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| **OSCE: My Legs Don’t Work!** |
| **Time: Single Station** |
| **Author: Rebecca Day** |
| Communication |
| Medical Expertise |
| Prioritisation |
| Professionalism |

# Clinical Scenario Stem

A 21 year old female presents to ED. She is hyperventilating and crying. She states that she can’t move her legs. She has been seen in ED on several occasions over the past 3 months with anxiety and likely psychosomatic symptoms. She has been seen by the nursing staff to move her legs normally, and walked into ED from the car.

Obs:

P 90, BP 110/70, Sats 98%, RR28, T 37.1

# Instructions

## Candidate

A junior registrar has asked you to review the patient in bed 21. He thinks that she has a psychosomatic cause for her inability to move her legs. You are to take a history and explain to the patient what will happen next. You do not need to examine the patient and can assume that the registrars assessment is accurate. Besides not moving her legs and appearing anxious and tearful, she has no abnormal physical findings in any system including a detailed neuro exam. She has been witnessed from a distance moving her legs normally and even got out of bed to get her phone at one point, then claimed couldn’t walk again.

## Patient

You are 21 years old. When you woke this morning your legs, face and top of your head felt tingly. You decided to come to hospital, and were able to walk into the department from the car, which you drove to hospital. When you got into the bed you suddenly realised that you could move your legs. If questioned you have no other neurological symptoms. The only other positive on systems enquiry is a minor gradual onset headache which is worse at the end of the day. It seems to get worse when you feel stressed.

You recently had a miscarriage 3 mths ago and had a D&C. Have also just split from your boyfriend of 2 years. You are working in a café but the manager is getting fed up of you calling in sick. You live with your parents. History of depression, seen by GP but no one else from mental health. Previously have cut your wrists as a “release” when you were in your teens, not for many years. You have been to ED 3 times in the last 5 weeks, twice with chest pain of unknown origin and once with abdominal pain of unknown cause. All tests were negative but you adamant that there is something wrong.

You think that you have had a stroke and want to be admitted to the hospital for some scans. You want someone to call your ex boyfriend and ask him to come to the hospital. You do not want anyone else to know that you are here.

No meds, allergy to codeine (nausea), no significant PMH except depression.

Deny any DSH/overdose/trauma. Don’t smoke or drink any alcohol/take drugs.

LMP 2 weeks ago

If the candidate tries to explain that you have likely got psychosomatic symptoms you are to get angry, swear at them and threaten to report them for being judgemental. If they use silence, verbal de-escalation, empathy and explain well that psychosomatic symptoms are “very real” then you calm down and become tearful rather than angry.

## Examiner

If management/disposition has not been discussed, 1 minute from the end of the scenario you must stop and ask the candidate how they will proceed with the investigation, management and disposition of the patient.

# Assessment Criteria

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| DOMAIN | Performs poorly, nowhere near the level of a new FACEM | Performs  significantly below the level of a new FACEM | Performs below the level of a new FACEM | Borderline at the level of a new FACEM | Performs at the level of  a new FACEM | Performs very well, above the level expected of a new FACEM | Performs exceptionally and far exceeds the level of a new FACEM |
| Communication |  |  |  |  |  |  |  |
| Medical Expertise |  |  |  |  |  |  |  |
| Professionalism |  |  |  |  |  |  |  |
| Prioritisation |  |  |  |  |  |  |  |

Communication

* Introduces self and establishes the patients name
* Non judgemental, uses silence, doesn’t raise voice, appropriate empathy
* Verbal de-escalation of anger/confrontation
* Appropriate body language
* Offers a tissue/water/phone to call someone

Medical Expertise

* Recognises that presentation does not represent an organic cause, given patient has been seen to walk in the department and has normal neurological assessment otherwise
* Enquires about all significant systems
* Asks specifically about symptoms of mental health disorders, including suicidal thoughts and plans
* Explains and shows good understanding of psychosomatic illness
* Recognises significant social stressors as a factor
* Reassures patient that examination findings are non concerning, but that patient will be observed
* Offers short stay admission and appropriate mental health/social work review

Professionalism

* Behaves respectfully towards patient

Prioritisation

* Doesn’t order inappropriate tests such as CT/MRI
* Simple bedside tests and laboratory studies not penalised but certainly not necessary
* Realises that mental health follow up and social support is the mainstay of treatment