OSCE

Candidate information

Your junior registrar approaches you for assistance with a 57 year old female who presented with two weeks of gradually worsening vertigo. The patient, Mary Burns, is now having difficulty getting out of bed due to the vertigo. She has vomited today. She has otherwise ben well and has noted no tinnitus or hearing loss. It gets worse with movement. She has hypertension and impaired glucose tolerance and is not on any medications.

Your registrar is unsure if this vertigo has a central or peripheral cause.

You are to explain to the registrar how to examine the patient to differentiate a central or peripheral cause and explain your reasonings to the registrar.

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

Vertigo

Actor (registrar) information

Patient: You are normally fairly well, but have been having intermittent vertigo for the past week, gradually getting worse and more persistent. You have not seen a doctor about this prior to today. You gave a full history to the other doctor and are expecting a thorough examination.

Registrar: you've noted the history as above, but could not decide what examination features are differentiating for central vs peripheral causes. You are especially interested in learning a thorough cerebellar exam.

You've heard of the HINTS exam, but are unsure of the components and want to know, "is it applicable in ED patients?".

Marking:

- Head impulse test
  - Looks for a nerve problem
  - Abnormal if nerve problem present, i.e. abnormal finding is GOOD
  - Hold patients head, fixating on your nose. Move head back and forth slowly, then briskly to centre. Look for catch up saccade
  - If catch up saccade present, likely vestibular issue
  - No saccade suggests a brain problem
- Nystagmus
  - Unidirectional is reassuring
  - Bidirectional is concerning
- Test of skew
  - Cover/uncover each eye in turn
  - Skew is concerning
- HINTS needs all 3 to be reassuring. If any is worrying, cannot exclude brain issue.
- Incidentally, you would never do Dix Hallpike and HINTS in the same patient. HINTS is done on patients with days/hours of continuous vertigo and spontaneous nystagmus

	Mark
Clear explanation and demonstration of HINTs exam	2
Mentions likely peripheral cause	2
Lists different causes of peripheral/central vertigo	2
Mentions validity of HINTs exam	1
Approach to doctor and patient	2
Discusses further investigations as indicated	1