

Domain Marking Allocations:

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

Clinical Scenario Stem:

You are on call at a large regional ED during the evening. A GP has phoned you at 10pm from a small rural ED 200km away and asked your assistance with his patient

He is a competent GP with a range of medications at his disposal as well as simple X-rays. He has an i-stat machine for point of care testing, but no CT or MRI or pathology lab.

Your task is to discuss the case with the GP and advise appropriate management

Domains: Communication 20% Scholarship/teachign 40% Medical Expertise 40%

Marking Scheme

Domain	
Medical Expertise	appropriate differential assembled, including CNS appropriate exam elements elicited appropriate early treatment started: acetazolamide IV 500mg then 250mg orally tis (or mannitol); opioids; pilocarpine 2% q5min for 1h; timolol 0.5% q30min; latanaprost 1 drops, and urgent ophthal transfer. requesting CTB certainly not unreasonable but ophthal dx should still be higher on list.
Communication	talk good.
Leadership and Management	
Scholarship and Teaching	good teacher / bad teacher
Prioritisation and decision making	
Teamwork and Collaboration	
Health Advocacy	
Professionalism	

Further instructions to examiner if applicable:

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Instructions to confederate (if applicable)

You are a rural GP as above

33 year old lady presenting with unilateral piercing headache behind her right eye onset a few hours ago whilst watching star wars. gradually getting worse
not occipital / not abrupt onset
no medical phx - especially no hypertension, no eye probs, no migraines, no FHx aneurisms
blurry vision from R eye last 1-2 hours

no medications taken so far

when asked:

- some nausea no vomiting.
- cranial nerve exam normal - no diplopia
- normal peripheral neuro exam. no gait probs. no cerebellar signs.
- left pupil 3mm and normal light response. right pupil midsize and no response to light, either directly or consensually.
- eye mildly injected only
- intact red reflex
- and if asked - you do not have tonopen. right eye feels “ a bit firmer”

- can show the below photo if it's useful

- visual acuity OD 6/6 OS 6/18

> ask the likely diagnosis and differentials

>ask a further management plan

>ask an interim treatment plan.

> ask what the ophthalmologist definitive treatment will be.

