

Domain Marking Allocations:

Medical Expertise	40%
Communication	
Leadership and Management	40%
Scholarship and teaching	
Prioritisation and Decision Making	20%
Teamwork and Collaboration	
Health Advocacy	
Professionalism	

Clinical Scenario Stem:

You are seeing a 25 yo female with palpitations, onset at the supermarket 30 mins prior. She had associated dizziness and nausea and felt tightness in the chest.

They spontaneously resolved just before the ambulance arrived but she has been transported in for your assessment

She had made a comment to the ambulance officer that she has had one or two of these episodes previously, but not been assessed in hospital for them.

Nursing staff have already inserted a IV cannula

Your task is to assess the patient and manage accordingly

You will have 1-2 nursing staff and an airway-competent ED registrar.

7 mins station with 3 mins pre reading

Marking Scheme

Domain	
Medical Expertise	- -
Communication	
Leadership and Management	
Scholarship and Teaching	-
Prioritisation and Decision Making	
Teamwork and Collaboration	
Health Advocacy	
Professionalism	

Further instructions to examiner if applicable:

may need to vary whether confederate or dummy serves as patient depending on numbers.

Instructions to confederate (if applicable)

reg and nurse to comply with instructions but not initiate.
when candidate walks in have pt already on monitor, [IV is already in if asked]

Patient - hx as above. no regular meds, no recent changes , no allergies, usually fit and well.
no family hx

when they are recording the 12 lead - state "oh god it started again" -from then on you are very dizzy and nauseous with palpitation in your chest. **(ECG attached next page)**
if not treated within a minute your consciousness deteriorates .
progresses to VF arrest if not dc cardioversion in another 1-2 min

if given verapamil or beta blocker or adenosine - extreme tachycardia then VF. need prolonged CPR +/- ECMO to salvage.

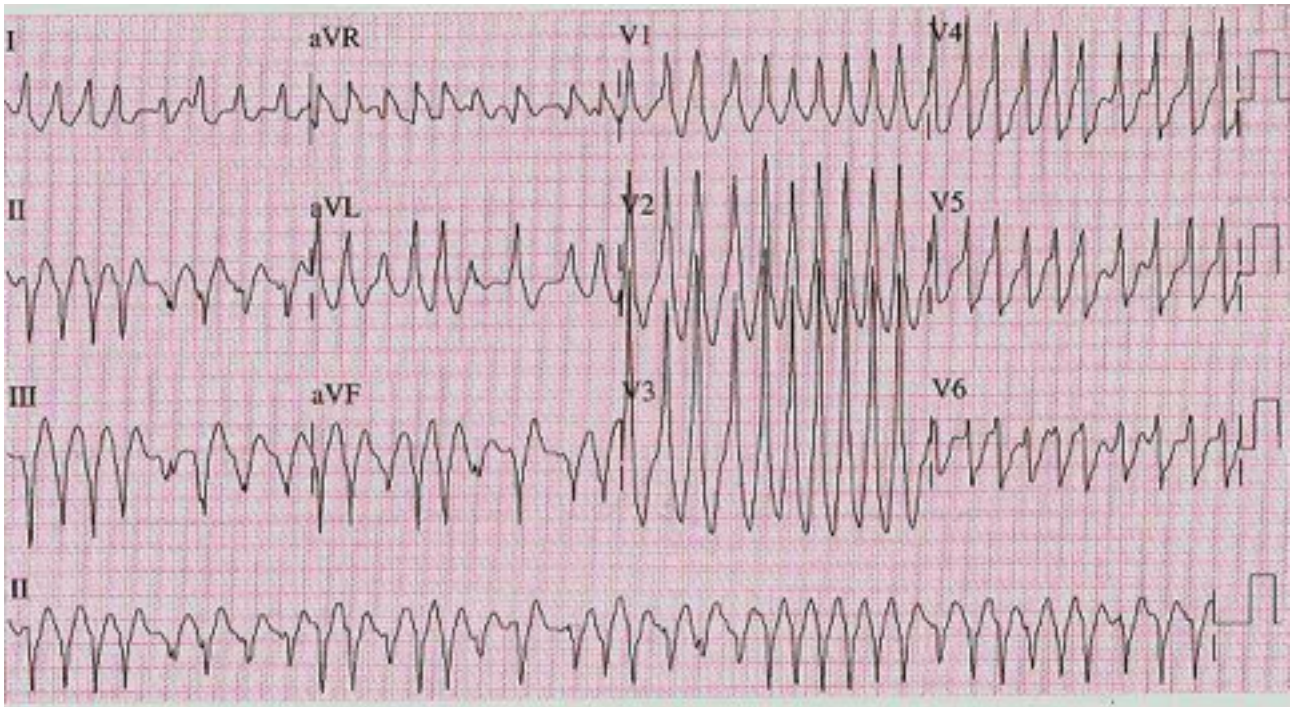
If appropriately treated in the first instance with some DCR - return to sinus rhythm (ecg at bottom).
nb if shocked in 1st 1-3 mins but without sedation yell 'ow'

at the end - looking at ECG - reg should ask questions about what the 12-lead shows / what to do next to propt fill out the 7min

clearly there are some potential critical errors in this station

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Prop 1



Prop 2

