OSCE

Candidate information

An RMO has come to you for advice.

The RMO had been seeing Gladys, a 70 yo female *usually fit and well*, who presented with suprapubic pain and haematuria. The RMO had discussed the patient with another consultant after ordering a CT abdo to investigate possible renal colic or diverticulitis.

The other consultant reviewed the results, and advised the RMO to "chase the report" of the CT and refer the patient to Urology or General Surgery depending on the diagnosis.

The RMO is approaching the end of their shift, and the CT has not been reported. They have approached you for advice on disposition.

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

TITLE – AAA miscommunication

Actor (RMO) information

You have been seeing Gladys, a well 70 yo female who presented with suprapubic pain and haematuria. She has no past history except high blood pressure.

You arranged bloods and a CT abdo for Gladys to investigate possible renal colic or diverticulitis. Consultant A reviewed the results with you and asked you to "chase the report" of the CT and refer Gladys to Urology or General Surgery as appropriate. Consultant A advised you to put her in the short stay ward pending the report, as the department is busy.

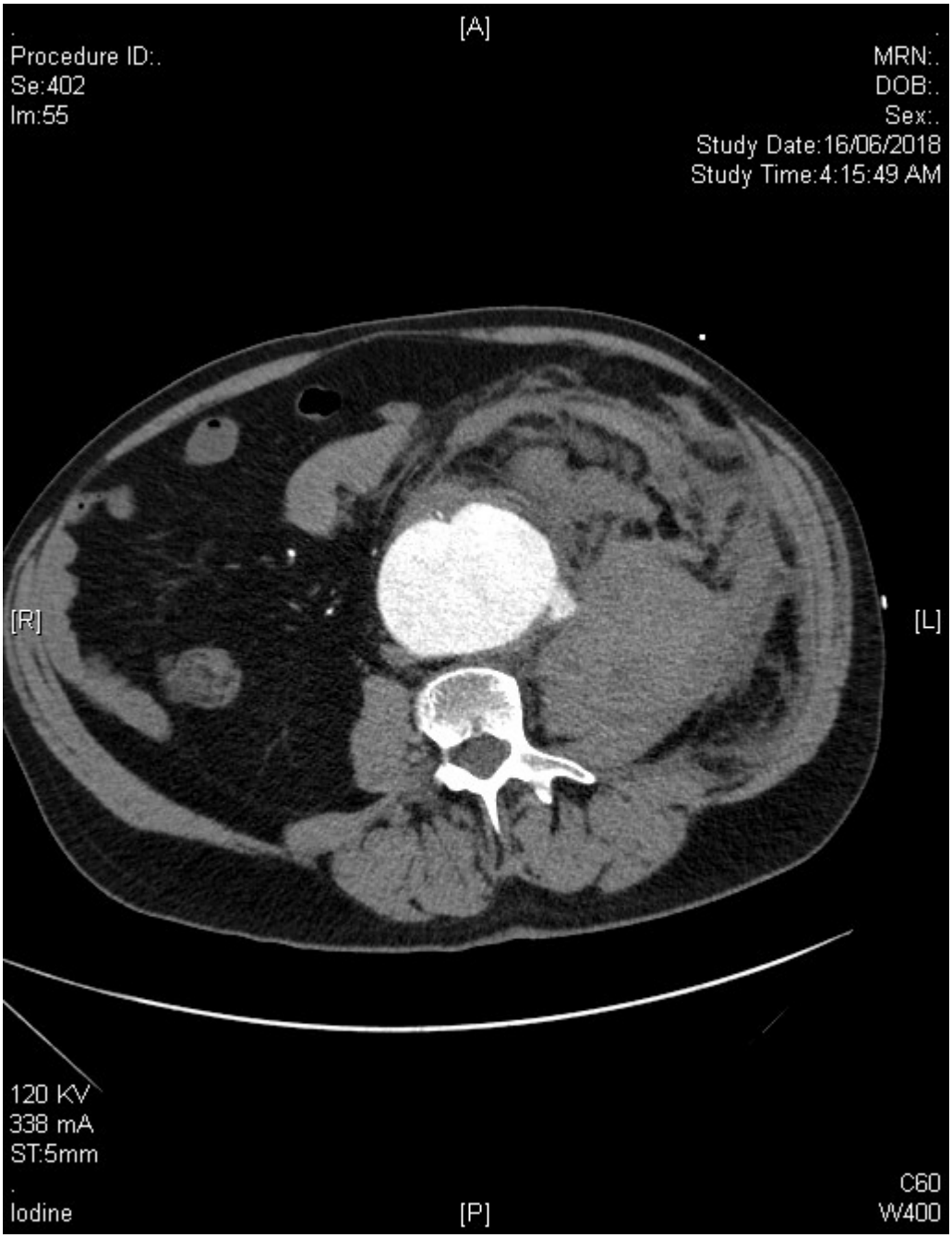
Consultant A was difficult to communicate with, as they seemed angry and tired. They only had a brief look at your results, and you didn't feel comfortable asking any questions of them.

You have approached another consultant, as you are approaching the end of your shift and the CT report is still not back. You would like advice on disposition so you can hand over and go home.

Marking:

- Focus of this station is errors – missed diagnosis, early closure, burn out in other consultants, inappropriate use of short stay, etc

	Mark
Identifies rupturing AAA on CT and describes	2
Urgently moves patient to monitored bed and performs urgent management	2
Investigates reason for misdiagnosis by RMO – early closure, etc	1
Explains short stay ward use and exclusion criteria	1
Mentions need to explore this sentinel event – AIMS/notification/etc	2
Explores other consultant missing diagnosis – burn out, attitude, communication	1
Identifies need for RMO to learn better interpretation of CTs	1


[A]
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DOB:.
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[L]
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