OSCE
Candidate information

You have been approached by a junior doctor, who has some questions about management of pneumothoraces.

Domain	**%**
Medical expertise	60
Prioritisation and decision making	
Communication	
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	40
Professionalism	

Actor (RMO) information

You have approached your consultant with questions about pneumothoraces. You recently saw a young female with a primary spontaneous pneumothorax, and have brought her CXR to show the consultant.

The patient had chest pain initially but was otherwise well. She had no medical problems and was saturating 99% on room air. She was sent home, and you were wondering if there are guidelines for management of spontaneous pneumothorax.

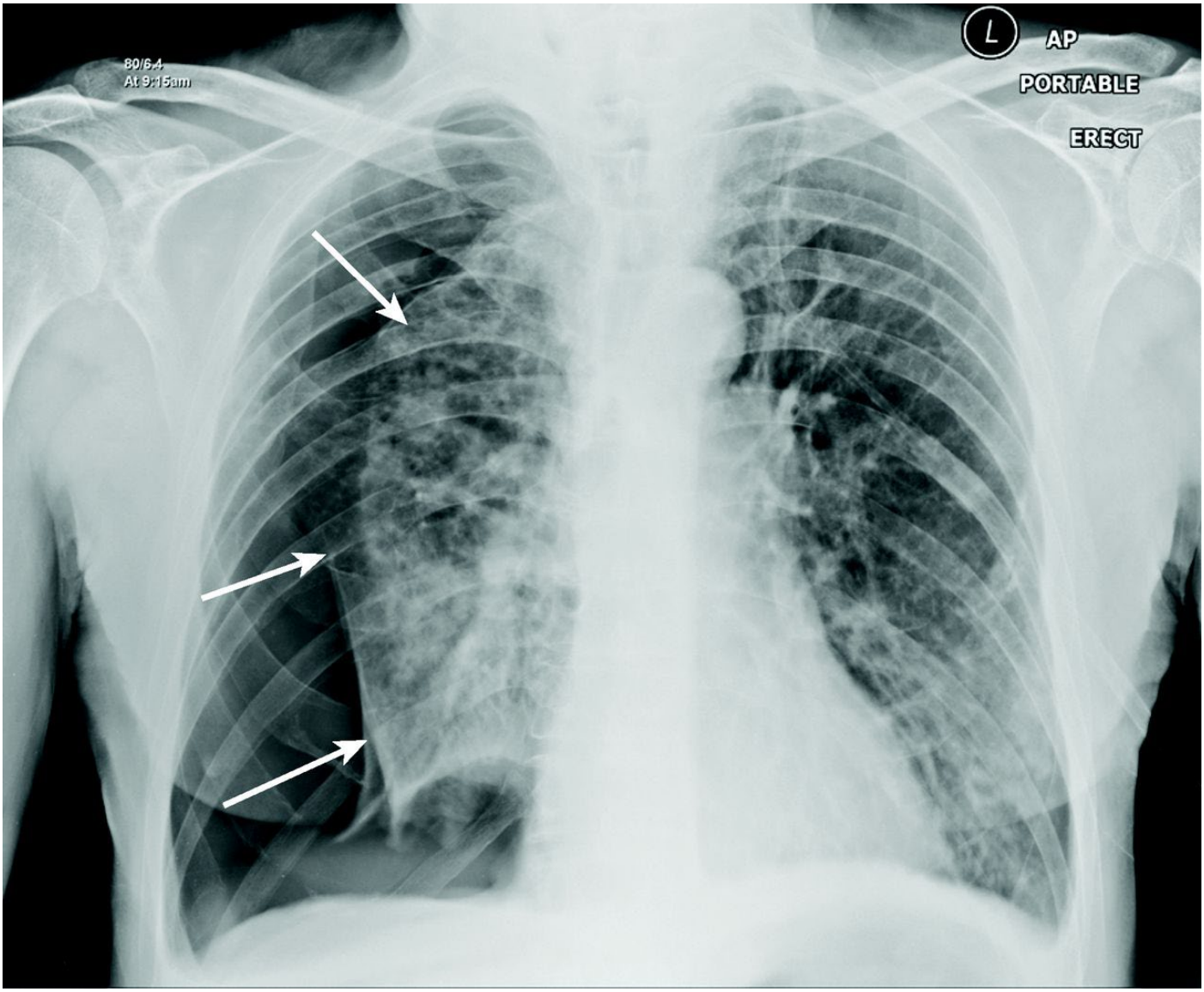
Prompts:

- What are the guidelines for management of pneumothorax?
- Have they changed recently?
- How do you assess size of a pneumothorax?
- How should a spontaneous pneumothorax be managed?

Marking:

- Primary pneumothorax: asymptomatic – conservative, Oxygen, other
- Primary pneumothorax: symptomatic – pleuracath, chest drain, oxygen
- Secondary: oxygen, catheter/chest drain
- BTS guidelines July 2023: 1-2% resolution a day. High risk of recurrence. Oxygen increases resolution rate by 2-4x and should be given.
- Chemical pleurodesis can be considered for prevention of recurrence in secondary Ptx – e.g. divers, pilots, military, TPtx.

	Mark
Explains management of spontaneous pneumothorax	2
Appropriate management options for symptomatic/asymptomatic	2
Structure of teaching	1
Describes how to assess size (UK or USA method)	2
Mentions guidelines	1
Explains follow up advice to patient	1
Knows where to find resources for Ptx management	1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