FCEM OSCE Stations
October 2009

1. *Take an appropriate history from a confused, elderly patient found wandering in the street*Possibly septic or has urinary retention
“What are you going to do?”
2. *Breaking bad news*
High-functioning lawyer’s wife
Patient on warfarin for AF. Big intracerebral haematoma with long-term disability
Supposed to resolve any conflict
3. *Teach a medical student how to place a male urinary catheter*
Student does not want to do it so demonstrate
Talk to both student and patient, answer questions
4. *Forearm Laceration (volar aspect) – do an appropriate examination*
Examine patient, talk to patient, make referral
5. *Mental State Examination*
Depressed, psychotic, drug-user
Present findings and give management plan to examiner
6. *Rest station*
7. *Trauma – Testing Leadership Skills (only one member in your team)*
DOUBLE STATION
Elderly cyclist hit by car. Prepare for arrival.
Stridor, C-spine immobilisation, haemothorax requiring thoracotomy
Manage patient, tell how to do chest drain, disposal
8. *Frequent attender for toothache requesting codeine*
Examine mouth and face, review old notes, formulate management plan
9. *Cardiovascular Examination*
Lying/standing BP showed large postural drop, recently started on new tablets
10. *Lost condom*Pass speculum, remove condom, counsel patient
11. *Suturing a straight laceration*Talk to patient, suture wound
12. *APLS*DOUBLE STATION – Only one other team member
Septic 6 month old, goes into cardiac arrest, resuscitate and post-resuscitation care
13. *Rest Station*
14. *EDU Board Round*Given 6 patients to consider in previous rest station
Discuss 2 patients with the junior doctor, teach where appropriate
15. *Shoulder Examination*Supraspinatus injury. Tell examiner exactly what you are examining as you are doing it
16. *Counsel a mother on the need for tetanus immunisation*Child sustained foot injury on a farm
Persuade mother to allow immunisation of child