## STATION 8 - THE JEHOVAH'S WITNESS

	1	2	3	4	5
<b>Global Rating</b>	Clear Fail	Borderline	Clear Pass	Very Good	Outstanding
<b>Appropriate introduction</b> (1=full name and role), establishes patient's wife's name (1)	2	1	0		
Establishes rapport with the patient's wife (1) and starts with an open question (1)	2	1	0		
<b>Establishes Reason for Consultation</b>					
Establishes the wife's agenda		1	0		
<b>Acknowledges</b> (1) and <b>responds</b> (1) to patient's feelings appropriately	2	1	0		
Explains that husband is aware of risks from the operation (1) and has signed a consent form detailing this (1)	2	1	0		
Establishes that doctors cannot go against the patient's wishes (1) and there is the potential of undermining the patient-doctor relationship (1)	2	1	0		
Explores whether wife has discussed her feelings with her husband (1) and encourages further discussion with husband (1)	2	1	0		
Explores whether other family members have been involved (1) and whether they share her view (1)	2	1	0		
<b>Delivering Information</b>					
Outlines other options for minimizing blood loss:					
• Potential for autologous blood transfusion					
• Cell Saver device intra-operatively					
• Intravenous fluids to improve output if there is fluid loss (2=any two options, 1=any one option above)	2	1	0		
Explains details regarding the operation:					
• Laparoscopic procedure to minimise blood loss (1)					
• Immediate ligation of any bleeding vessels identified (1)	2	1	0		
Offers to hold a meeting with surgical consultant with patient present if necessary					
Reassures wife where possible (1) without giving false hope (1)		1	0		
Negotiates an action plan (2=does thoroughly, 1=does adequately, 0=not done)	2	1	0		
<b>Communication Skills</b>					
Listens actively (e.g. picks up cues/responds appropriately to information)		1	0		
Empathy (both non-verbally and verbally)		1	0		
Avoids medical jargon (1) and repetition of questions (1)	2	1	0		
Professionalism and calm manner throughout consultation	1	0			
<b>Closing Remarks</b>					
Invites questions from wife (1) and responds appropriately (1)	2	1	0		
Summarises situation (1) and checks wife's understanding (1)	2	1	0		
Organised (e.g. systematic, summarises, signposts change in focus of questions)	2	1	0		
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0		
<b>Total Score</b>					

# STATION 9

## OSCE Station

### OSCE Station 9:

Time Allowed – Approx. 7 mins

You are the ED Doctor on Day Shift

Mr Linkin. A Category 5 AT&S patient has asked the nursing staff to see a doctor urgently. He is triaged as having "back pain for months". He appears agitated and anxious. His has stated to the triage nurse that the usual GP, Dr Rafi is away. The ED NUM has asked for you (the Senior ED doctor) to see him because he is upsetting patients in the waiting room

From a distance he is visibly upset

# FACEM OSCE 9

Candidate Number:	University:
Date:	Year of Study:

## FACEM OSCE 9

### NEGOTIATING SKILLS – METHADONE PRESCRIPTION

	1	2	3	4	5
Global Rating	1 Clear Fail	2 Borderline	3 Clear Pass	4 Very Good	5 Outstanding
Appropriate introduction (1=full name and role), checks patient's name (1)	2	1	0		
Establishes rapport with the patient (1) and starts with an open question (1)	2	1	0		
<b>Establishes Reason for GP Visit</b>					
Establishes that patient has had prescription stolen	1	0			
Enquires whether the case was reported to the police already	1	0			
Acknowledges (1) and responds (1) to patient's feelings appropriately	2	1	0		
Establishes patient's need for repeat prescription for the week	1	0			
Elicits details of past medical history	1	0			
Elicits details of past drug abuse					
Elicits details of past treatment and current treatment (1) including which doctor is currently supervising his methadone management (1)	2	1	0		
<b>Issues Regarding Prescribing Controlled Drugs</b>					
Candidate establishes that they are not allowed to prescribe controlled drugs	1	0			
Attempts to offer patient alternative means of obtaining prescription:					
• Does the patient have a psychiatrist who is available to prescribe for him?	2	1	0		
• Does the patient attend a chemist where photo identification and details regarding daily prescriptions are recorded who may be able to dispense to him? (2=any two options from above, 1=any one option)					
Candidate refuses to give the week's course of methadone prescription	1	0			
Offers to discuss situation with a senior partner in the clinic	1	0			
Negotiates compromise of one supervised dose in the clinic if another GP is willing to prescribe the dose	1	0			
Offers to inform the patient's regular GP when they return from leave (1) and arrange an early appointment with him (1)	2	1	0		
<b>Communication Skills</b>					
Candidate uses verbal and non-verbal clues to demonstrate active listening	1	0			
Demonstrates empathy (verbally and non-verbally)	1	0			
Candidate remains calm and professional throughout consultation	1	0			
Avoids medical jargon	1	0			
<b>Closing Remarks</b>					
Offers to help with any other medical problems patient has other than the methadone prescription	1	0			
Invites patient's questions (1) and responds appropriately (1)	2	1	0		
Summarises situation (1) and checks patient's understanding of action plan (1)	2	1	0		
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0		
<b>Total Score</b>					

# STATION 10



## OSCE Station

Station 10:

Time Allowed – Approx. 7 mins

You are the ED Doctor on Evening Shift

Your Patient Mr Ryan Sandy has been admitted to ED with SOB

The respiratory consultant has seen the patient and asked for a Chest Drain (Pig Tail Catheter) to be inserted

The Nurse asks you to talk to Mr Sandy before the procedure as her has a few concerns]

Please address Mr Sandy's concerns, obtain consent and show on the model the landmarks for chest tube insertion.

# FACEM OSCE 10

Candidate Number:	University:
Date:	Year of Study:

## STATION 10 – CHEST DRAIN

Appropriate introduction (1=full name and role), checks patient's name (1)	2	1	0
Establishes reason for consultation	1	1	0
<b>Informs Patient and Addresses Concerns</b>			
Asks what patient knows and what has happened so far	1	0	0
Able to elicit patient's concerns about procedure (1), concerns about diagnosis (1)	2	1	0
Explains procedure will be under local anaesthesia and what this means	1	0	0
Explains procedure: what procedure involves (insertion of a plastic tube attached to a drain to collect contents of the fluid which will be drained off the chest)	1	0	0
Explains why procedure is being done: diagnostic (1) and therapeutic (1)	2	1	0
Explains that the drain bottle will need to be kept under the bed/below the level of the insertion site (1) so that the pleural fluid will drain out under gravity (1)	2	1	0
Explains possible complications: bleeding, infection, discomfort, risk of lung damage (2=any three suggestions, 1=any two suggestions)	2	1	0
Explains a sample of the fluid will be kept and analysed in the laboratory	1	0	0
Post-procedure plan: explains that the drain will stay in overnight and taken out when most of the fluid has stopped draining (1) or is starting to drain at a very slow rate (1)	2	1	0
<b>General Communication Skills</b>			
Invites patient to ask questions	1	0	0
Checks patient understanding	1	0	0
Avoids use of medical jargon	1	0	0
Examiner to ask:			
'How would you classify pleural effusion?' transudate/exudate	1	0	0
'What investigations would you ask for on the form?' Protein, LDH, pH, Gram stain, AFB stain, cytology, and microbiological culture (2=any four suggestions, 1=any three suggestions, 0=one or none)	2	1	0
'What are the two most common causes of exudative pleural effusion?' Pneumonia (1), malignancy (1)	2	1	0
Simulated patient score (2=very good, 1=satisfactory, 0=poor)	2	1	0
<b>Total Score</b>			

Global Rating	1	2	3	4	5
Clear Fail					

# FACEM OSCE 11



## OSCE Station

OSCE Station 11:

Time Allowed – Approx. 7 mins

You are the ED Doctor on Evening Shift

Your Resident Medical Officer has diagnosed Mr Smith, a 30 year old Caucasian female with a left leg DVT. After consultation with the local haematologist it has been decided to commence Warfarin therapy

Please review this patient in regard to starting warfarin

# FACEM OSCE 11

## - WARFARIN THERAPY

	1	2	3	4	5
<b>Global Rating</b>	Clear Fail	Borderline	Clear Pass	Very Good	Outstanding
<b>Appropriate introduction (1=full name and role), checks patient's name (1)</b>	2	1	0		
<b>Explains purpose of interview and checks consent (2=does well, 1=adequately, 0=poorly or not done)</b>	2	1	0		
<b>Presenting Complaint:</b>		1	0		
Checks patient's prior understanding about warfarin therapy		1	0		
Explains to patient need for warfarin (i.e. why their medical condition requires taking this drug and what it does to help)	2	1	0		
Explains that the medicine is taken once a day (1) and that the dose required may vary on different days depending on control of INR (1)	2	1	0		
Explains that treatment will be monitored in an anticoagulation clinic by blood tests to check the INR level (a measure of clotting) as warfarin increases the INR	2	1	0		
Explains that the patient will receive a yellow book (1) and this is used to record their INR levels and their warfarin dosage (1)	2	1	0		
Explains that on the first few days a higher dose called a 'loading dose' is given		1	0		
Explains the INR will need to be 2–3 (1) and the dose of warfarin will be adjusted depending on the INR by the doctor or nurse (1)	2	1	0		
Explains the possible side effects of warfarin (e.g. bleeding, skin necrosis, alopecia, DNV, jaundice)		1	0		
Warns the patient about possibility of over anticoagulation and need to seek medical help (e.g. epistaxis, haematuria, bleeding gums, excessive bruising) (2=any three, 1=any two)	2	1	0		
Explains the below lifestyle changes:					
• Alcohol intake to decrease as causes increased anticoagulation					
• Diet – decrease in food with vitamin K (e.g. green vegetables)					
• Avoid contact sports					
(2=all three suggestions, 1=any two suggestions)	2	1	0		
Warns the patient about getting pregnancy while on warfarin – teratogenic		1	0		
Tells patient to alert any health professionals and read all drug instruction leaflets carefully before taking warfarin with other medicines (e.g. NSAIDs, antibiotics etc.)	1	0			
Gives advice regarding missing doses of warfarin (do not take double) (1) and also do not suddenly stop taking warfarin without consulting a doctor (1)	2	1	0		
Tells the patient about need to inform dentist/surgeons re: warfarin		1	0		
Suggests that a Medical Alert bracelet may be worn		1	0		
Appropriate closure (e.g. explains next step, thanks patient and summarises) (2=does well, 1=adequately, 0=poorly or not done)	2	1	0		
<b>Communication Skill</b>					
Invites questions (1, 1)		2	1	0	
Organised approach to (e.g. systematic, summarises)		2	1	0	
Simulated patient score (2=very good, 1=satisfactory, 0=poor)		2	1	0	
<b>Total Score</b>					

needs to ask about pregnancy (auto fail)

Candidate Number: \_\_\_\_\_ University: \_\_\_\_\_  
Date: \_\_\_\_\_ Year of Study: \_\_\_\_\_

Prop

IMPORTANT INFORMATION FOR PATIENTS

**warfarin**  
(warfarin sodium)



C O U M A D I N N I M A R E V A N

Medications which may interfere with your warfarin therapy include prescriptions you may buy from a pharmacy, supermarket or health-food store for the treatment of common ailments.

Before taking ANY MEDICINE, even if prescribed by a doctor or dentist, check with the doctor who is monitoring your warfarin therapy or your pharmacist.

When you visit your doctor, dentist or pharmacist, it is important to tell them you are taking warfarin.

INSTRUCTIONS FOR PATIENTS booklet

This leaflet contains ADDITIONAL INFORMATION concerning medicines which may interfere with your warfarin therapy and should be read in conjunction with the "ANTICOAGULANT THERAPY, IMPORTANT

WARFARIN SODIUM (COUMADIN® MARVAN®)

WESTMEAD HOSPITAL DEPARTMENT OF PHARMACY

SYDNEY WEST NSW HEALTH AREA HEALTH SERVICE

# OSCE Station

## STATION 12

Time Allowed – Approx. 7 mins

You are an ED Doctor

You have just picked up Mr Smith who is in a single unmonitored room

He is a Category 2 Chest Pain patient

# STATION 12



## OSCE Station 12:

### Part 1

Patient is Unresponsive

Danger / Response / Send for Help

Open Airway, Check for Breathing +/- Pulse = Commence CPR

Marks	3	2	1	0
Marks	2	1	0	

### Part 2

Patient now has Basic Life Support on going by a team of trained rescuers.

The Defibrillator has arrived

Demonstrate two possible positions for the Defibrillation pads

What are the Pros and Cons of the 2 positions

### Part 3

Demonstrate Safe Defibrillation (COACH)

What are the Pros and Cons of Checklists/Cognitive Aids?

Patient has ROSC, GCS 11. ECG presented (STEMI)

– What are your 3 priorities now? (Cath Lab, ABCDEFG, Cooling)

Marks	3	2	1	0
Marks	3	2	1	0

D

Dangers?

R

Responsive?

S

Send for help

A

Open Airway

B

Normal Breathing?

C

Start CPR

30 compressions : 2 breaths

*if unwilling / unable to perform rescue breaths continue chest compressions*

D

Attach Defibrillator (AED)  
as soon as available and follow its prompts

Continue CPR until responsiveness or  
normal breathing return

STATION 12

# Preparing for Rhythm Check

## COACH

**C:** Continue compressions

**O:** Oxygen away (1 meter away)

**A:** All else clear

**C:** Charging (Top, middle, bottom clear)

**H:** Hands off



# STATION 13

## OSCE Station

Station 13:

Time Allowed – Approx. 7 mins

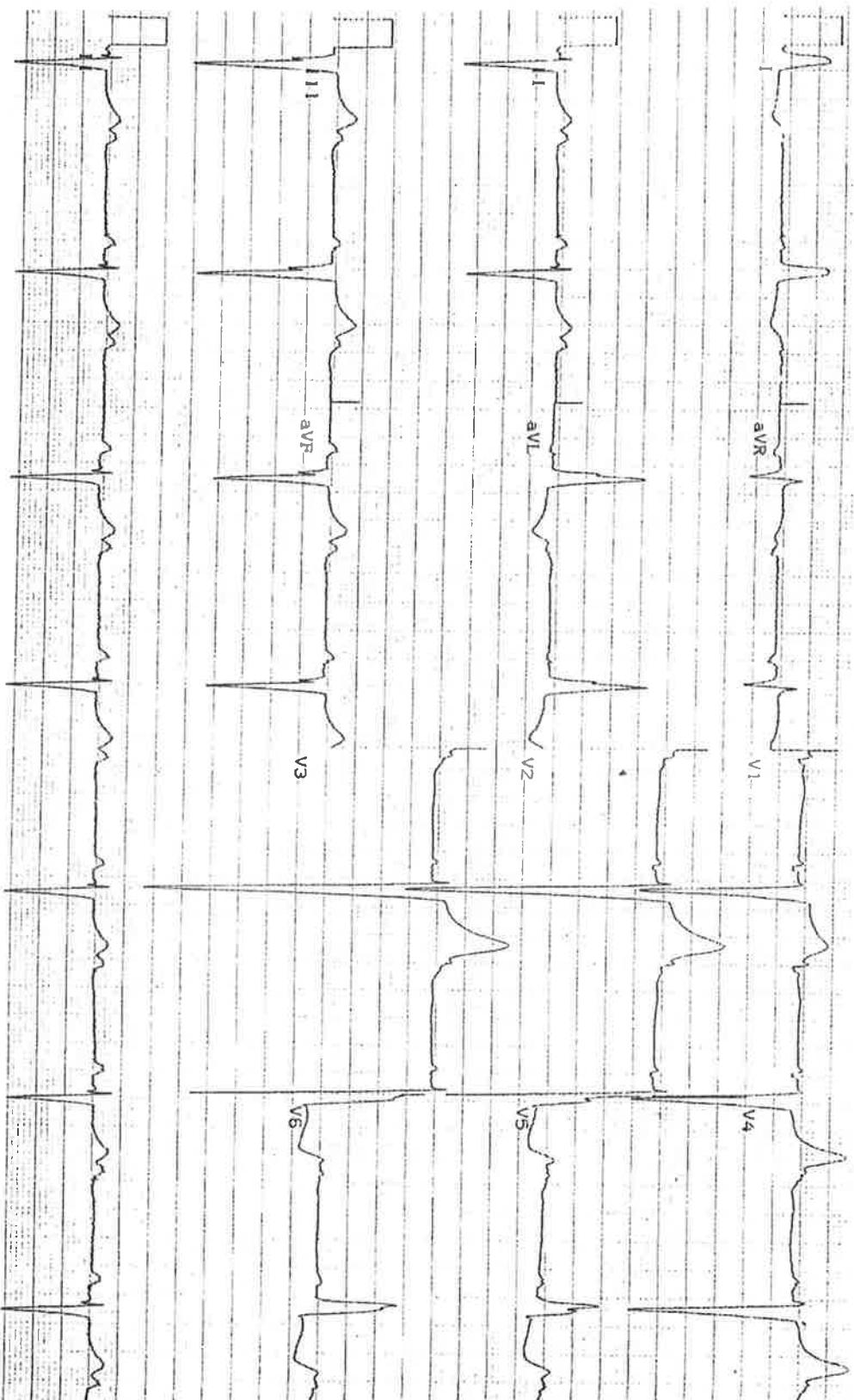
You are an ED Doctor

You have just picked up Mr Smith who is in the Resuscitation Bay

He is a Category 2 patient with Symptomatic Bradycardia

The Resus Nurse has sought you out to show you the 12 lead ECG (the ECG is attached)

Fig C



# STATION 13

## OSCE Station 13:

### Part 1

Patient is responsive – symptomatic Bradycardia

Review the ECG – Describe the ECG (Mobitz 2)

Marks	3	2	1	0
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The patient is now in Complete Heart Block on the monitor

List your options for managing this Bradycardia

Marks	3	2	1	0
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List 5 possible causes of this patients presentation

Marks	3	2	1	0
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### Part 2

Reversible causes including Hyperkalaemia have been addressed. The Defibrillator / Pacer is available:

Blood pressure is 78/40. HR 30 after 1.2mg of Atropine

You elect to mechanically pace the patient

Demonstrate two possible positions for the Defibrillation pads

Marks	3	2	1	0
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### Part 3

Demonstrate Safe Pacing (Operation)

Marks	3	2	1	0
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Check for Effectiveness of pacing (Mechanical / Electrical Capture)

Marks	3	2	1	0
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# GENERAL OSCE alcohol

## Instructions to Actor/Actress

You have recently been drinking heavily and now have pain in the abdomen. You work as a decorator and drive a van and recently 'fell asleep' at the wheel on a day where you were sweating and had tremor two days after a week long 'binge' session. You consume around 3-4 large bottles of Vodka a week and get stressed easily. You feel depressed and the alcohol sometimes helps. Your family are critical and this makes you angry. You have 2 children. You smoke and occasionally smoke heroin and 'ICE' when the opportunity arises. You are worried about alcoholism and stigma.

ALCOHOL

**MOSCE Session - 2014**  
**Mock Objective Structured Clinical Examination**  
**Universal Marking Template**

**Section 1 – Interaction with the Patient (Universal)**

Criteria	Done Well	Not Done Well	Not done
1) Hand Hygiene or Washing (and/or Universal Precautions)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Introduces Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Uses Patients Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Interacts with the patient 'well'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2 – The Clinical Skill Tested (This is likely derived from MINI-CEX or other USyd Source)**

**NB:** Write in the space criteria you wish to 'examine'

**Criteria**

	Done Well	Not Done Well	Not done
1. Explain the purpose of the exercise to the patient	—	<input type="checkbox"/>	<input type="checkbox"/>
2. Tobacco history	—	<input type="checkbox"/>	<input type="checkbox"/>
Current (quantitate)	—	<input type="checkbox"/>	<input type="checkbox"/>
Past (quantitate)	—	<input type="checkbox"/>	<input type="checkbox"/>
3. Alcohol	—	<input type="checkbox"/>	<input type="checkbox"/>
How much and how often	—	<input type="checkbox"/>	<input type="checkbox"/>
Total duration	—	<input type="checkbox"/>	<input type="checkbox"/>
Last drink	—	<input type="checkbox"/>	<input type="checkbox"/>
4. Other Drugs (what, when, how much)	—	<input type="checkbox"/>	<input type="checkbox"/>
5. Problems (if more than 2 daily drinks or other drug use)	—	<input type="checkbox"/>	<input type="checkbox"/>
Social/relationship	—	<input type="checkbox"/>	<input type="checkbox"/>
Medical	—	<input type="checkbox"/>	<input type="checkbox"/>
Employment	—	<input type="checkbox"/>	<input type="checkbox"/>
Financial	—	<input type="checkbox"/>	<input type="checkbox"/>
Legal	—	<input type="checkbox"/>	<input type="checkbox"/>
6. Dependence (CAGE)	—	<input type="checkbox"/>	<input type="checkbox"/>
Tolerance	—	<input type="checkbox"/>	<input type="checkbox"/>
Priority of use over other activities	—	<input type="checkbox"/>	<input type="checkbox"/>
Loss of control	—	<input type="checkbox"/>	<input type="checkbox"/>
Compulsion	—	<input type="checkbox"/>	<input type="checkbox"/>
Continued use with problems	—	<input type="checkbox"/>	<input type="checkbox"/>

10) Reports findings concisely and accurately at end:

**Feedback Comments for Candidate:**

- 3 Good Things:
- 1 or 2 Things to do next time:

# OSCE Examinations

An OSCE (*Objective Structured Clinical Examination*) consists of a series of short 'stations' at which you will be expected to undertake a clinically related task under examination conditions. Your performance is marked against specified criteria and you may be given immediate feedback on how you have done:

## General Tips for OSCE Examinations and Finals

- Make a list of the most common OSCE stations well in advance of the exam.
- Look at any checklists for the tasks that you are expected to perform. There are several textbooks that help with this... Try and prepare your own checklists. Make a list of the key steps that will be involved in each clinical task, and check this with colleagues. The exact sequence is less important than ensuring that you try to cover everything required within the allotted time. Having said this, don't worry too much if you miss out one or two things at a particular station as you can still achieve very high overall marks.
- Start practising and rehearsing the tasks well ahead of the exam.
- Practice with friends and flatmates and ask for feedback.
- Concentrate your 'revision' on the type of stations where you feel less confident.
- If you are unsure how to do something then ask someone or find out.
- Ask people in the same year (*or years above*). They have done the OSCE exam you are doing! Many cases / stations will be the same from year to year...
- If you are competent in the general outlines of history, examination and explanation as this will get you a pass even if you miss pathology.
- When revising for examination, explanation and history stations go through a set routine until it becomes second nature (*e.g. for CV exam always do a full examination rather than only feeling the pulse or auscultating the praecordium*)
- Memorize opening and closing statements for your presentations.
- Keep a clear head on the day. Dress smartly, act naturally and follow the examiners lead. They are expecting you to be nervous so avoid the beta blockers.
- OSCEs can be '*a rewarding and educational experience.*' Be positive.

