OSCE – STEMI equivalents
Candidate information

An RMO has approached you for some impromptu teaching on Cardiology. They are interested in STEMI equivalents after a recent case they had in ED. Please discuss the case with them and educate them on STEMI equivalents.

Domain	**%**
Medical expertise	60
Prioritisation and decision making	
Communication	
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	40
Professionalism	

Actor (RMO) information

You recently saw a 52-year-old male patient with what sounded like cardiac chest pain and a troponin that went from 9000 to 12000 over two hours (normal range <29). The patient had a normal ECG except for peaked T waves in the anterior leads. His potassium was normal. [ECG prop attached]

The consultant on that shift reviewed the patient with you and had to argue with the Cardiology Registrar that this ECG was a STEMI equivalent. The patient went to cath lab and was found to have occlusion of two arteries.

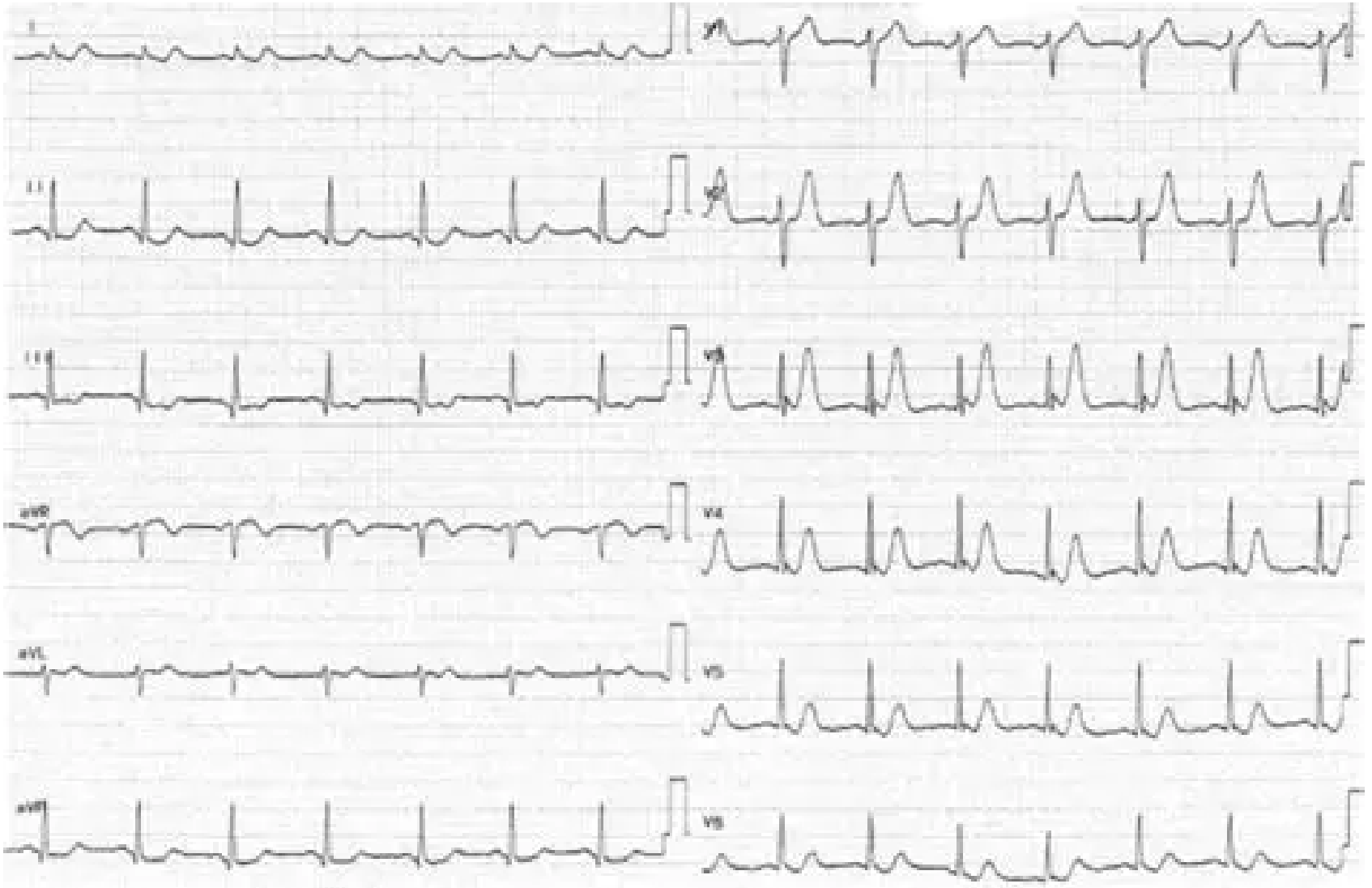
You have approached the consultant on their non-clinical shift to ask for education on STEMI equivalents.

Prompts:

- Would you have managed this patient differently?
- What are the STEMI equivalents?
    - De Winter T waves
    - Hyperacute T waves
    - LBBB with Sgarbossa/modified Sgarbossa (NOT new LBBB)
    - Posterior STEMI
- Where can I find information on STEMI equivalents? *The ACC has a good description on their website, or emDocs do a very good brief summary (emdocs.net)*

Marking:

	Mark
Able to describe or name at least three STEMI equivalents	2
Correctly identifies concerning features on the ECG (peaked T waves)	2
Provides sources of information on STEMI equivalents	2
Provides rationale for urgent Cath lab in STEMI equivalents	1
Able to list some negatives to opening Cath lab for non-STEMIs (ie wrong diagnoses): cost, time, risk to patient of cannulation etc	2
Manner to RMO – open, scholastic, collegiate, organised	1


I
II
III
aVR
aVL
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V1
V2
V3
V4
V5
V6