OSCE

Candidate information

Your RMO has been seeing a 70 yo male who presented with syncope. The patient lives alone, and had a syncopal episode at church this morning. There was no head injury or seizure activity at the time.

Your RMO is unsure of how to manage the patient and would like your advice.

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

Management of CHB

Actor (RMO) information

You have been seeing Kenneth, a 70 yo male who lives alone. Ken had a syncopal episode at church this morning; there was no head injury or seizure activity. He denies chest pain at any point and does not take medications. He has no past medical history of note.

His obs are shown on the props page (prop), as is his ECG. Ken is currently in resusc, stable.

You are unsure how to manage Ken, and have asked your consultant for help.

Prompts:

- What does the ECG show?
- What are the causes of this?
- How should we manage Ken?

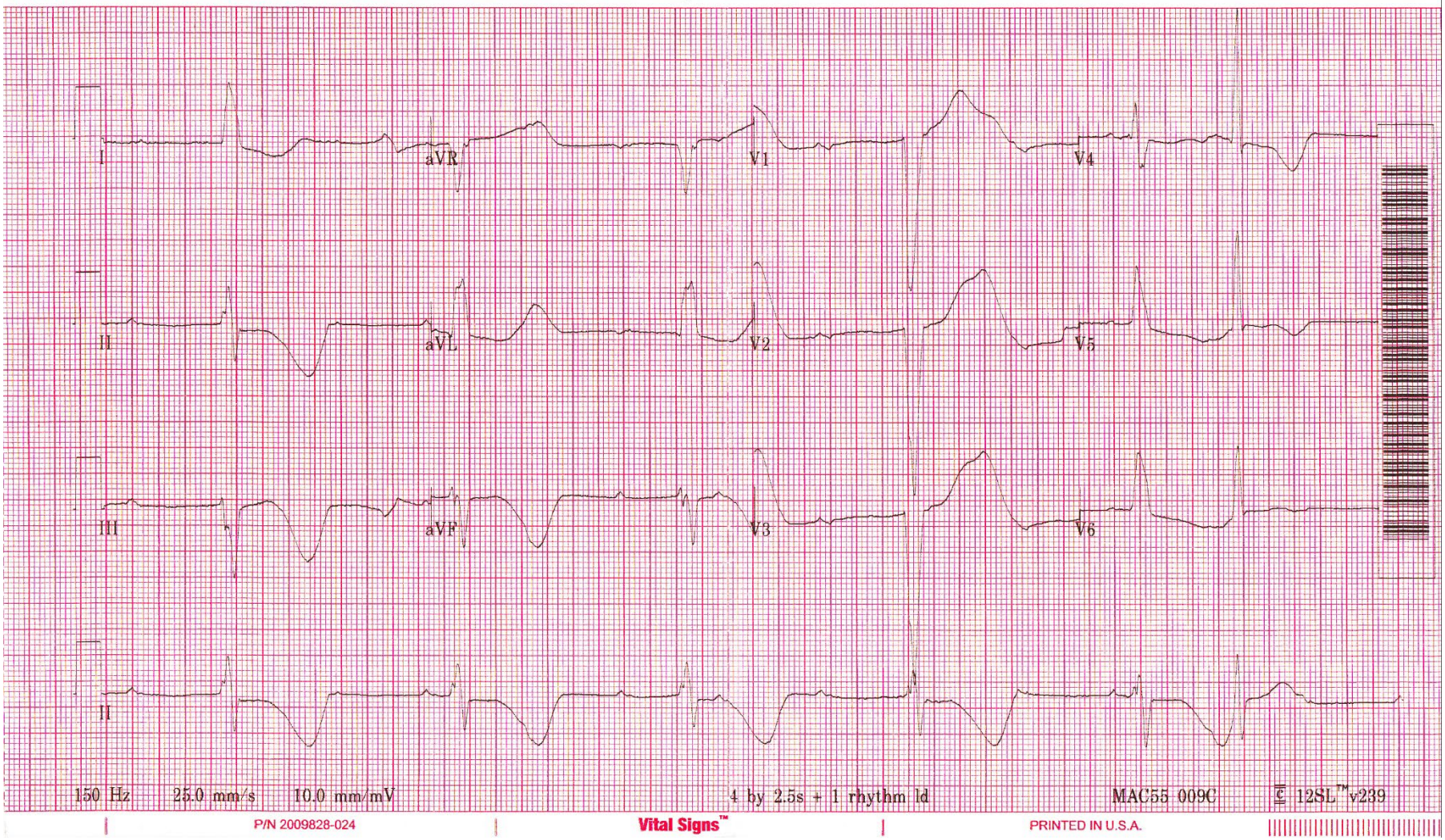
Marking:

- Causes of CHB: inferior MI, CCB, BB, digoxin, degeneration (Lenegres)
- Mx: IVT, isoprenaline, pacing, PPM

	Mark
Correctly interprets ECG as CHB	2
Correct management of patient (see above)	2
Organised approach to management	1
Gives at least three causes of CHB	1
Explains how to do external pacing	2
Appropriate disposition – cardiology for PPM	1
Clear, organised discussion with RMO	1

Obs:
BP 90/40
HR 40
Sats 99% RA
Afebrile
GCS 15/15

Referred by: Unconfirmed



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