

FCEM OSCES 2010

1) 40 odd yr old woman on 6th cycle IVF. known intra-uterine pregnancy approx 9/40 preg. comes in with heavy pv bleed and abdo pain. she's concerned that she went horse riding and it's her fault. think it was 50/50 communication and mx plan. (essentially mx of miscarriage and be nice i think)

2) male catheterisation of chap who had TURP a few weeks ago. 60/40 i think for practical and communication/explanation. he was grumpy that he was in retention again - talked about infection and clots.

3) anxious mum of few day old baby who is crying all the time but nothing else concerning in the history. she has no social support and previous baby who had SIDS. poss post natal depression. 60/40ish for history taking and mx plan.

4) teach this fy1 how to do a haematoma block for a Colles (all speaking, not practical - no patient there) - think everyone talked about how crap a method it was and then made stuff up about how to do it...not a very fair station.

5) suture an arm wound and talk to the pt about it (i went on about keeping it dry for 24 hrs, signs of inf, tetanus status, ROS with GP) 50/50 i think for practical/communication

6) manic woman - do mental state exam and present findings and give mx plan. she answered a few qs but not all and just kept walking about.

7) ATLS double station (lots of variations thro' the week) but mine was intubation, splenic lac, unstable pelvis, doing referral to surgeon and saying no to CT and then having a chat with the mum. (had a nurse and an F2 to help)

8) breaking bad news - young man with unsurvivable ICH who had crashed car and killed someone else too. usual stuff about silence/empathy/organ donation/getting other relatives in etc.

9) cvs exam - well young chap with a pansystolic murmur - poss a VSD. 100% exam

10) taking a history from a polish chap with back pain via his really annoying translator. only way you could get info about bladder and

bowel sx was to say piss and shit - he didn't understand other words (i gather some mpeople tried to act it out hahahaha)

11) APLS double station - fitting child who has meningococcal sepsis - get thro 60 mls/kg and need to know about central access/inotropes and also have to RSI as doesn't stop fitting. have to handover to PICU consultant and give prognosis to mum. you have to be hands off - 40/60 management/leadership i think

12) cranial nerve exam of chap with lac on forehead and numbness in supra-orb/trochlear area. 100% exam

13) history and mx of young man with epistaxis (his concern is that his sister has leukaemia diagnosed after a nosebleed)

14) CDU ward round - teaching the F2 and mx plan. 2 of following 3 - head injury that needs a scan (NICE), ap in young woman with neg urine hcg but she could still be an ectopic, and (the one i messed up) od of vitamins and lemsip (staggered) - needs parvolex as is high risk (i forgot lemsip was paracetamol till the end!!)