

Cabrini Practice OSCE 6

Candidate Instructions:

You are the consultant in-charge during a day shift in a mixed tertiary urban ED. You are supervising a resident who is managing a 4 year old girl with an isolated left elbow injury after falling at the playground.

Her x-rays are attached.

Your tasks:

1. Teach your resident how to interpret her x-ray
2. Explain to your resident how you would examine this patient

Domains Examined:

Medical Expertise	
Investigation Interpretation	30%
Clinical Examination	50%
Scholarship and Teaching	20%





Confederate Instructions:

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Confederate Instructions:

You are an ED Resident. You are in your 2nd postgraduate year. You are planning on joining ED training. You have limited experience with X-rays and orthopaedics. You are not sure what the x-ray shows.

0-4 Mins Opening Prompt “Thanks for assisting me with this patient. Could you run me through her X-Rays?”

Expected Response:

Teaching:

Check prior level of knowledge
 Provide Lesson Plan
 Provide References
 Arrange Follow-up
 Check understanding

Xray:

Supracondylar fracture
 Gartland Grade 1
 Displaced anterior and posterior fat pads reflect traumatic haemarthrosis
 Displaced anterior humeral line – transects anterior 1/3 of capitellum
 Normal alignment of radio-capitellum line
 Enlocated radial head and elbow joint
 Visible capitellum and radial head ossification centres consistent with age 3-5

Age:	Calcified ossification centre:
1	Capitellum
3	Radial head
5	Internal (medial) epicondyle
7	Trochlear
9	Olecranon
11	External (lateral) epicondyle

4-7 Mins Prompt 2: 'Could you tell me how I should examine her?'

Expected Responses:

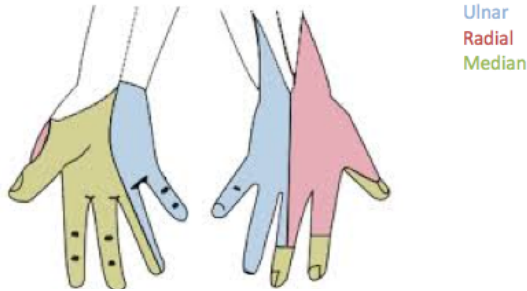
Analgesia, explain to child and parent

Vascular hand exam– **radial/ulnar pulses + 1 of:** cap refill, colour, temperature

Examine **elbow 2 of-** deformity, bony tenderness, wounds-open #, tenting of skin

Examine proximal arm – humerus deformity, bony tenderness, shoulder, AC, clavicle, scapula

Neuro - Sensation:



- **Motor:-Median** Nerve(at least one for each nerve):

Lateral two lumbricals flex index finger MCP with extended IP jts

Opponens pollicis - OK sign

Abductor pollicis brevis - abduct thumb to touch pen test

Flexor pollicis brevis – flexion thumb MCP

- **Ulnar** Nerve: cross-fingers or abduct fingers against resistance, paper between thumb and index finger

- **Radial** Nerve: inability to extend wrist, MCP joints, thumb IP joint

Note- PIP and DIP can still be extended via intrinsic function (ulnar n.)

Examiner Marking Sheet

COMPONENT ASSESSMENT

For each Domain below, select the ONE best option that best represents the candidate's level of performance. The option "**minimum level of competency displayed**" represents the level of safe independent practice as a junior **FACEM** in Australasia



Medical Expertise – Ix interpret	☐	☐	☐	☐	☐	☐	☐
Medical Expertise – Examination	☐	☐	☐	☐	☐	☐	☐
Scholarship and Teaching	☐	☐	☐	☐	☐	☐	☐

[Detailed assessment criteria](#)

Medical Expertise:

Investigation Interpretation

Supracondylar fracture

Gartland Grade 1

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Displaced **anterior humeral line** – transects anterior 1/3 of capitellum

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CRITOE

Examination

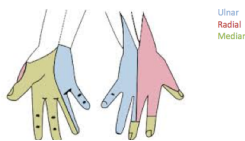
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Scholarship and Teaching (20%)

Check prior level of knowledge

Provide Lesson Plan

Provide References

Arrange Follow-up
Check understanding
INFORMATION

Station Summary: Paediatric Supracondylar Fracture Teaching Xray and Examination

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence the candidate's exam outcome

e.g. protocol breach, candidate illness, etc.

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum average of the individual domain scores. This element MUST be completed for the standard of the examination to be set.

Well Below
Standard

Below
Standard

Just at
Standard

Above
Standard

Well Above
Standard

In terms of a **safely practicing junior emergency physician**, select the ONE option that best reflects the candidate's performance in this station:

EXAMINER SIGNATURE:



References:

[https://www.rch.org.au/clinicalguide/guideline_index/fractures/Supracondylar fracture of the humerus Emergency Department/](https://www.rch.org.au/clinicalguide/guideline_index/fractures/Supracondylar_fracture_of_the_humerus_Emergency_Department/)

<https://radiopaedia.org/articles/supracondylar-humeral-fracture-2>