

Mark as done

The students should be able

1. Knowledge and Understanding

- Understand the anatomical landmarks and surface anatomy of the precordium.
- Recognize the normal and abnormal findings during precordial examination.
- Understand the clinical significance of various heart sounds and murmurs.

2. Clinical Skills

- Demonstrate proper inspection techniques of the precordium, including identifying any visible pulsations or deformities.
- Perform palpation of the precordium to assess for thrills, heaves, and the location of the apex beat.
- Accurately auscultate the heart sounds, identifying S1, S2, and any additional sounds such as S3, S4, or murmurs.
- Differentiate between systolic and diastolic murmurs and understand their clinical implications.

3. Communication Skills

- Effectively explain the examination procedure to the patient, ensuring their comfort and cooperation.
- Communicate findings clearly and concisely to peers and supervisors.
- Provide appropriate patient education based on examination findings.

4. Professionalism

- Maintain patient dignity and privacy throughout the examination.
- Demonstrate empathy and professionalism in patient interactions.
- Adhere to infection control protocols and other relevant clinical guidelines.

5. Critical Thinking and Decision Making

- Interpret examination findings in the context of the patient's overall clinical picture.
- Formulate differential diagnoses based on precordial examination findings.
- Plan further investigations or management based on the examination results.

✦✦ Summarise

OSCE Station: Examination of the Precordium

Station Duration: 8-10 minutes

Instructions for the Student:

You are required to examine the cardiovascular system of a 60-year-old male patient who presents with complaints of shortness of breath on exertion and chest discomfort. Please perform the relevant steps of the precordial examination, and summarize your findings at the end.

- You have 5 minutes to complete the examination.
- Be sure to explain what you are doing to the patient.
- At the end of the station, you will be asked follow-up questions about the potential diagnosis and management based on your findings.

Instructions for the Examiner:

Observe if the student follows the appropriate steps in examining the precordium. Pay attention to the student's communication skills, professional behavior. Use the checklist below to evaluate the student's performance.

Checklist for the Examiner:

Introduction and Consent (1 mark)

- Introduces themselves to the patient.
- Explains the procedure clearly.
- Obtains informed consent.
- Ensures the patient is comfortable and draped appropriately.

General Inspection (2 marks)

- Observes the patient's general appearance (distress, cyanosis, pallor).
- Checks for visible scars, chest deformities, or pacemaker/defibrillator.
- Looks for peripheral signs such as [clubbing](#), xanthomas, or peripheral cyanosis.

Inspection of the Precordium (2 marks)

- Observes the chest wall for pulsations, scars, or any abnormal bulging or retractions.
- Specifically looks for the apex beat, heaving, or other precordial movements.

Palpation (3 marks)

- Palpates the apex beat: Identifies the position and character of the apex beat (normal, displaced, tapping, heaving). Comments on the location (5th intercostal space, mid-clavicular line).
- Palpates for heaves (parasternal heave indicating right ventricular hypertrophy).
- Palpates for thrills over the four heart valve areas (suggestive of valvular disease).

Percussion (1 mark - Optional)

- Percusses to estimate the cardiac size (right border at the sternum and left border at mid-clavicular line).

Auscultation (5 marks)

- Uses both the diaphragm and bell of the stethoscope.
- Auscultates at the four key areas (aortic, pulmonic, tricuspid, and mitral).
- Listens for heart sounds (S1, S2) and comments on the intensity and timing.
- Identifies any additional heart sounds (S3, S4, murmurs, or rubs).
- If a murmur is detected, asks the patient to sit forward and auscultates at the left sternal edge (aortic regurgitation) or asks the patient to lie on the left side for mitral stenosis.

Summary and Interpretation (3 marks)

- Summarizes the findings concisely.
- Provides a reasonable differential diagnosis based on the findings (e.g., mitral regurgitation if a holosystolic murmur is found, left heart failure if apex beat is displaced).
- Discusses the potential need for further investigations (e.g., ECG, echocardiography).

Follow-up Questions:

- What are the potential causes of a displaced apex beat?
- If you hear a murmur, how would you differentiate between aortic stenosis and mitral regurgitation on auscultation?
- What investigations would you request to confirm your clinical findings?
- How would you manage this patient if they were found to have mitral regurgitation?

Marking Criteria:

- Excellent (14-15 marks): The student performs the examination systematically, identifies key clinical findings, explains procedures to the patient clearly, and provides a sound differential diagnosis with further investigation and management plans.
- Good (11-13 marks): The student performs most steps correctly but may miss some minor details or struggle with summarizing findings.
- Pass (8-10 marks): The student performs the examination but misses significant steps or does not properly interpret findings.
- Fail (<8 marks): The student misses multiple key steps or performs the examination in a disorganized manner.

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