



MCEM PART C – EXAMPLES OF OSCE TOPICS

- 15-yr-old girl requesting 'morning-after' emergency contraceptive pill.
- Acute onset of severe headache.
- Acute painful & hot knee joint (history and clinical diagnosis).
- ALS management - defibrillation technique and safety.
- ALS management – PEA.
- ALS management - post resuscitation care.
- ALS management – pulseless VT.
- ALS management – VF.
- ALS management– diagnose rhythm and use appropriate algorithm(s).
- APLS scenario (meningococcal septicaemia).
- APLS scenario (trauma).
- Assessment and management of chest pain (history consistent with acute MI).
- Assessment of suicide risk (and appropriate referral / follow-up plan).
- Basic and advanced airway management (including endotracheal intubation).
- Bi-manual pelvic examination in female patient.
- Clinical clearance of a cervical spine (immobilised patient).
- Communication – investigate polypharmacy in an elderly man.
- Communication – no neurosurgical intervention recommended for a comatose patient.
- Communication – the orthopaedic registrar refuses to see a neck injury patient.
- Communication – unwell ascitic patient refusing further treatment.
- Communication - withdrawal of treatment (to the patients relative).
- Demonstrate a log-roll and spinal examination in trauma patient.
- Focused gastrointestinal history and general systems enquiry.
- Focussed upper limb examination for a laceration injury (nerve/vascular/tendons).
- Full cardiovascular examination and clinical diagnosis.
- Genitourinary history, clinical diagnosis and management.
- History, examination and management of shoulder injury.
- Insert an internal jugular central venous catheter.
- Insertion of urinary catheter for acute urinary retention.
- Intraosseous needle insertion in young child.
- Knee joint examination and discussion of your findings.
- Management of a lost/split condom in a female.
- Management of subarachnoid haemorrhage.
- Mild asthma management and demonstrating inhaler technique.
- Needlestick injury involving a 'high-risk' patient.
- Needlestick injury involving a 'low-risk' patient.
- Perform fundoscopy and make a clinical diagnosis.
- Perform otoscopy and make a clinical diagnosis.
- Plaster cast application for a Colles fracture.
- Psychiatric history and mental state assessment.
- Respiratory system examination in COPD patient (and management plan).
- Safely secure a correctly inserted chest drain (and appropriate advice to ward staff).
- Spontaneous pneumothorax and method of chest drain insertion.
- Suturing a laceration wound using the 'no touch' technique.
- Transfer to CT scan for head injury with GCS 14.
- Traumatic neck pain - examine peripheral neurology and give management plan.