

Station 1:

This 17 years old female patient has sustained a fall onto the outstretched left hand. She complains of tenderness and reduced range of motion in the wrist. X-rays confirm a fracture of the distal radius and ulna. The radiographs are available to you. Apply a forearm plaster splint and give the relevant plaster advice.

Station 2:

This 14 years old female patient has sustained a glass laceration to the flexor aspect of the right forearm. On examination the wound is clean without any glass foreign bodies in situ. The distal neurological, motor and vascular functions are intact. Close the wound demonstrating two different types of stitch technique. Give adequate advice with regards to wound care.

Station 3:

This 21 years old male patient has been unable to void urine since last night. He has had an accident three years ago and needed surgery to his perineum. He is otherwise fit and well, but complains of severe lower abdominal discomfort. Demonstrate the insertion of a urinary catheter explaining the procedure to the patient.

Station 4:

It is 3:30 am and you are the A&E registrar on-call. A 36 years old patient has been brought into the department earlier on during the evening. He had fallen down a flight of stairs whilst under the influence of alcohol. He complained of neck pain with no neurological deficit in the arms or legs. A lateral c-spine radiograph shows malalignment at the C5/C6 level with possible facet joint subluxation. One of the A&E SHO's has already tried to refer the patient to the orthopaedic registrar "Mr Smith" but was told to discuss the case with you. The SHO has explained to you that "Mr Smith's" advice was to admit the patient under A&E care and re-refer him to orthopaedics in the morning. You obviously disagree with this and ring the orthopaedic registrar to refer the patient to him. The patient's A&E notes and radiographs are available to you.

Station 5:

An 15 years old female patient attended the A&E department requesting the "morning after" pill for emergency contraception. The senior nurse has asked you to see and assess her.

Station 6:

A 38 years old male patient has allegedly taken an overdose of paracetamol tablets. The blood levels taken four hours after the alleged time of overdose have come back as "below the treatment line". The nursing staff have asked you to review this patient with regards to his further management or possible discharge from the department. Assess the patient and discuss your findings and management plan with the examiner.

Station 7:

A 34 years old male staff nurse is sent to A&E by his nurse manager having sustained a needle-stick injury to his right index finger. He works on the infectious diseases ward and has just taken blood from a HIV positive patient. It is 6:30 pm on a Friday evening and the occupational health department is closed. He is concerned and wants to know about post-exposure prophylaxis. (In the "rest" station prior to this OSCE station the candidate is provided with a set of post-exposure prophylaxis guidelines on Hepatitis B and HIV)

Station 8:

A 45 years old female patient was brought into the A&E department complaining of chest pain. The pain turns out to be rather epigastric in origin and there is nothing to suggest any cardiac causes. The pain has actually settled with antacid medication, however, clinical examination of the abdomen has revealed ascites. As the pain has settled, the patient would like to go home. You have been asked to review the patient and explain the findings to her.

Station 9:

A 78 years old female patient has been brought into A&E by the paramedic ambulance crew. On arrival she was unconscious and was abnormally extending her limbs to painful stimuli. CT scanning of her head has confirmed a massive intracranial bleed with compression of the ventricles and midline shift. The neurosurgical team has been informed, but think that any operative intervention would be futile. The lady is intubated and ventilated but does not require any sedation. Her daughter has arrived and you have been asked to speak to her in the relatives' room, in particular with a view to stopping the ventilatory support.

Station 10:

This 41 years old female has attended the department with a history of sudden onset of severe headache last night. She had been feeling a little unwell and "headachy" over the last few days. She wants to leave the department, hoping that the headache might eventually settle down. Take a brief history and physically examine the patient, focusing on her symptoms. Thereafter, explain your working diagnosis and management plan to the patient.

Station 11:

A 53 years old female has fallen of a step-ladder when putting up the curtains. In doing so she caught the back of her neck on the armrest of a chair. She was able to get up straight away, but felt a little bit "weak". She had also complained of neck pain and was therefore immobilised on a spinal board. Perform a neurological assessment and discuss your findings and any further investigations/management plan with the patient.

Station 12:

A 23 years old male has fallen onto his right shoulder eight days ago. He still has pain and a reduced range of motion in the right shoulder and has come to A&E to be "checked out". X-rays of the shoulder are available to you. Examine the patient's shoulder and outline the further management of his injury.

Station 13:

This 67 years old male has attended A&E after noticing a swelling of his right ankle and some mild shortness of breath. He has sustained a stroke with residual right upper and lower limb weakness in the past. Examine the cardiovascular system of this patient and discuss your findings, working diagnosis and plans for further investigations.

Station 14:

A 42 years old male has attended A&E with sudden onset of central chest pain 90 minutes ago. Take a brief, focused history and examine the patient. In view of the ECG findings which are available to you discuss your acute management plan with the patient and outline the treatment options.

Station 15:

You have been asked to attend a 56 years old male patient in the resuscitation room. The patient had been brought in by the ambulance crew complaining of chest pain and feeling "clummy". On entering the resuscitation room you find a nurse performing BLS. Establish and treat the underlying arrhythmia as necessary. After restoring a cardiac output discuss the need for any further investigations and the appropriate post-resuscitation care with the examiner. You may familiarize yourself with the defibrillator setup prior to commencing this OSCE station.

Station 16:

An 18 years old male has been "dumped" at the front doors of your A&E department by one of his mates. There is a vague history of overdose/substance abuse. The senior A&E sister has asked you to assess this gentleman's airway.

Station 17:

Ambulance control rings in a 6 years old child with a history of collapse. The child had been pyrexial and unwell for the last few days. With you in the resuscitation room are an A&E SHO and a senior nurse. You have got one minute before the crew arrives in order to brief your team and set up your equipment.

Station 18:

You have been asked to see a 13 months old child with a history of diarrhoea, vomiting and pyrexia for the last 5 days. The child is clinically shocked and several attempts at gaining intravenous access have failed. Explain the need for intraosseus cannulation to the mother and perform the procedure. Outline any further tests you intend to do and discuss the acute management with the mother.

Station 19:

This 66 years female patient has been unwell for a few days and has suffered from severe diarrhoea and vomiting. She has got a history of several heart attacks and "severe cardiac failure". On examination she appears moderately dehydrated, and peripheral intravenous access is difficult. You have been asked to insert a central venous line in order to allow careful rehydration and central venous pressure monitoring.