Osce Express

Session 9

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Meet the Team

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Course Overview

OSCE Express

1. 11 session guide to common OSCE finals stations
2. Delivered by Foundation Year 1 Doctors
3. Peer-Reviewed Cases + Video Guides provided to all participants (published on MedAll, osceace.com)
4. Preparation for OSCEs...
5. ...And also preparation to be a safe FY1

Disclaimer

This course has been designed to help final year students with practical OSCE exams and is an unofficial resource that covers themes present in the University of Leicester Final OSCEs. We have nonetheless made this course as applicable to other final year OSCEs as possible, but there may be discrepancies in your University's expectations.

OSCE Express sessions are peer-reviewed by junior doctors, but we take no responsibility in the accuracy of the content, and additionally our sessions do not represent medical advice. Please use our sessions as a learning aid, and if you note any errors, do not hesitate to message us at osce.express@gmail.com

Kind regards,

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In Today's Session...

01

Handover and prioritisation

02

Case and Q&A!

01

Handover and prioritisation

Layout

Linked station taken sequentially with different examiner assessing each part

• First 10 minutes: station 15 (Handover). There will be a further 2 minutes reading time before starting station 16.

• Second 10 minutes: station 16 (Prioritisation)

Candidate stays in same room for both stations

Handover and Prioritisation – mark scheme

Gathers Information Asks probing questions. Confident and structured Demonstrates good clinical understanding Asks questions appropriate to individual case (i.e. not rote questioning)
Patient-centred Clearly demonstrates that the safety of the patient is paramount Appropriately concerned about the degree of acuity on the ward Picks up on the Foundation Doctor's cues (verbal and non-verbal) and adjusts questioning accordingly
Risk Stratification Demonstrates good knowledge of the underlying cases Enquires about EWS and any investigation results that may aid decision making.
Professionalism Keeps their peer engaged and focussed during handover Does not judge peer for any tasks uncompleted or missing/incomplete information. Shows empathy

Station 15: handover

Station 16: prioritisation and management

Prioritisation of Tasks Reviews available results and prioritises tasks appropriately Explains that certain tasks are less urgent Explains that sick patients take the priority Demonstrates sound reasoning behind their decisions
Management Clear understanding of the management required for the presented cases Good knowledge of each case
Senior Review Recognises the acuity on the ward and that help is required Explains in a sensible way what further staff would be needed and why Appropriate delegation of tasks to staff Calm and confident
Summary Summarises the actions and the reasons behind them

Top tips!

HANDOVER

- Information-heavy station - BE SYSTEMATIC I.E. SBAR (EWS, O/E, dx)
- Write in short-form
- Tailor questions to clinical scenario - show off your clinical knowledge!
- Ask probing questions - don't assume all information will be voluntarily given to you

PRIORITISATION

- Take your time!
- Begin with most unwell patients
- What has NOT been done?
- Present like an SBAR again
- Remember your TEAM!

	S	B	A	R
Patient 1 Initials Age Dx:			EWS O/E	
Patient 2 Initials Age Dx:			EWS O/E	
Patient 3 Initials Age Dx:			EWS O/E	
Patient 4 Initials Age Dx:			EWS O/E	
Patient 5 Initials Age Dx:			EWS O/E	

STATION TIME!

Example case - handover

You are the **FY1 doctor** and you have just arrived for the evening shift covering the Acute Medical Unit.

Your colleague has arrived to give you handover from the day and to discuss 5 relevant patients from the day.

This station will last 10 minutes.

You will be expected to:

Effectively take part in handover from your colleague.

Example case – prioritisation

You are the **FY1 doctor** and you have just arrived for the evening shift covering the Acute Medical Unit.

Your colleague has just completed the handover and discussion of 5 patients from the day. There is an advanced nurse practitioner, a staff nurse and 2 healthcare assistants on the ward.

This station will last 10 minutes.

You will be expected to:

Review the results and then explain the management and prioritisation to the examiner.
For each decision, you should explain your reasoning.

Example case – results

Patient 1 **-58M**	**NEWS 0** (BP 181/90) ECG - sinus rhythm	Hb 145 g/L WCC 8x10^9/L Plt 250x10^9/L Na+ 140mmol/l K+ 3.9mmol/l Creatinine 80 Urea 5.5mmol/l ALT 25 AST 30 ALP 60 Troponin 20 CRP 5mg/l	CXR: appears normal
Patient 2 **-71M**	**NEWS 6**	Hb 140 g/L WCC 7.5x10^9 Na+ 140mmol/l K+ 4mmol/l Cr 100 Urea 9mmol/l BNP 3500 ALT 28 AST 30 ALP 40 Bilirubin 8.6 CRP 10mg/l	CXR: patchy opacifications, Kerley b lines, increased cardiothoracic ratio
Patient 3 **-38F**	**NEWS 10** VBG: pH 7.33 pa02 9 paco2 6 HCO3- 22 Lactate 4.8 Urine dip-ve ECG: SR	Hb 150g/L WCC 14.9x10^9L Platelets 300x10^9/L Na+ 140mmol/l K+ 5.4mmol/L Cl- 100mmol/L Cr 100 CRP 150mg/l ALT 34 AST 25 ALP 32 Bilirubin 8.4	Erect CXR: free air under diaphragm
Patient 4 **-84M**	**NEWS 6** BM 6.6 Urine MC&S - -ve ECG - SR	Hb 128 g/L WCC 7x10^9L Platelets 320x10^9/L Na+ 136mmol/l K+ 3.6mmol/L Cl- 98mmol/L Cr 76 CRP 3mg/l ALT 31 AST 22 ALP 25 Bilirubin 6	CXR: flattened diaphragms, hyperlucent lung zones, no focal consolidation
Patient 5 **-47F**	**NEWS 2** Urine dip -ve Urine MC&S - not come yet	Hb 145 g/L WCC 13.4x10^9L Platelets 301x10^9/L Na+ 135mmol/l K+ 4.5 mmol/L Cl- 104 mmol/L Cr 76 CRP 82mg/l ALT 31 AST 22 ALP 25 Bilirubin 6	CT KUB non-contrast: left-sided 5mm ureteric stone with mild hydronephrosis

Example answer

Handover: receiving handover…

	S	B	A	R
Patient 1 -58M Dx:	Sudden-onset, 10/10 tearing central chest pain whilst lifting heavy boxes. Not improving with analgesia, N+V. Radiating to his back. Mainly back hurts now.	Sciatica Hypertension	NEWS 0 BP 181/90 (Difference in arms by >20mmHg) O/E CR normal, L radial pulse weaker, MSK and neuro normal	ECG normal Bloods requested inc. trop CT angio - not requested
Patient 2 -71M Dx:	Nursing home resident, sudden-onset SOB and O2 sats 88%. No chest pain. Chronic cough. No fevers recorded. Peripheral oedema increasing. PND/orthopnoea	Hypertension T2DM HF - on oral furosemide 20mg No previous hx of DVTs or PEs	NEWS 6 (O2 sats 95% on 15L oxygen RR 19 HR 90 BP 120/65 Temp 36.8, confused) O/E - crackles B/L, raised JVP, p+s oedema	CXR - requested ABG - not done Bloods on admission - no BNP
Patient 3 -38F Dx:	Sudden-onset 10/10 generalised abdominal pain post colonoscopy for Crohn's investigation. Feeling nauseous but not vomited. BO yesterday pre-colonoscopy	Crohn's Migraines	NEWS 10 (4L nasal cannula, O2 sats 94% RR 20 HR 110 BP 91/58 Temp 38.3) No O/E - patient very rigid	Bloods requested ECG - done Urine dip -ve VBG - done Erect CXR - done Blood cultures - not done CT abdo with contrast - not done
Patient 4 -84M Dx:	A/W Delirium ?source but middle of night had a fall whilst going to the toilet. Witnessed by nurse as assisting No presyncope Lightheaded No focal neuro No seizure features No head injury	HT Alzheimer's COPD AF	NEWS 6 (O2 sats 96% RR 16 HR 89 BP 140/90, Temp 36.6 Confused) BM 6.6 No O/E	LSBP ECG Confusion screen - CXR from admission Medication r/v
Patient 5 -47F Dx:	Sudden-onset, loin to groin, 9/10 pain. Tried analgesia but not working. No LUTS Slight haematuria 2 days back, BO	Nil	NEWS 2 (HR 101 Temp 38.2)	Urine dip - +ve haematuria Urine MC&S - sent Bloods requested CT KUB non-contrast - requested Analgesia

Prioritisation

	S	B	A	R
Patient 1 **-58M** **Dx: ?dissection** **?MI**	Sudden-onset, 10/10 tearing central chest pain whilst lifting heavy boxes. Not improving with analgesia, N+V. Radiating to his back. Mainly back hurts now.	Sciatica Hypertension	NEWS 0 BP 181/90 (Difference in arms by >20mmHg) O/E CR normal, L radial pulse weaker, MSK and neuro normal	ECG normal Bloods requested inc. trop CT angio - not requested Analgesia Antihypertensive
Patient 2 **-71M** **Dx: ?APE** **?Pneumonia**	Nursing home resident, sudden-onset SOB and O2 sats 88%. No chest pain. Chronic cough. No fevers recorded. Peripheral oedema increasing. PND/orthopnoea	Hypertension T2DM HF - on oral furosemide 20mg No previous hx of DVTs or PEs	NEWS 6 (O2 sats 95% on 15L oxygen RR 19 HR 90 BP 120/65 Temp 36.8, confused) O/E - crackles B/L, raised JVP, p+s oedema	CXR - requested ABG - not done Bloods on admission - no BNP Furosemide infusion Catheter
Patient 3 **-38F** **Dx: Dx: ?perforation** **?Crohn's exacerbation**	Sudden-onset 10/10 generalised abdominal pain post colonoscopy for Crohn's investigation. Feeling nauseous but not vomited. BO yesterday pre-colonoscopy	Crohn's Migraines	NEWS 10 (4L nasal cannula, O2 sats 94% RR 20 HR 110 BP 91/58 Temp 38.3) No O/E - patient very rigid	Bloods requested - not G+S ECG - SR Urine dip -ve VBG - done Erect CXR - not done Blood cultures - not done CT abdo with contrast - not done IV abx
Patient 4 **-84M** **Dx: ?postural HT** **?vasovagal**	A/W Delirium ?source but middle of night had a fall whilst going to the toilet. Witnessed by nurse as assisting No presyncope Lightheaded No focal neuro No seizure features No head injury	HT Alzheimer's COPD AF	NEWS 6 (O2 sats 96% RR 16 HR 89 BP 140/90, Temp 36.6 Confused) BM 6.6 No O/E	LSBP ECG Confusion screen Medication r/v
Patient 5 **-47F** **Dx: ?renal colic** **?pyelonephritis**	Sudden-onset, loin to groin, 9/10 pain. Tried analgesia but not working. No LUTS Slight haematuria 2 days back, BO	Nil	NEWS 2 (HR 101 Temp 38.2)	Urine dip - +ve haematuria Urine MC&S - sent Bloods requested CT KUB non-contrast - requested Analgesia - diclofenac PR D/W urology

Prioritisation continued...

- Most unwell patient (s) include patients 1 and 3 due to AR and perforation respectively
- Sort out jobs for most unwell patient (s)
- Remember ANP can assess, manage and prescribe!
- Nurses and HCAs fantastic for clinical skills
- If >1 unwell patient → use your team!
  - Patient 1 - you could prescribe analgesia and antihypertensive, request CT angiogram
  - Patient 3 - ANP can assess and do clinical skills (nurse)
  - Patient 2 - You can do ABG and prescribe furosemide I.V., catheter by HCA
  - Patient 4 - other HCA can do LSBP and ECG

Questions about handover and prioritisation?

More practice cases coming soon!

Feedback

Thanks!

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