OSCE

Candidate information

Your RMO has been seeing Judith, a 70 year old female who presented with a fall. Your RMO is concerned that the patient has a fractured hip and has ordered an xray. The nurse has initiated a few other investigations despite the RMO advising her "not to bother".

The nurse has asked you to sign the blood forms for the patient and tells you she isn't happy with the RMO's assessment of the patient. You approach the RMO to request they discuss the patient with you, as they have not done so yet.

Domain	**%**
Medical expertise	30
Prioritisation and decision making	20
Communication	20
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	30
Professionalism	

NOF with missed CHB

Actor (RMO) information

You are a junior RMO who has been seeing Judith, a normally well 70 year old female who presented with a fall. You have ordered an Xray (pending), as you suspect a fractured hip, but told the nurse "not to bother" with other investigations. The nurse has, however, ordered an ECG (completed) and sent bloods (pending).

You have been somewhat slack in your history taking and used early closure in your assessment of this patient. The patient actually had a syncopal event leading to a fall, and her ECG is abnormal.

Your consultant has been approached by the nurse, who was unhappy with your assessment of the patient and has asked the consultant to discuss the patient with you.

You are a little arrogant, believing you know more than you do, and tend to be overconfident.

You have the ECG, which you have signed off as normal.

Marking:

- Reviews history with RMO
- Reviews ECG and determines abnormalities on ECG:
  - Left axis deviation, RBBB, 1st degree block – trifascicular block, high risk of CHB
- Explains concerns with RMO – patient would be unsafe for theatre if hip broken, needs cardiology review, etc
- Discusses risks of medical errors with RMO – early closure, etc
- Explains need for good history and examination of patients, particularly risk groups (aged, children, impaired)
- Suggests discussion with nurse caring for patient and better communication with nursing staff

	Mark
Accurate interpretation of ECG	2
Recognises ECG as likely cause of fall	2
Discusses concerns with RMO in non-judgemental manner	2
Explores need for good history and examination, esp in high risk groups	1
Suggests discussion with nurse caring for patient – apology?	1
Offers resources on medical errors and how to avoid	1
Explains need to discuss pts with consultant, and why	1

Judith
?#NOF

RBBB
NO CONCERNS
TV 1106.