



## rOSCE

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You are an ED duty consultant and about to see a 9-month-old boy who presented to ED with his mother (Sharon) with concerns that he has been dragging his R leg when crawling and is refusing to weight bear.

An xray has been performed in the department, which demonstrates a metaphyseal fracture of the R distal femur.

Sharon has not yet been informed of the results of the investigations.

### TASKS

- Meet with Sharon, take a focussed history and discuss the results of the investigations performed
- Discuss further management and disposition
- Answer any questions that may arise

### Domains

Communication	(40%)
Medical expertise	(40%)
Professionalism	(20%)

# INSTRUCTIONS FOR CONFEDERATE

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You are the mother of Jimmy, a 9-month-old boy, are a single mother and he is your only child.

The pregnancy was complicated with threatened premature labour at 34 weeks and Jimmy was born at 36 weeks, spending 2 weeks in the special care nursery. There are no ongoing health concerns. You did not suffer from post-natal depression.

Jimmy has no past medical history, no medications or allergies, immunisations are up to date, there is no family history of note and he is gaining developmental milestones appropriately (crawling, babbles, can move items between hands, stands holding on).

You have no immediate family and feel socially isolated. Recently you have started dating John, who has spent time alone with Jimmy, he has a 'short fuse' but you trust him completely.

You have brought Jimmy into hospital because you have noticed over the last 2 days that he will not stand, is dragging his leg when crawling and appears to be in pain. You don't remember him sustaining any trauma but you work a lot and he is looked after by your new partner and is in long day-care most days. He has been otherwise well.

You will be initially furious when the doctor raises the possibility of non-accidental injury and demand to take Jimmy home now but are easily settled if the candidate communicates in a non-judgemental manner and is able to satisfactorily answer all of your questions.

You are genuinely concerned for Jimmy's welfare and are co-operative with the doctors decisions. If the candidate appears judgemental, uncaring or dismissive you get increasing upset and angry.

### Actor prompts

3 minute mark: Jimmy had an Xray. What does it show?

I don't understand are you telling me that you think I did this?  
So how did this happen?

What happens next, does he need surgery?

Can I take him home?

Are you going to take Jimmy away from me?

### Examiners instructions

The concern for NAI and the need to inform FACS should be explained, a confidential process.

Should explain xray and concerns

-other causes for injury apart from NAI should be discussed eg medical causes of fractures

Touch on RFs for NAI in history and social situation

-inconsistent history, delayed presentation, injury not fitting with developmental level, post-natal depression, PMHx

Establish good rapport and discuss concerns in a non-accusatory manner.

Explain further tests required eg fundoscopy, blood tests, skeletal survey, CT Brain

Discuss disposition

-orthopaedic involvement and fracture management including analgesia, admission under paediatrician, social work involvement

# CURRICULUM DOMAINS

COMMUNICATION	On completion of <b>Provisional Training</b> the trainee will be able to...	On completion of <b>Advanced Training Stage 1</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 2</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 3</b> , the FACEM will be able to...
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<b>Conveying bad news</b>	Describe factors that may cause information to be interpreted as bad news by a patient or carer. Recognise that the way bad news is delivered can have long term effects on a patient or carer.	Prepare an appropriate environment to convey bad news. Communicate bad news clearly and sensitively to a patient and/or carer, and convey acceptance of their reaction. Empathise with and support a patient and/or carer when conveying bad news.	Demonstrate an understanding of the diverse range of expressions of bereavement and grief. Develop strategies to professionally manage the emotional reactions invoked when conveying bad news. Recognise when the patient and/or carer will require further opportunities and support to fully comprehend the information delivered.	Demonstrate a broad range of communication strategies to facilitate discussions around sensitive issues with patients, families and other staff.
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MEDICAL EXPERTISE	On completion of <b>Provisional Training</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 1</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 2</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 3</b> , the FACEM will be able to...
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<b>Diagnostic reasoning</b>	Develop a problem list for a patient presentation. Generate a differential diagnosis to match each problem. Explain the link between the basic sciences and natural progression of disease to the patient's presenting complaint. Act on time critical investigations results as they arise.	Formulate a provisional diagnosis to match the immediate issues. Incorporate the concepts of likelihood and severity of disease into the differential diagnosis. Incorporate investigation results into the diagnostic reasoning process.	Refine the provisional diagnosis as more information comes to hand.	Summarise and prioritise the key issues that must be addressed during and following the emergency encounter.
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PROFESSIONALISM	On completion of <b>Provisional Training</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 1</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 2</b> , the trainee will be able to...	On completion of <b>Advanced Training Stage 3</b> , the FACEM will be able to...
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<b>Mandatory reporting</b>	Identify mandatory reporting requirements for Emergency Medicine.	Complete mandatory reporting requirements in simple situations.	Describe the reasons for mandatory reporting legislation and the potential consequences of mandatory reporting.	Complete mandatory reporting requirements in any circumstances.
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# ASSESSMENT

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Medical Expertise	<p>The case suggests NAI; no marks awarded or deducted to screen for differentials of limping: septic arthritis, malignancy, Perthes, connective tissue disease</p> <p>Nature of recent falls</p> <p>Clarification of developmental milestones</p> <p>Clarification of any other recent injuries or harm</p> <p>Past Paediatric history</p> <p>Risk factors for NAI: maternal depression, lower SES, persistent crying, chronic illness, prematurity</p> <p>Checks social situation</p> <p>Immediate management: analgesia, splint, admission, consult orthopaedics</p> <p>NAI screen: skeletal survey, seology/coags, fundoscopy, CT Brain non contrast</p>
Communication	<p>Acknowledge early: Clear expression of concern for the child's safety</p> <p>Specific details disclosed to the mother: Neutral, not accusatory</p> <p>Opportunities to clarify: allow questions and addresses them</p> <p>Leave with clear recommendations: firm but polite recommendations of plan</p>
Professionalism	<p>Disclosure of mandatory reporting requirements - FACS</p>

Please see ASOL template