PROCEDURES AND EXAMINATIONS YEAR 3 OSCE (20/04/21)

General information about Year 3 2021 summative:

- **X3 stations over 4 days = 12 stations, x1 history, x1 exam or clinical skill, x1 comms each day**
- **Mixture of real patients (for all examinations – real signs may be heard or felt) and simulated patients**

EXAMINATIONS (6 mins)

- □ Abdominal
- □ Cardiovascular
- □ Respiratory
- □ Peripheral vascular – arterial ☐ *(likely to be a normal patient / no signs)*
- □ Peripheral vascular – venous (if this comes up, the patient must have varicose veins and you will need to comment where) https://keats.kcl.ac.uk/mod/kalvidres/view.php?id=4951883&forceview=1
- □ Mental state assessment (general and using tools such as MMSE, 4AT or AMTS) e.g., to distinguish delirium and dementia.
- □ Cranial - *(likely to be a normal patient / no signs)*
- □ Gait/Cerebellar
- □ Upper limb neuro exam
- □ Lower limb neuro exam
- □ Full sensory exam (or can be included in upper or lower limb exams)

Tim Lancaster sessions possible cases: IT IS HIGHLY POSSIBLE TO GET NORMAL PATIENTS / NO FINDINGS

- Abdo exam – polycystic kidneys, hepatosplenomegaly (consistent with liver disease), kidney transplant (feel in right or left lower quadrants)
- Gait and cerebellar exam – Parkinson's, be able to distinguish between UMN vs LMN symptoms.
- Resp – Crackles, wheeze
- Cardiac – murmur. Will be expected to know that there was a murmur and comment on its location/ what valve it is.

COMMUNICATION STATIONS (8 mins)

DO NOT focus on taking a history but illicit a brief one (good to say: 'I haven't met you before so is it ok to ask you a few questions before we begin?). Explore ideas, concerns and expectations and provide clear explanations when asked questions by the patient. NO ICE = NO PASS!

- Reassure them (where you can)
- Make them feel comfortable.
- Illicit their worries / even if they are embarrassed.
- Explain things well and clearly > if patient TRUSTS you and what you're saying, you've basically passed (examiner will know whether what you're saying is bullshit or not though lol)

- □ Asthma inhaler technique
- □ Peak flow measurement
- □ Explaining a mid-stream urine sample
- □ Explaining a diagnosis e.g., common conditions: Diabetes, Alzheimer's, Parkinson's, Anaemia, Hypertension
- □ Counselling on lifestyle changes e.g., smoking cessation, obesity. MOTIVATIONAL INTERVIEWING TECHNIQUES

- □ Exploring concerns / difficult situation e.g., overdose (linked to depression), anxiety (could be accompanied with agoraphobia), worried about an upcoming surgery or having to be admitted.
- □ Explaining medications. https://oscestop.com/Common_drugs_to_explain.pdf
- □ Explaining a procedure. https://oscestop.com/Explaining_scopes.pdf

HISTORIES

Important histories:

- Chest pain --> MI, Angina, Aortic dissection
- Palpitations --> AF, drug-induced (ASK ABOUT RECREATIONAL DRUG USE AND MEDS) https://geekymedics.com/palpitations-history-taking-osce-guide/
- Breathlessness / cough --> PE (ask about haemoptysis), Tb (ask about haemoptysis & recent travel), breathless at night (? Obstructive sleep apnoea especially if obese)
- 'Tired all the time' --> diabetes, cancer / malignancy, depression, sleeping problem (e.g. sleep apnoea) – *IMPORTANT TO DO A SYSTEMATIC ENQUIRY FOR THESE STATIONS*
- Low mood/trouble sleeping → depression, anxiety, hypothyroidism
- Flu-like symptoms / sore throat --> Upper resp tract infection / common cold, COVID, Bacterial pneumonia (ask about productive cough, common Dx with PMH of COPD)
- Painful, red eye --> Optic neuritis (secondary to multiple sclerosis especially in young female)
- Dizziness --> BPV, vestibular neuronitis, stroke (ask about associated symptoms)
- Memory loss --> DIFFERENTIATING BETWEEN THE DIFFERENT DEMENTIAS https://geekymedics.com/dementia-types-differentials/

SYSTEMATIC ENQUIRY (only do if relevant – you don't lose marks if you don't do it all):

- **Systemic**: fevers, weight change, fatigue
- **Respiratory**: dyspnoea, cough, sputum, wheeze, haemoptysis, pleuritic chest pain
- **Gastrointestinal**: dyspepsia, nausea, vomiting, dysphagia, abdominal pain
- **Genitourinary**: oliguria, polyuria
- **Neurological**: visual changes, motor or sensory disturbances, headache, incontinence
- **Musculoskeletal**: chest wall pain, trauma
- **Dermatological**: rashes, ulcers
- **Pysch:** low mood, anhedonia, risk to self and others, thoughts or PLANS to end life, hearing and seeing things other people don't, impact on daily living, substance use

SKILLS

All practical skills require you to:

- Give information about the procedure.
- Obtain and record consent.
- Ensure appropriate safety netting advice and after care (e.g., chase results)
- Be able to interpret results and manage information (e.g., report to a senior, patient safety-netting)
- **Be able to troubleshoot why you might not be able to complete the skills.**
- □ Basic Life Support (mannikin) including what to do if the patient dies or if the patient has return of spontaneous circulation (ROSC) https://geekymedics.com/basic-life-support-bls-osce-guide/
- □ Vital signs: Temp, RR, Sats (in air; oxygen), GCS/AVPU, pupils
- □ Pulse, BP (manual), cap refill
- □ Early Warning Score (NEWS)
- □ Prescribing

Radiology:

For ALL imaging:

1. Note the patient's name, hospital number and date of birth (plus anything else that is written on the station brief). These details will provide clues to the possible diagnosis.
2. Date and time (how recent) of scan
3. Any other scans to compare to?

Chest X-rays (https://geekymedics.com/chest-x-ray-interpretation-a-methodical-approach/)

RIPE

1. Rotation – clavicles symmetrical?
2. Inspiration – can you see 7 ribs or more? = patient was breathing in
3. Projection: Has the radiograph been taken in postero-anterior (PA) or antero-posterior (AP) projection? If no label, assume PA. AP projection – be careful commenting on heart size.
4. Exposure: too bright? (overexposed), too dark? (underexposed)

Airway: trachea, carina, bronchi and hilar structures.
Breathing: lungs and pleura.
Cardiac: heart size and borders.
Diaphragm: including assessment of costophrenic angles.
Everything else: mediastinal contours, bones, soft tissues, tubes, valves, pacemakers and review areas.

Abdo X-rays (https://geekymedics.com/abdominal-x-ray-interpretation/)

1. Projection: Typical projections of an abdominal X-ray include anterior-posterior (AP) supine and anterior-posterior (AP) erect
2. **Exposure**

BBC approach:

- **B**owel and other organs: small bowel, large bowel, lungs, liver, gallbladder, stomach, psoas muscles, kidneys, spleen and bladder.
- **B**ones: ribs, lumbar vertebrae, sacrum, coccyx, pelvis and proximal femurs.
- **C**alcification and artefacts (e.g., renal stones)

CT (https://geekymedics.com/ct-head-interpretation/)

The appearance of tissues on a CT scan is described in terms of 'density'. Darker structures are 'hypodense or low density'; brighter structures are 'hyperdense or high density'.

Blood **C**an **B**e **V**ery **B**ad:

- **B**lood – haemorrhage
- **C**isterns – (CSF) fluid filled spaces.
- **B**rain – gyri, sulci, grey-white matter differentiation, abnormal shifts of brain tissue, hypodense or hyperdense tissue (tumours)
- **V**entricles
- **B**one – fractures?