OSCE Revision Flashcards

Key mnemonics, red flags & examiner questions — 10 core stations

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Revision · Cut & Carry

✂ cut out and carry in your white coat pocket

1 Chest Pain History

SOCRATES — Site · Onset · Character · Radiation · Associations · Time · Exacerbating/Relieving · Severity

ACS Crushing/pressure, radiation → arm/jaw, diaphoresis, nausea, SOB
PE Pleuritic, SOB, haemoptysis, DVT risk factors (Wells score)
Aortic Tearing, maximal at onset, radiation → back, BP difference
Pleuritis Sharp, worse inspiration, friction rub
GORD Burning, post-prandial, worse lying, relieved antacids

RED FLAGS → 999

- Tearing pain + pulse difference
- Haemodynamic compromise + ECG changes
- New-onset chest pain at rest >20 min

2 Shortness of Breath History

SOCRATES + AMPLE + Ask about orthopnoea & PND

LVF Orthopnoea, PND, bibasal crackles, ↑JVP, ankle oedema
Asthma Wheeze, diurnal variation, atopy, triggers, peak flow dip
COPD Chronic, progressive, smoker, sputum, pursed lips
PE Sudden onset, pleuritic pain, haemoptysis, immobility
Pneumonia Fever, productive cough, dullness to percussion

MRC dyspnoea scale: 1 (strenuous) → 5 (too breathless to leave house)

3 Breaking Bad News

SPIKES Framework

S Setting — private, seated, no bleeps, support person
P Perception — "What have you been told so far?"
I Invitation — "Would you like me to explain what we found?"
K Knowledge — warning shot → deliver news simply, no jargon
E Emotions — NURSE: Name, Understand, Respect, Support, Explore
S Strategy — summary, next steps, written info, follow-up

Never say "there's nothing we can do" — shift to what you can do.

4 Consent Station

Valid consent: Informed · Voluntary · Capacity (MCA 2005)

Procedure What it is, why needed, what happens during
Benefits Expected outcomes, alternatives (including doing nothing)
Risks Common (>1%) + rare but serious; material risks
Capacity Understand · Retain · Weigh · Communicate
Questions Check understanding; "Anything you'd like me to go over?"

MCA 2005: capacity is decision-specific. Adults presumed to have capacity unless proven otherwise.

5 Abdominal Pain History

SOCRATES + bowel habit + urinary + menstrual (if applicable)

RUQ Biliary colic: RUQ, colicky, radiates → shoulder tip, fat/food
RIF Appendicitis: periumbilical → RIF, rebound, fever, anorexia
Epigastric Peptic ulcer: burning, post/pre-prandial, NSAID/H. pylori
LIF Diverticulitis: LIF, fever, change in bowel habit
Generalised Peritonitis: board-like rigidity, rebound, systemically unwell

SURGICAL RED FLAGS

- Peritonism, haematemesis, malaena
- Pulsatile abdominal mass (AAA)

6 Deteriorating Patient / Sepsis

ABCDE → call for help → Sepsis Six within 1 hour

A Airway — patent? Obstruction? Adjunct?
B Breathing — RR, SpO_2, work of breathing, auscultate
C Circulation — HR, BP, CRT, urine output, cannula
D Disability — GCS/AVPU, BM, pupils, posture
E Exposure — temperature, rash, source, fluid balance

Sepsis Six: O_2 · Cultures · Antibiotics · Fluids · Lactate · Urine output (monitor)

7 ECG Interpretation

Rate · Rhythm · Axis · P waves · PR · QRS · ST/T · QTc

Rate 300 ÷ large squares (regular); 1500 ÷ small squares
Rhythm Regular? P before every QRS? PR constant?
Axis Normal: I+, aVF+; LAD: I+, aVF−; RAD: I−, aVF+
PR Normal 120–200ms (3–5 small squares)
QRS <120ms normal; LBBB/RBBB if wide; delta wave (WPW)
ST Elevation: STEMI (convex), pericarditis (saddle); Depression: ischaemia

STEMI territories: II/III/aVF = inferior (RCA) · V1–V4 = anterior (LAD) · I/aVL/V5–V6 = lateral (LCx)

8 Safe Prescribing Station

DRUGS checklist before every prescription

D Drug — correct drug, correct indication
R Route — appropriate? PO vs IV; swallowing ability
U Units & dose — check BNF; weight-based if applicable
G Guidelines — local formulary, allergy checked
S Sign & date — legible, your GMC number, renal/hepatic adjustment

? "Any allergies or previous drug reactions?"
? Check eGFR for renally-cleared drugs
? Interactions — polypharmacy, anticoagulants

9 Presenting Examination Findings

Structure: General → Regional → Specific findings → Summary

Opener	"On examination, [patient] was [well/unwell] and [comfortable/distressed] at rest"
Positives	State all positive findings; use anatomical language
Negatives	Pertinent negatives matter: "There was no peripheral oedema"
Summary	"In summary, the findings are consistent with..."
Next	"I would like to complete my examination by..."

> Avoid: "I felt..." / "I heard..." → say: "There was a heaving apex beat" / "A pansystolic murmur was present"

10 Angry / Distressed Patient Station

CALM: Concern · Acknowledge · Listen · Move forward

Step 1	Let them vent — do not interrupt, maintain eye contact, open posture
Step 2	Acknowledge: "I can see this has been incredibly difficult for you"
Step 3	Apologise for their experience (not admitting fault): "I'm sorry you've been put through this"
Step 4	Understand their specific concern — ask directly
Step 5	What can you do now? What will be escalated? Give timeline

> If patient becomes aggressive: state boundaries calmly, offer to reschedule, never match their tone.

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