

## OSCES

1. Major Trauma-- I had a man who was stabbed in the left side of his chest, in the ant ax line, with a huge haemothorax and white out on X ray, and then the management of that--- although they didn't actually ask you to put the chest drain in, but they did ask how to secure it and what instructions you would give the nurses
2. Paediatric Trauma-- I actually had Paediatric Airway management-- child with grape aspiration, then i had to look for the foreign body and remove it with a magills, then further management, and handover to the ITU team
3. Needlestick-- a nurse from a ward sustained a needlestick from a patient upstairs, discuss PEP, with it's side effects, and risk benefit ration
4. Airway-- this was actually to teach a student about different types of airway adjuncts, so they had a table full of things like ET tubes, guedels, bag and mask, eve na astethoscope, and you just had to stand there, the premise was that apparently a trauma call is coming in with a GCS of 7, teach the student which airway adjuncts may be useful in this case, the student gave not feedback, didn't really talk, so it was more like a lecture really--- weird station
5. PID history-- communication, bacsically sexual history from a woman with lower abdo pain and discharge- she did ask whether this would affect her fertility or not
6. Diabetes-- again a weird communication station, woman with 3+ glycosuria and a diabetes sounding history, you had to talk through her diagnosis, v v weird
7. Drop foot-- man who had been in a below plaster and ended up with foot drop, but you had to elucidate that he had a plaster on, he also wanted to know is the people who put the plaster on were at fault, and whether he could sue them
8. Suturing- woman with a fake cut on her hand, put a couple of sutures in and give her advice
9. Haematuria-- man with haematuria and a family history of bladder cancer, secondary to dyes, take a history and you had to drag it out of him that he was worried about cancer (PATrick roberts told me that they had had this one before, but with PR bleeding)
10. ECG-- another weird one, you had a student and an ECG, the history of a woman with a fast heart beat that had now reverted to sinus rhythm, and you had to teach the student how to read an ecg, but you weren't allowed to ask the student any questions and she didn' really talk.
11. Respiratory Exam-- man with a weird scar just at the top of his sternum (not a trach) and L basal absent breath sounds-- I think he had a L lobectomy, anyway, Resp exam on him
12. -----
13. Triage station-- you were given the 5 triage cards in the rest station before, so that you had time to read them, then you had to go and talk to anurse and explain why you wanted to change the order that these cards had been triaged in, she was not the nurse who did the triage  
  
the cards were-- a 7 day old baby, mum says drowsy, vomiting an less responsive, no obs done cos baby was "sleeping" triaged as a blue, an MP who presented with painful bunions but was worried that he was getting hassled by the press, cos he was involved in a scandal, who was to be seen within 10 minutes, a woman who had run out of her OCP, seen within an hour, an two others that I can't remeber; you had three doctors and another one coming on in an hour
14. ENT-- man with nasal fracture, that you had to explain how to use those weird forcep type things to look up his nose
15. NAI-- actually communication again-- you had to try and get the Paeds A+E sister to call the paed's reg down for you to see a child suspected of NAI-- had a weird fracture and had a head injury some time ago, and she was resistant, plus she said she knew the family and they would neve do anything like that.
16. Hand Exam-- woman with painful swollen knuckles, assess the hands and give diagnosis
17. Femoral nerve block-- didn't have to do, just talk through on a dummy and show position-- scenario was a man with fracture shaft of femur, they had a man lying there with his leg out and you had to explain to him what we were going to do
18. Eye exam-- man working with metal yesterday, painful eye FB sensation, how would you examine, mention penetrating FB
19. Mental health- i had a man who took an OD-- assess
20. THAT'S IT!!

hope this is helpful