

MFAEM part B Examination 5th Apr. 2004

O.S.C.E. (7 minutes per station)

Station 1

Take a history from this lady, who presents to the emergency department complaining of a headache.

After taking an appropriate history, speak to her about your management plan.

Good History Given for S.A.H., needs urgent CT & Admission for LP, despite wanting to go home to look after mother

Station 2

You are the A&E registrar on duty. A patient has come into the department with a neck injury sustained in a RTA. The X-rays obtained demonstrate a fracture dislocation with 25 % displacement of C5 on C6. One of your SHOs has seen the patient and referred to the orthopaedic registrar (Mr Smith), who has refused to come and assess the patient.

Speak to the Orthopaedic Registrar.

Station 3

You are on duty and have been looking after a 75 year old lady who was found unresponsive by her home help this morning. Her GCS has been 3 throughout, and she is now intubated and ventilated. A CT scan has been done which demonstrates a large intracerebral bleed. The neurosurgeons have seen the scan and suggest that her likelihood of a recovery is nil. The patient's daughter is now in the relatives room.

Speak with the daughter and explain that your patient is not suitable for surgical treatment, and agree that she is not for resuscitation.

Station 4
Rest Station

Use the time available in this station to familiarise yourself with these policy documents in preparation for the next station.

Policy documents were for St Elsewhere Hospital 'Post Exposure Prophylaxis' for staff suffering exposure to HIV and Hepatitis B.

Station 5

A 39 year-old female member of nursing staff from the ward (Mrs Jane Bland) has received a needlestick injury whilst taking blood from a patient who is known to be hepatitis B and HIV positive.

Counsel your patient about her risk, and decide upon her suitability for post-exposure prophylaxis. Discuss your management plan and the need for follow-up.

Patient high risk, but had been vaccinated against Hep B. Thought may need booster dose as has not converted well.

Station 6

Assessment of suicide risk.

This 45-year-old man has taken 40 paracetamol tablets 5 hours ago . His paracetamol levels are below the treatment line and he is 'medically cleared' to go home.

Take an appropriate history from the patient (5 minutes) and present your findings together with a management plan to the examiner (2 minutes).

45 year man, lost job 2 weeks ago, high alcohol intake, still expressing suicidal intent, socially isolated, went to allotment to perform act, not intending to be found.

Station 7

Cardiovascular examination.

This lady has presented to the A&E department complaining of shortness of breath on exertion and mild ankle swelling. There is no history of chest pain.

Examine the patient's cardiovascular system and present your findings and management plan to the examiner.

Mitral regurgitant murmur. ? also aortic regurgitant murmur

Station 8

Chest Examination

This 79 year old gentleman (Mr McKaye) present with shortness of breath. He is known to suffer from COPD and ischaemic heart disease.

Examine Mr McKaye's chest and present your findings to the examiner. Outline your plan for investigations within the A&E department.

Left axillary thoracostomy scar, mediastinoscopy scar, dull to percussion mid-left, left lower = gastric sounds

Station 9

This 45 year old lady presented to the A&E department complaining of left iliac fossa pain. Bladder and bowel habit are normal. There are no genitourinary symptoms, and a urine pregnancy test is negative.

Perform a pelvic examination.

Left-sided lump on bi-manual palpation.

Station 10

A 69 year old patient with hypertension presents to the A&E department complaining of visual disturbance associated with flashing lights. She is normally fit & well with no pre-existing eye disease

Examine the eyes (including fundoscopy), and discuss your findings with the examiner.

Examination findings = unilateral papilloedema

Station 11

You are the doctor on duty in a district general hospital, and a nurse waves this ECG at you for a man in his fifties who has presented with chest pain. There are no on-site cardiac catheterisation facilities.

Make an assessment of this man and manage him as you feel appropriate.

Inferior (? Also posterior) MI ripe for thrombolysis

Station 12

Examination of the shoulder.

This young man has presented to the accident and emergency department three days after a sporting injury to his shoulder (playing rugby). He is complaining of pain

Examine the shoulder and discuss your management plan.

Station 13

It is Friday afternoon at the start of a bank holiday weekend. A 15-year-old girl has asked for the 'morning after pill' and the triage sister wants you to see her. The Family planning / GU Medicine Clinic is closed until Tuesday.

Discuss relevant issues and prescribe if appropriate.

Station 14

You have been asked to see a young man who took 40 tablets of paracetamol 5 hours ago after an argument with his girlfriend late last night. He now says he is scared of blood tests/needles, and wants to leave to speak to his girlfriend to make amends. It has already been assessed that he is not depressed and has no further suicidal plans.

Speak to this man, advising him of the consequences of his actions.

Station 15

ALS Moulage.

This patient has been brought in by the paramedic crew, and is found to be in cardiac arrest. You have two ALS-trained assistants performing chest compressions.

Manage the cardiac arrest, addressing any 'reversible causes'.

P.E.A., with rate of 39 b.p.m.

Station 16

Rest Station

Station 17

A patient from a road traffic accident has been brought into the department, and you have correctly inserted a chest drain.

Secure the chest drain.

Station 18

A young driver has been hit from behind at approximately 15mph. Paramedics were called to the scene but the patient did not want to attend hospital. He has now presented to A&E (4 hours later) complaining of neck pains. He has been immobilised by the nursing staff.

Attempt to clear the cervical spine. Demonstrate a log-roll examination - you have 4 medical students to assist.

no mid-line tenderness on palpation

Station 19

Intraosseous needle insertion

This twelve-month-old boy (Toby) is in the resuscitation room with his mother. He has a 24-hour history of D&V and is now in a shocked state. Your SHOs have attempted venous cannulation and failed.

Attempt intraosseous needle insertion and give appropriate fluid resuscitation and investigations

Station 20

Defibrillation station. You are shouted into resus. A man has collapsed whilst getting onto a trolley. A nurse (Duffy!) is performing BLS.

Identify and treat the underlying rhythm and discuss your post-arrest management plan.

(pulseless VT)
