OSCE 2A – Candidate Information

**Theme**: ECG Interpretation

Single Station\_3 mins reading/7 minutes assessment

**Domains Assessed:**

Medical Expertise

Scholarship and Teaching

**Clinical Stem**

An RMO has approached you to discuss an ECG from a 76 year male patient who has presented with syncope. The patient is being safely managed by a senior registrar, and you do not need to participate in patient care.

Tasks

- Establish the important clinical information required to interpret the ECG

- Explain the ECG findings and their significance to the RMO

- Explain the necessary ED management necessary

OSCE 2A – Examiner Information

**Candidate Receives the following information**

**Clinical Stem**

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Marking Criteria

**Medical Expertise**

- Listens to the initial presentation and identifies appropriate historial features

 - Stability – observations/end organ sx e.g. chest pain/confusion

 - History of syncopal episode – timing, context, duration, nature etc

 - Past history of cardiac disease/other comorbidities

 - Meds – esp new meds

 - No prior ECGs available to compare

- Examination findings/Results

 - Normal obs except BP 140/90

 - No localising findings

 - No postural drop

 - Normal bloods inc CMP/Trop/FBC/EUC/LFT

 - Normal CXR except for large heart

- Explain ECG

 - Trifasicular Block (incomplete)

 - LAD

 - RBBB

 - First Degree HB

 - High risk ECG – complete heart block potential

- Explains the necessary management

 - Admit cardiology

 - Keep Monitored – telemetry or CCU

 - Likely need a PPM

**Scholarship and Teaching**

- Establishes the RMOs level of knowledge

- Allows questions

- Checks understanding

- Communicates appropriately

**OSCE 2A – Role Player Information (RMO)**

Opening information

Ive seen this 76M with the registrar – he is totally happy managing the patient.

The patient is a previously well man who has had a syncope at home today. He was feeling fine beforehand and then it just suddenly happened. He feels fine now and he really wants to go home. I was wondering if we can discuss the patient as his ECG. I can see it’s not normal but I’m not good at ECGs.

*If asked details about the patient you can answer Qs with the following information but must be asked specific questions to tease out the information*

The event – was walking out to collect the post when felt lightheaded and unwell. Nauseated so sat down on the grass and had a momentary LOC. Found by wife. No evidence of seizures/tongue biting/trauma/incontinence.

No prodrome/recent intercurrent illness

No chest pain/confusion/neuro sx

No comorbidities – specifically nothing cardiac, no prior ECGs at this hospital, no previous cardiac Ix

Meds – only a “preventative” aspirin

NKDA

No FH

Investigations all normal – FBC/EUC/LFT/CMP/TROP/CXR/BSL

Examines normally

No postural drop

*Observations must be asked for specifically to be disclosed*

P 66

BP 140/90

Sats 98% RA

RR 14

Afebrile 37.1

*If asked about YOUR interpretation of the ECG*

It just looks a bit funny

I can see its regular and not too slow or fast

But I really cant say much more – Im pretty bad at ECGs

*You understand everything that is explained to you when the ECG is explained*

*If the candidate mentions the correct abnormalities but doesn’t state TRIFASICULAR BLOCK you should ask – “What does that combination of abnormalities all mean?*

*If the candidate doesn’t go on to explain the significance of the ECG prompt “so is this serious or can he just follow up outpatients”*