OSCE

Candidate information

Your intern has been seeing a 48 year old female with pleuritic chest pain and dyspnoea on a background history of moderate asthma. She drove to Sydney and back a week ago.

She is currently stable, afebrile, and normocardic. Your intern wants to discharge her as her PERC score is only 1.

Please educate the intern on risk stratification in suspected PE, including the role of CXR.

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

PE risk stratification

Actor (intern) information

You have been assessing a 48 year old female who presented with pleuritic chest pain and dyspnoea on a background of moderate asthma (Ventolin and seretide). The patient returned from a drive to and from Sydney (6 hrs each way) one week ago.

She has no abnormalities on examination or observations. Her PERC score is 1 (on OCP), so you want to send her home without further investigation.

Your consultant is to educate you on risk stratification in suspected PE, including the role of CXR.

Prompts:

- What rules are there to risk-stratify patients with suspected PE?
- What is the role of CXR in suspected PE?
- Can this patient be sent home, given her PERC score is low?

Marking:

- Educates intern on PERC score- not numerical, only rule-out in very low risk pts. Binary – either PERC negative or PERC positive.
- Explains other rules – Wells, Geneva. Does not need to specify every factor involved, but overview would be useful
- Explains role of D dimer and limitations
- Explains role of CXR – rules out other pathology, cannot exclude/include PE from CXR.

Wells score for PE

- Clinical signs and symptoms of DVT
- PE most likely Dx
- Surgery/bedridden for >3d during last 4 weeks
- History of DVTPE
- HR>100
- Haemoptysis
- Active cancer

Geneva

- Age>65
- Previous DVTPE
- Surgery or fracture of lower limbs within one month
- Active malignant condition
- Unilateral lower limb pain
- Haemoptysis
- HR >95
- Pain on lower limb palpation and unilateral oedema

	Mark
Discusses PERC score and its use, explains error intern made	2
Explains other rules – Wells, Geneva	2
Discusses role of D dimer and its limitations	2
Explains role of CXR in PE	1
Approach to teaching intern – clear, organised etc	1
Explains role of clinical gestalt	1
Offers further education resources	1