OSCE

Candidate information

Your RMO has been seeing Samuel, a 35 year old male who presented with chest pain.

Samuel had an episode of severe chest pain after dinner two days ago. The pain radiated to his left arm and was associated with diaphoresis and dyspnoea. It lasted 5 minutes. He has been dyspnoeic since the pain episode.

He has returned today as he had a further episode of chest pain.

Your RMO has some questions regarding assessment of chest pain.

Domain	**%**
Medical expertise	40
Prioritisation and decision making	40
Communication	
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	20
Professionalism	

High risk chest pain assessment

Actor (RMO) information

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His risk factors are:

Father had MI aged 40
Older brother had cardiac event this year
Obese
HTN
High cholesterol
Ex-smoker (five pack years, quit 10 years ago)

You have sent bloods and done an ECG (props). You also have an old ECG for comparison. A high sensitivity troponin test has returned a result of 9.

You have questions for your consultant regarding assessment of chest pain.

Prompts:

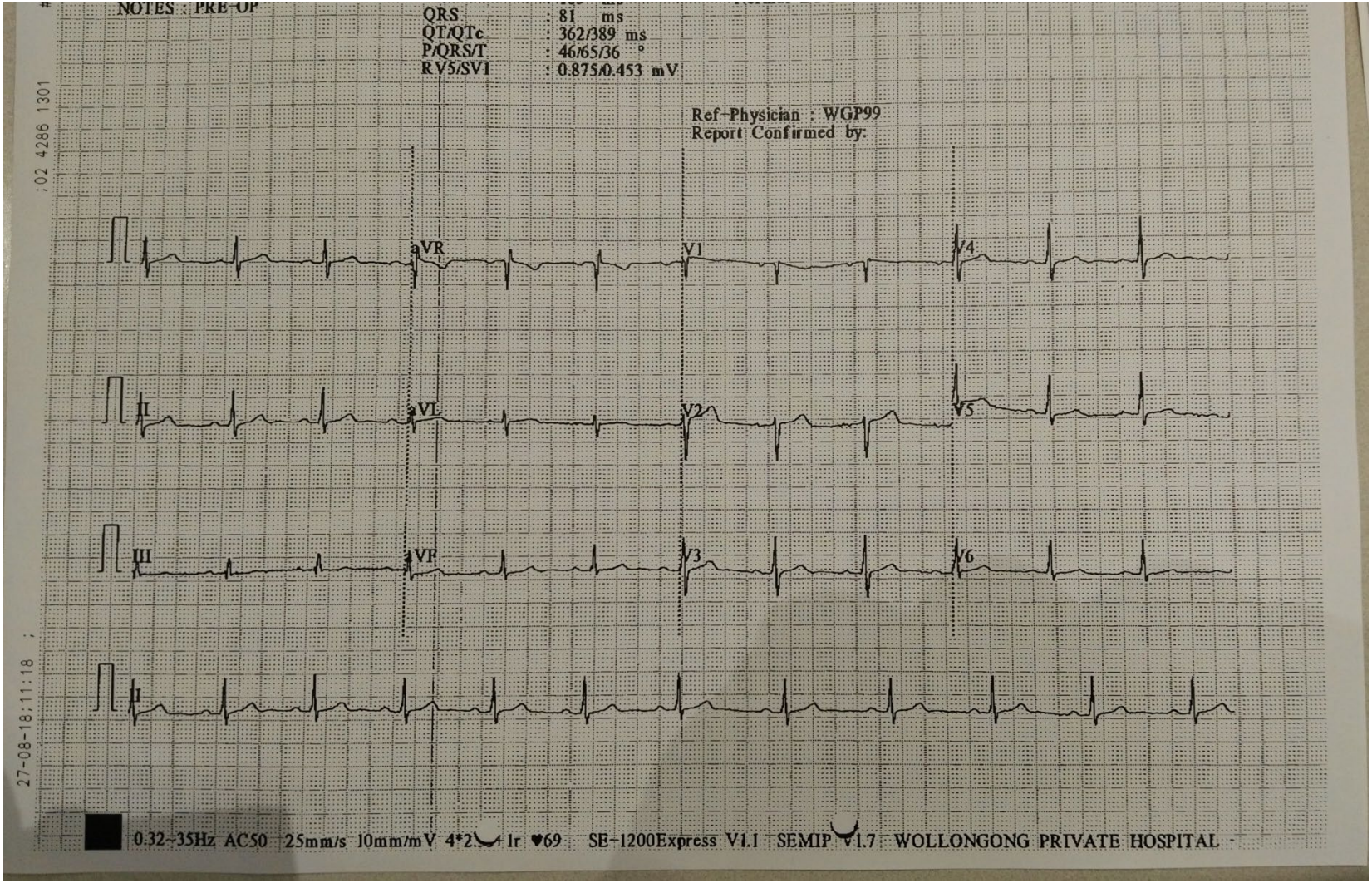
- What is the value of risk factors in determining cardiac risk?
- Is a high sensitivity troponin better than a normal sensitivity troponin?
- Are the biphasic T waves on the ECG Wellen's syndrome?
- Is the TIMI score of use in this patient?
- Disposition of patient?

Marking:

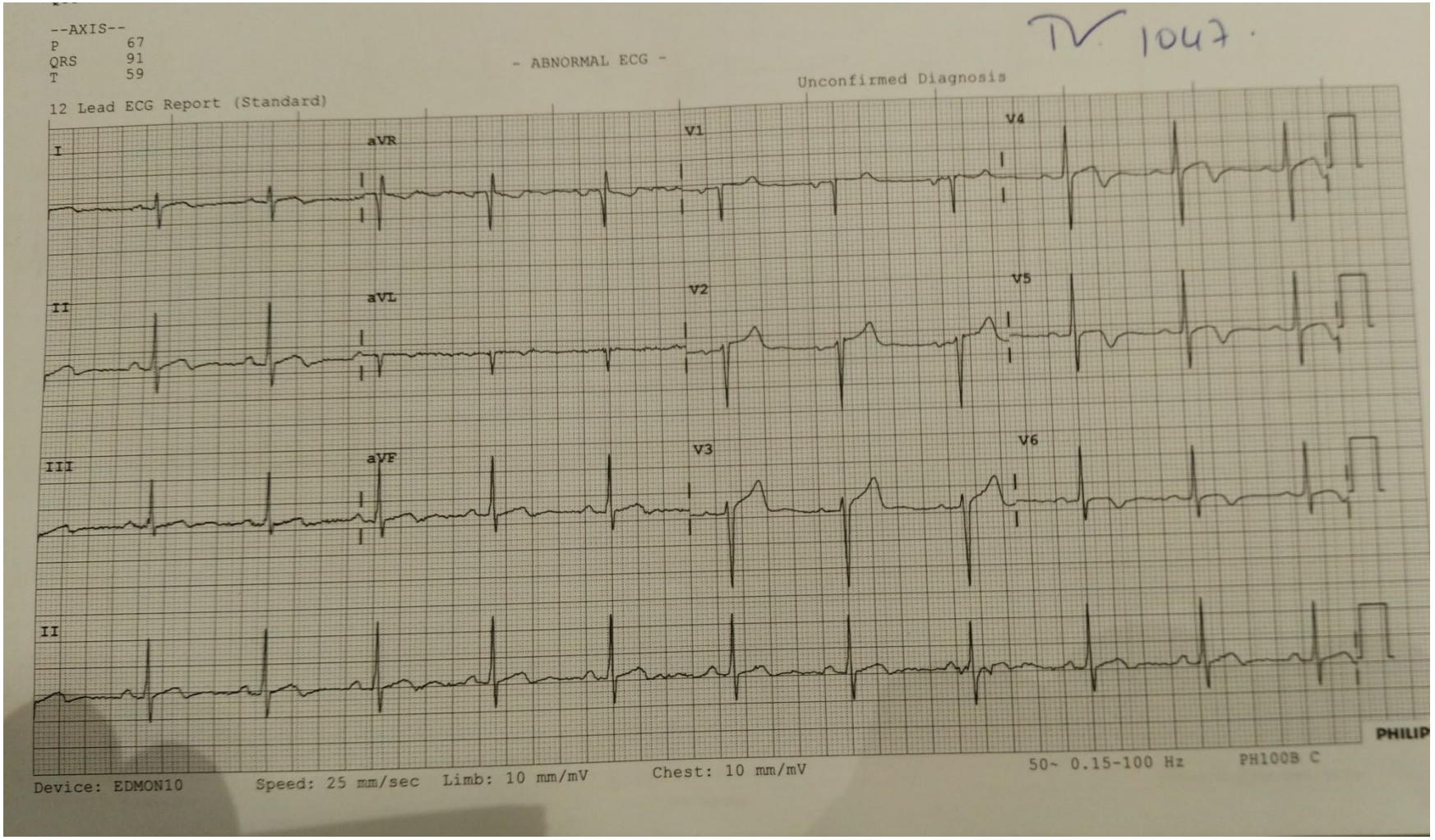
TIMI score used to risk stratify pts with ACS (UA or NSTEMI)
High sensitivity troponin of <5 has negative predictive value of 99% for cardiac death at one year

	Mark
Understands evidence for risk factors in cardiac assessment poor	2
Accurate interpretation of ECG – NOT Wellen's, but concerning changes	2
Understanding of high sensitivity troponin value	1
Recognises high risk chest pain patient	1
States needs Cardiology admission and serial troponins/monitor	2
Discusses TIMI score value	1
Approach to RMO – concise, clear, organised	1

ECG 1

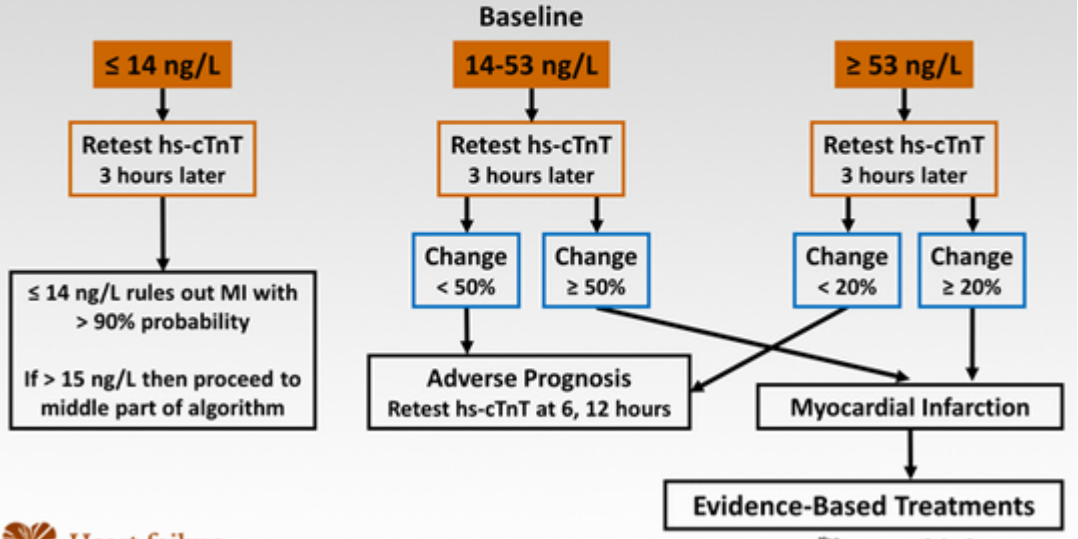

NOTES : PRE-OP
QRS : 81 ms
QT/QTc : 362/389 ms
P/QRS/T : 46/65/36 °
RV5/SV1 : 0.875/0.453 mV
Ref-Physician : WGP99
Report Confirmed by:
:02 4286 1301
aVR
V1
V4
I
aVL
V2
V5
III
aVF
V3
V6
II
27-08-18;11:18 ;
0.32~35Hz AC50 25mm/s 10mm/mV 4*2.5+1r ♥69 SE-1200Express V1.1 SEMIP V1.7 WOLLONGONG PRIVATE HOSPITAL

ECG 2


--AXIS--
P 67
QRS 91
T 59
- ABNORMAL ECG -
Unconfirmed Diagnosis
12 Lead ECG Report (Standard)
I
aVR
V1
V4
II
aVL
V2
V5
III
aVF
V3
V6
II
Device: EDMON10
Speed: 25 mm/sec
Limb: 10 mm/mV
Chest: 10 mm/mV
50~ 0.15-100 Hz
PH100B C
PHILIP

Use of High-Sensitivity Troponin T to Diagnose Myocardial Infarction

Clinical Setting Consistent With Myocardial Ischemia



Heart failure

White HD. *Am Heart J*. 2010;159:933-936.

theheart.org Medscape EDUCATION