

Examination 1 – Notes for Candidate

Role: Foundation Year 1 doctor in the emergency department

This is Richard, a 25-year-old male who has presented to the emergency department with chest pain.

Please perform a CARDIAC examination. The examiner will tell you relevant signs as you go along.

You have 8 minutes to examine the patient, followed by a further 2 minutes where the examiner will ask you questions.

An invigilator will let you know when 8 minutes has elapsed.

Examination 1 – Notes for Actor

Patient demographics:

You are Richard, a 25-year-old male presenting to the emergency department with chest pain.

During the examination:

- You will keep adjusting your position so that you are sitting forward, to ease your chest pain (pericarditis). Sit forward at the beginning of the exam but lie down once asked.

Examination 1 – Examiner marksheet

You will have to tell the student certain signs when they get to that stage of the exam (anything in quotation marks).

- Good professionalism throughout
 - Confident and well-practised examination with all steps and correct technique
 - Use an appropriate examination checklist like the University of Leicester checklist or Geeky Medics to mark examination steps.
 - Succinct presentation of the examination, including all positives and only relevant negatives + correct further assessments.
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- General inspection: patient has been instructed to sit forward.
 - Hands: No abnormalities
 - Pulses + JVP: No abnormalities
 - Face: No abnormalities
 - Inspection: No abnormalities
 - Palpation: No abnormalities
 - Auscultation: **“on auscultation you hear a rubbing sound”** – alternatively play the sound of pericardial rub for the student
 - Final steps: No abnormalities

Q1: Please present your examination + what is your diagnosis?

- **Pericarditis**

Q2: What investigations would you like to order?

- **FBC + CRP – WCC + inflammation**
- **Troponin – rule out myocardial infarction**
- **U&Es – uraemic pericarditis + renal baseline**
- **ECG – widespread saddle shaped ST elevation and PR depression**
- **CXR – pericardial effusion**
- **Echocardiography if suspecting constrictive pericarditis**

Q3: What is your management of this condition?

- **NSAIDs for 1-2 weeks**
- **Colchicine for 3 months to prevent recurrence**

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

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