OSCE

Candidate information

Your RMO has come to you with two ECGs they are struggling with. Both patients are currently stable, but the RMO is unsure about ECG interpretation and disposition of the patient.

Domain	**%**
Medical expertise	60
Prioritisation and decision making	
Communication	20
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	20
Professionalism	

ECG PPM and WPW

Actor (RMO) information

You have asked your consultant for help interpreting two ECGs. You are struggling with interpretation of the ECGs and need help. Both patients are currently stable.

Patient 1: 40 year old Kylie has presented with dyspnoea and palpitations.

Questions:

- What does the ECG show?
- How should this be treated?

Patient 2: 16 year old Josh has a known congenital heart defect and has presented with a syncopal event.

Questions:

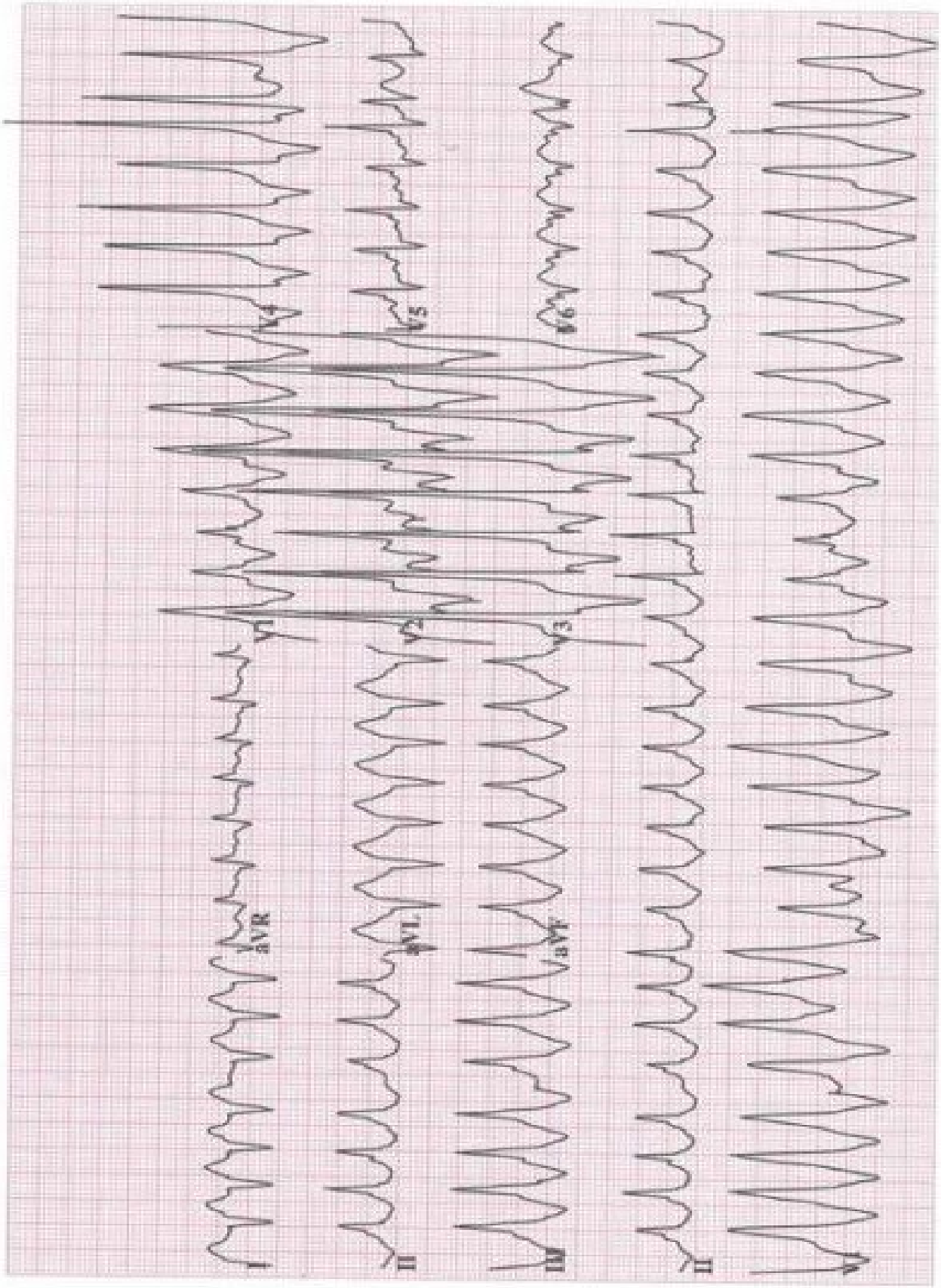
- What does the ECG show?
- What are the possible causes of this?

Marking:

- ECG 1: rate 240bpm, irregular rhythm, rightward axis, Delta waves/fusion beats in several leads especially lead 2 and V1.
  - Likely diagnosis: AF with WPW, DDx AF with RBBB, VT, Torsades.
  - Treatment: synchronized DC cardioversion at 100J.
- ECG 2: paced rhythm, rate 75 bpm. Loss of capture, period of ventricular standstill. Occasional ventricular ectopic, escape beats. P waves 75-100bpm, complete heart block.
  - Causes: fibrosis causing pacemaker failure, electrolyte abnormality, toxicological causes – Ca channel/B blocker/digoxin toxicity, failure to capture/needs check of threshold for capture

	Mark
Interprets first ECG accurately	2
Appropriate treatment of patient 1 including doses/synchronised	2
Interprets second ECG accurately	2
States causes of this ECG	2
Teaching style – clear and organised approach	1
Suggests teaching later/other resources if further questions	1

ECG 1 – Kylie



ECG 2 - Josh