OSCE01 ABCDE assessment of a deteriorating ward patient

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

You are called to a fictional adult on a postoperative ward. The patient looks pale and says they feel faint. Demonstrate and explain your initial ABCDE approach, request available information, and give a concise escalation handover. State actions appropriate to your role.

Information to release when appropriate

Initial: Adult, pale and clammy. Speaking in short complete sentences. If airway asked: Airway currently patent, no stridor. If breathing asked: RR 28, SpO2 92% on air, bilateral air entry. If circulation asked: Pulse 128, BP 82/48, cool extremities and ongoing bleeding into a drain. If disability asked: Newly confused, glucose 6.4 mmol/L. If exposure asked: Postoperative wound and drain require inspection; maintain warmth and dignity. After escalation: A senior clinician and resuscitation team are on their way. Ask the candidate what they reassess and hand over.

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Recognises acute deterioration and asks for immediate help	○	○	○
2	Checks airway patency and readiness to support it	○	○	○
3	Assesses breathing including RR oxygen context and work of breathing	○	○	○
4	Assesses circulation including bleeding perfusion pulse and BP	○	○	○
5	Initiates appropriate monitoring and access with delegated support within role	○	○	○
6	Recognises shock and requests urgent cause directed treatment under local protocol	○	○	○
7	Assesses consciousness and bedside glucose	○	○	○
8	Examines relevant exposure findings while maintaining dignity and warmth	○	○	○
9	Reassesses after each intervention and arranges ongoing observation	○	○	○
10	Gives a concise SBAR including physiology bleeding concern and urgent request	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: A colleague asks: “What do you need me to do first?” Give two specific tasks and ask for confirmation.

Concerns to discuss: Fails to recognise shock or delays escalation while completing a long history; Leaves the deteriorating patient without assigned supervision

Keep doing _____

Improve next attempt _____

References: ABCDE1, SBAR1 — full linked sources are in the accompanying content pack.

OSCE02 Recognise and escalate adult anaphylaxis

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

A fictional 35 year old develops hoarseness, wheeze and hypotension soon after an IV medicine. Demonstrate recognition, immediate response and a team handover. Verbalise treatment within your professional scope and the stated local adult anaphylaxis protocol.

Information to release when appropriate

Initial: Hoarse voice, wheeze, BP 82/48, pulse 128 and an erythematous rash. If trigger asked: Symptoms began during a new IV infusion. If protocol asked: For this station the service uses Resuscitation Council UK adult anaphylaxis guidance. If adrenaline asked: Available stock is clearly labelled adrenaline 1 mg/mL. After first response: At a timed five minute review, airway and breathing symptoms persist; explain the next escalation and reassessment.

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Recognises anaphylaxis from airway breathing or circulation compromise	○	○	○
2	Calls for resuscitation and airway capable help immediately	○	○	○
3	Stops the suspected trigger when feasible without delaying care	○	○	○
4	Assesses airway breathing and circulation and positions safely for the presentation	○	○	○
5	Requests or gives IM adrenaline under scope and the stated protocol	○	○	○
6	Correctly states the adult RCUK dose as 500 micrograms IM using 1 mg/mL stock when asked	○	○	○
7	Explains reassessment and repeat IM adrenaline after five minutes if no improvement under the protocol	○	○	○
8	Arranges oxygen monitoring IV access and fluid resuscitation through the treating team	○	○	○
9	Tracks response and treatment times and uses clear closed loop communication	○	○	○
10	Plans ongoing observation and senior care rather than ending the assessment after rash improvement	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: The nurse asks: “Is this an IV adrenaline bolus?” Clarify the IM route for this adult initial response and the need for specialist management of refractory cases.

Concerns to discuss: Uses routine IV adrenaline bolus instead of the stated initial IM protocol; Delays adrenaline for antihistamines in a patient with ABC compromise; Allows the unstable patient to stand or walk

Keep doing _____

Improve next attempt _____

References: RESUS1, ABCDE1 — full linked sources are in the accompanying content pack.

OSCE03 Assess severe breathlessness

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

A fictional adult with asthma is increasingly exhausted after initial treatment. Perform a focused ABCDE reassessment, communicate your concern and request appropriate help. You are not required to demonstrate airway procedures.

Information to release when appropriate

Initial: Speaking single words, respiratory rate 34, SpO2 85% on air. If chest asked: Very poor bilateral air entry with little audible wheeze. If circulation asked: Pulse 132, BP 98/62. If disability asked: Becoming drowsy. If treatment asked: Initial inhaled treatment is documented; the candidate should check response and ask for urgent senior review rather than assume the quiet chest means recovery.

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Recognises life threatening respiratory compromise	○	○	○
2	Calls for senior airway and resuscitation support early	○	○	○
3	Checks airway and ability to speak	○	○	○
4	Describes work of breathing air entry RR and oxygenation	○	○	○
5	Interprets exhaustion poor air entry and drowsiness as danger signs	○	○	○
6	Requests immediate treatment and oxygen under the local protocol	○	○	○
7	Assesses circulation and arranges appropriate monitoring	○	○	○
8	Reassesses consciousness and checks for reversible contributors	○	○	○
9	Prepares for deterioration with delegated tasks and equipment appropriate to role	○	○	○
10	Gives a focused handover including trend treatment already given and concern	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: The patient asks: “Does less wheezing mean I am better?” Explain simply that poor air movement can make the chest quieter and why the team is acting urgently.

Concerns to discuss: Reassures solely because wheeze is quieter; Delays escalation despite drowsiness and poor air entry

Keep doing _____

Improve next attempt _____

References: ABCDE1, SBAR1 — full linked sources are in the accompanying content pack.

OSCE04 An unresponsive patient with low glucose

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

A fictional adult is difficult to wake. Assess immediate threats, request bedside tests and describe a safe initial response and handover within your role.

Information to release when appropriate

Initial: Pulse present, RR 10, gurgling respirations, responds only to pain. If glucose asked: Glucose 2.0 mmol/L. If history asked: Known diabetes; meal and medication history are incomplete. If treatment asked: Use the local hypoglycaemia protocol and a route appropriate to consciousness and access. No oral intake is safe until swallowing is assessed. After treatment: Glucose improves and the patient becomes more responsive; ask the candidate about repeat assessment and ongoing risk.

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Calls for urgent help and checks pulse and breathing	○	○	○
2	Addresses airway patency and protects the airway within scope	○	○	○
3	Assesses breathing and arranges support and monitoring	○	○	○
4	Requests immediate bedside glucose	○	○	○
5	Recognises clinically significant hypoglycaemia in context	○	○	○
6	Uses an appropriate non oral treatment route under the local protocol	○	○	○
7	Avoids giving oral fluid or food to a person unable to swallow safely	○	○	○
8	Rechecks glucose consciousness airway and response	○	○	○
9	Seeks the cause and risk of recurrence rather than stopping at one improved reading	○	○	○
10	Hands over intervention times response and need for continuing observation	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: A relative offers a sugary drink. Explain why an unconscious or poorly responsive person must not be given a drink.

Concerns to discuss: Gives oral drink to a patient unable to protect the airway; Fails to reassess after treatment

Keep doing _____

Improve next attempt _____

References: ABCDE1, SBAR1 — full linked sources are in the accompanying content pack.

OSCE05 Stroke assessment and pre alert

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

A fictional 72 year old has new arm weakness and difficulty speaking. Perform a focused assessment, identify critical information and give an ambulance to hospital pre alert.

Information to release when appropriate

Initial: Alert, airway protected, new right arm weakness and speech difficulty. If time asked: Last known well 09:10; symptoms noticed 09:20. If glucose asked: 6.2 mmol/L. If observations asked: BP 168/94, pulse 88, RR 18, SpO2 96% on air. If medication asked: Anticoagulant use has not yet been confirmed. Transport: Estimated arrival 12 minutes through the local stroke pathway.

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Checks for immediate airway breathing and circulation threats	○	○	○
2	Recognises a possible acute stroke without claiming the subtype is known	○	○	○
3	Establishes and clearly states last known well	○	○	○
4	Distinguishes onset or discovery time from last known well	○	○	○
5	Checks bedside glucose and acknowledges alternative causes	○	○	○
6	Performs or requests a focused neurologic assessment	○	○	○
7	Checks relevant medication including anticoagulants or flags uncertainty	○	○	○
8	Uses the appropriate local destination and stroke pathway	○	○	○
9	Gives a concise pre alert with deficits time glucose and arrival estimate	○	○	○
10	Reassesses during transfer and communicates any change	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: The relative asks: “Can you promise it is not a bleed?” Explain that the stroke subtype requires further assessment and imaging.

Concerns to discuss: Delays the stroke pathway for nonessential tasks; Claims a stroke subtype or eligibility for a specific treatment without required information

Keep doing _____

Improve next attempt _____

References: ABCDE1, SBAR1, TRIAGE1 — full linked sources are in the accompanying content pack.

OSCE06 A remote transfer request

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

At a fictional remote clinic, an adult with a chest infection is deteriorating. Give an initial management overview and a retrieval request that accounts for limited resources.

Information to release when appropriate

Initial: RR 32, SpO2 88% despite the current oxygen device, pulse 126, BP 90/54 and new confusion. Resources: One colleague, basic monitoring and oxygen. No critical care team on site. Travel: Definitive care is about four hours away, subject to transport conditions. If oxygen asked: The device and setting must be read from the actual equipment record; do not invent a reserve duration. If transfer asked: A retrieval clinician can provide advice and coordinate destination and transport.

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Recognises high risk deterioration and calls for help	○	○	○
2	Repeats ABCDE and addresses immediate threats within resources	○	○	○
3	Checks oxygen device setting response and available reserve	○	○	○
4	States the limits of local capability explicitly	○	○	○
5	Requests retrieval advice early and identifies the receiving service	○	○	○
6	Reports physiology and trend rather than only a diagnostic label	○	○	○
7	Accounts for travel time staffing equipment and monitoring during transfer	○	○	○
8	Asks for and reads back an interim plan and deterioration triggers	○	○	○
9	Assigns ongoing observation and reassessment while awaiting transfer	○	○	○
10	Documents the request advice responsibilities and next review time	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: The coordinator asks: “Can you wait four hours?” Explain the current risk, what support is available, what is uncertain and what contingency you need.

Concerns to discuss: Promises safe prolonged holding without checking capability and supplies; Requests transport but leaves no interim care plan

Keep doing _____

Improve next attempt _____

References: ABCDE1, SBAR1 — full linked sources are in the accompanying content pack.

OSCE07 Explain an ABG that suggests deteriorating ventilation

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

A fictional adult with metabolic acidosis becomes exhausted. Interpret pH 7.02, PaCO2 40 mmHg and bicarbonate 10 mmol/L, then communicate the significance to the senior clinician.

Information to release when appropriate

Initial: Arterial sample. Oxygenation and full chemistry are not supplied. If history asked: Known ketoacidosis with worsening drowsiness. If formula asked: The candidate may use the supplied Winter's formula: expected PaCO2 = 1.5 × bicarbonate + 8 ± 2. Examiner prompt: Why is a PaCO2 of 40 not reassuring here?

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Verifies arterial sample units and clinical context	○	○	○
2	Recognises marked acidemia	○	○	○
3	Identifies the primary metabolic acidosis	○	○	○
4	Calculates expected PaCO2 as 23 plus or minus 2 mmHg	○	○	○
5	Compares the measured value with the expected range	○	○	○
6	Recognises additional respiratory acidosis or an inadequate ventilatory response	○	○	○
7	Explains why a normal range CO2 can be abnormal in this situation	○	○	○
8	Links the pattern to the clinical deterioration and escalates urgently	○	○	○
9	Avoids giving an unsupported ventilator prescription from a single gas	○	○	○
10	Hands over the values reasoning and immediate concern clearly	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: Explain the result in two plain sentences to a colleague who says: "But the CO2 is normal."

Concerns to discuss: Labels the gas adequately compensated because PaCO2 is in the reference range; Delays escalation despite exhaustion and severe acidemia

Keep doing _____

Improve next attempt _____

References: ABG1, ABG2, ABCDE1 — full linked sources are in the accompanying content pack.

OSCE08 Communicate uncertainty after a normal chest film

Examiner marking sheet | Optional reading 1 min + station 8 min | Maximum 20

Draft for clinician review. Independent educational practice; not an official examination scheme.

Learner _____ Examiner _____ Date _____

Task

A fictional adult with continuing pleuritic chest pain has a chest radiograph without a focal acute abnormality. Explain what the result means, assess understanding and describe the next assessment plan without false reassurance.

Information to release when appropriate

Initial: The patient asks whether a normal film means there cannot be anything serious. If history asked: The clinical assessment is not complete; additional risk factors and observations need checking. If plan asked: The candidate should explain that the treating team will use history examination observations and an appropriate pathway to decide further tests or care. Examiner prompt: Ask the candidate to use teach back and state symptoms that should trigger immediate re escalation while the patient remains in care.

0 absent or incorrect · 1 partial or prompted · 2 clear and appropriate

	Criterion	0	1	2
1	Introduces role and checks the patient’s main concern	○	○	○
2	Explains the actual radiographic finding plainly	○	○	○
3	States that a normal film does not exclude every important cause	○	○	○
4	Avoids diagnosing anxiety or excluding pulmonary embolism from the image alone	○	○	○
5	Acknowledges what information is still needed	○	○	○
6	Explains the next clinical assessment steps without unsupported promises	○	○	○
7	Checks for current deterioration and maintains appropriate urgency	○	○	○
8	Invites questions and explores barriers to understanding	○	○	○
9	Uses teach back to confirm the patient’s understanding	○	○	○
10	Gives a clear immediate escalation plan for worsening breathlessness collapse or other deterioration	○	○	○

Total _____ / 20 Global feedback _____

Communication prompt: Patient: “So I am definitely fine?” Answer directly, empathetically and without either alarmism or an unsupported guarantee.

Concerns to discuss: Gives a guarantee of no serious disease from the radiograph alone; Discharges the fictional patient without completing the clinical assessment

Keep doing _____

Improve next attempt _____

References: CXRREAD, SBAR1, ABCDE1 — full linked sources are in the accompanying content pack.