OSCE

Candidate information

It is a typically busy day in ED. Your new registrar had told you briefly about a 46 year old male with chest pain he had developed two hours ago. The patient had a history of an MI aged 42.

The ECG showed no acute changes and the patient's pain settled with GTN and morphine. The patient remained stable throughout.

The registrar has now approached you to discuss whether the patient can be observed in your small hospital, or whether he should be transferred to the tertiary centre 1.5 hours away for cardiology admission. The registrar is concerned because the patient has had a recurrence of his pain, although his ECG has again remained unchanged from his initial ECG in ED.

Domain	**%**
Medical expertise	50
Prioritisation and decision making	
Communication	20
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	30
Professionalism	

Missed Sgarbossa LBBB

Actor (registrar) information

You have been seeing a 46 year old male with chest pain for two hours. The patient had an MI 4 years ago. You noted the ECG showed **old** LBBB and gave GTN and morphine with effect. The patient has had a recurrence of his pain, and you have approached your consultant to ask about whether he needs transfer from your small hospital to the nearest Cardiology service at a tertiary centre 1.5 hours away.

You have the ECG the nurse repeated when the patient's pain redeveloped.

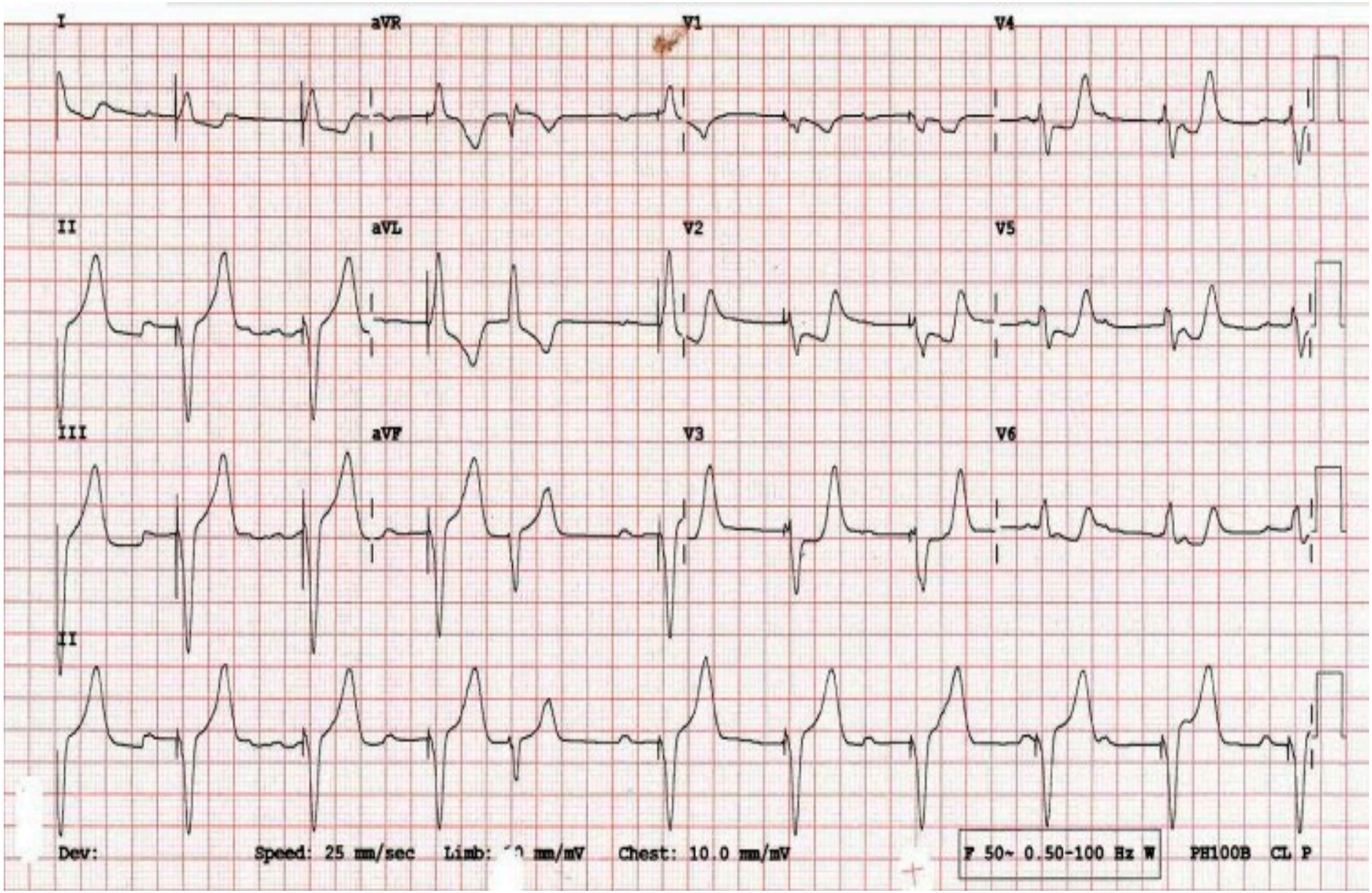
Prompts:

- What does the ECG show?
- Should we thrombolyse the patient?

Marking:

- Identifies LBBB with positive Sgarbossa criteria
    - There is **concordant** ST depression in V2-5 (= Sgarbossa positive).
    - The morphology in V2-5 is reminiscent of posterior STEMI, with horizontal ST depression and prominent upright T waves.
- Identifies need to give ACS treatment and transfer to nearest PCI unit for rescue PCI
- Patient should receive thrombolysis pending transfer for PCI

	Mark
Interprets ECG accurately	2
Identifies this as STEMI equivalent	2
Gives thrombolysis pending transfer for PCI	2
Recognises lack of PCI at current hospital – need to transfer	1
Initiates appropriate treatment for ACS – DAPT, heparin, etc	1
Identifies pacing spikes on ECG	1
Approach to Registrar – open, structured, clear instructions/teaching	1


I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
Dev:
Speed: 25 mm/sec
Limb:
mm/mV
Chest: 10.0 mm/mV
F 50~ 0.50-100 Hz W
PH100B CL P