

Osce Express

Session 1

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In Today's Session...

01

**Course
Overview
(nice and slow
introduction)**

02

**Ward Round
Notes +
Examination
Stations**

03

**Q&A +
Cases**

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,

Dr Nidhi Agarwal FY1

Sumedh Sridhar Yr5 Medical Student

OSCE Express co-creators

01

Course Overview



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 osceace.com)
4. Preparation for OSCEs...
5. ...And also preparation to be a safe FY1

Meet the Team



Nidhi Agarwal
FY1 Doctor (NW)
Osce Express Co-Founder



Sumedh Sridhar
Yr5 Med Student
Osce Express and
OsceAce Co-founder



Sara Sabur
FY1 Doctor
LNR Trust



Nikita Choudhary
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Bethany Turner
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Nevash Maraj
FY1 Doctor
NW Trust



Vanessa Datta
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Fatima Ahmedi
FY1 Doctor
LNR Trust



02

Ward Round Notes

Ward Round Notes

Layout

01

- Simulated ward round in a medical and surgical setting
- Video replicates real-life patient assessment

02

- Observation and drug charts are available for your use

03

- 10 minutes to watch and complete documentation, warning bell at 8-minute mark.

Top Tips

1. Chance for examiners to evaluate your: summary of patient history, examination and investigations.
2. Record accurate, relevant symptoms and examination findings concisely
3. Don't forget to note down an impression!
4. Note down a clear, succinct plan
5. Keep an ear out for safety concerns – ?safeguarding, ?driving

Top Tips

Appropriate and safe

Constructs and writes appropriate notes with relevant information including patient demographics, symptoms and examination findings
Considers concise summary and clinical findings
Highlights any safety issues

Structured

Communicates all of the key information succinctly without significant omissions or irrelevant detail
Communicates information accurately in a logical sequence

Clinical reasoning

Clear demonstration of understanding of results and observations
Structured interpretation of encounter displaying good understanding of possible pathology generated by differential diagnosis

Notes quality

Accurately represents the clinical encounter and presented data
Clear and legible

Approach

Example Layout

ADULTS

University Hospitals of St. Somewhere		Patient name:
Hospital:	Ward:	Hospital ID:
Consultant:		DoB:

Date/Time

WR: Cons name, Participants names

Presenting Complaint: Abdominal pain and vomiting

History of Presenting complaint:

Past Medical History:

Drug History: also note **ALLERGIES**

Social History:

NEWS = 3
(RR, sats, BP, HR, ACVPU, Temp)

Issues (ongoing pt concerns, blood derangements, etc.):

O/E:

Impression (i.e working diagnosis)

Plan:

-
-
-
-

SIGNATURE
DATE
GMC number

Practise With Us

You are the FY1 on the AMU at
Somewhere Royal Infirmary.

Watch the video of a consultant
ward round, patient has
presented with abdominal pain
and vomiting.

ADULTS

University Hospitals of St. Somewhere		Patient name: Amy Barrow
Hospital:	Ward:	Hospital ID: E372189
Consultant:		DoB: 12/08/1963

Presenting Complaint: Abdominal pain and vomiting

NEWS = 3

(Resp rate 18, 96% on room air, BP 98/56 mmHg, HR 110 bpm regular, Temp 36.1C)

Capillary blood glucose 12.6

Glasgow-Blatchford score = 7

Admission bloods:

Hb 106, WCC 9.1, neuts 6.2, CRP 53, Plts 450, INR 1.5

Sodium 135, Potassium 4.6, Urea 8.1, Creatinine 115

LFTs NAD

VBG lactate: 1.8

ECG: sinus tachycardia

Practise With Us

****audio case today – but we'll be releasing some video WR notes cases very soon!***



ADULTS

University Hospitals of St. Somewhere		Patient name: Amy Barrow
Hospital: SRI	Ward: AMU	Hospital ID: E372189
Consultant: Harris		DoB: 12/08/1963

01/11/23
9:45am

WR: Harris (cons), Your name (FY1)

Presenting Complaint: Abdominal pain and vomiting

NEWS = 3

(Resp rate 18, 96% on room air, BP 98/56 mmHg, HR 110 bpm regular, Temp 36.1C)

Capillary blood glucose 12.6
Glasgow-Blatchford score = 7

Admission bloods:

Hb 106, WCC 9.1, neuts 6.2, CRP 53, Plts 450, INR 1.5
Sodium 135, Potassium 4.6, Urea 8.1, Creatinine 115
LFTs NAD
VBG lactate: 1.8

ECG: sinus tachycardia

HPC

Admitted yesterday with 2/52 history of worsening abdo pain and 1/52 vomiting. Small volume blood-streaked vomit evolved into dark coffee-ground haematemesis yesterday prompting admission. No malaena or syncope, ongoing lightheadedness. No previous UGI bleeds. Resuscitated with IVF (0.9% NaCl), and ibuprofen withheld.

PMH - Knee OA, diabetes, depression, acid reflux
DHx - metformin, ibuprofen, sitagliptin, sertraline
SHx - ex-smoker stopped 6 months ago, non-drinker

Issues: ongoing abdo pain, lightheadedness, no malaena, no further haematemesis.

ADULTS

University Hospitals of St. Somewhere		Patient name: Amy Barrow
Hospital: SRI	Ward: AMU	Hospital ID: E372189
Consultant: Harris		DoB: 12/08/1963

-> WR continued

O/E

Chest: clear, HS I+II+0

Abdo: epigastric tenderness, soft no guarding

Calves: SNT

Impression:

Upper GI bleed secondary to peptic ulcer disease

Plan:

- NBM
- Chase OGD
- Continue IVF
- Chase bloods including G&S - ?transfuse
- Hold ibuprofen and sertraline
- Continue IV paracetamol
- Cannula x 2
- IV omeprazole post OGD

SIGNATURE
01/11/2023
GMC NUMBER

Questions about Ward Round Notes?





○

03

Examinations



Layout

Examinations

01

- Real patients

02

- 8 minutes + 2 minutes questions:
- *Presentation + differentials + investigations/management*

03

- GI, Renal, Cardiac, Respiratory, Diabetic feet, Rheumatoid/Ortho hand, hip, knee, shoulder, spine, thyroid, peripheral vascular, ULN, LLN, Cranial Nerves, Cerebellar

Top Tips

1. Practise practise practise.
2. Aim for 7 minutes to complete examination and presentation.
3. Geeky medics/Leicester checklists.
4. Ask for supervision of technique on placement.

Cases

- Similar to 3rd/4th year examination stations (less ambiguity).
- Look out for examination cases being published on [osceace.com](https://www.osceace.com).
- By February – ~20 examination stations will be published.

Questions about Examinations?



Next Session...

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TIMETABLE

1 01/11/23
Ward Round Notes +
Examinations

2 08/11/23
Referring Patients +
Prescribing Medications

3 15/11/23
Post-Op care +
Surgical Complications

4 22/11/23
Pre-Operative Care

5 29/11/23
Difficult Conversations +
Ethics and Professionalism

6 06/12/23
Ethics and Professionalism



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TIMETABLE

7 13/12/23
Deteriorating Patients +
A-E stations

8 10/01/24
Community Care
Planning

9 17/01/24
Multi-morbidity and
polypharmacy + managing
uncertainty

10 24/01/24
Handover and
Prioritisation

11 31/01/24
Recap and Revision



Feedback



Thanks!

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Cases: **osceace.com/osceexpress**

