

1. Lead examiner

Candidate Number:

2. Co-examiner.....

Final Mark:

SCENARIO

A 10 year-old boy re-presents to your ED with right iliac fossa pain and vomiting. He presented late the previous evening, with the same condition. Seen by a junior medical officer, he was discharged with analgesia. His mother is concerned about persistent symptoms.

Question 1: Outline the key features in your history and examination, including a differential diagnosis.

Expected Response	Details & Comments	Pass
Differential diagnoses <i>Prompt: Any other causes?</i>	Acute appendicitis , Mesenteric adenitis, Constipation, gastroenteritis Extra-abdominal cause eg UTI, pneumonia, Acute testis: torsion, torsion of cyst, orchitis, Complication of inguinal hernia	>= 3 incl bold
History	Pain features: Onset, site, intensity, radiation Associated symptoms: vomiting/diarrhoea/dysuria/fever/ URTI symptoms Bowels? Appetite? Progress of symptoms since yesterday AMPLE: Allergies, Past History, Medications, Last ate, SHx etc	Bold
Examination	General appearance, hydration, vital signs Abdominal exam adequate: eg Tenderness, rebound, guarding Scrotal examination General exam eg resp	Bold

Question 2: Examination of the child's genitalia reveals the following. Describe and interpret this photograph.

Expected Response	Details & Comments	
Red swollen R testicle	Acute R scrotum: in view of this and other features,. L scrotum and penis look probably normal; appears to be circumcised.	Bold
Interpretation	DDx: Torsion of testis & 1 day or more without intervention: concerns re testicular viability . Emergent urology intervention indicated Infection , NAI, trauma	Bold
	Governance implications from yesterday's events	

Question 3: You are concerned about testicular torsion. The Urology registrar requests that an ultrasound is done before they see the patient. Discuss the role of ultrasound in this setting, and your response to the registrar.

Expected Response	Details & Comments	
Considerations <i>Prompt if don't discuss:</i> <i>What is the role of ultrasound in the setting of suspected testicular pathology?</i>	Pros: Non invasive, can diagnose torsion , or alternative diagnosis Greater value in adults to demonstrate testicular blood flow and demonstrate orchitis or torsion of cyst	Bold
	Cons: Can't exclude torsion , Torsion is a clinical Dx. US not sensitive enough for diagnosis in children; all should have surgical exploration if torsion suspected	Bold
Response	Advise colleague of indication for surgery. Offer options to facilitate emergent surgical review (eg senior medical staff), rather than US or other procedure. Escalate if necessary.	Bold

Question 4: The child is found to have a non-viable testicle at operation, leading to an orchidectomy. The next day, his mother contacts you to complain. What actions will you take?

Expected Response	Details & Comments	Pass
Key Issues	Complaint management process Clinical Governance Risk Management Staff Support	
Clinical Governance		
Case Review	Full investigation, interview staff, check documentation , systems issues Was this preventable? How can this be prevented in the future?	Bold
Resource Issues	Staffing, on-floor support Rostering - ?staff fatigue Availability of other resources, eg after hours US, IP unit advice	
Risk Management		
Communication with patient's NOK Open disclosure principles	Acknowledge bad outcome. Arrange time-frame for follow-up contact/meeting Meet in private environment. Discuss other party's concerns, answer any questions. Gain an understanding of their perception of situation. Expression of regret: "We are so sorry that this has happened". Discuss KNOWN facts. Speculation is risky. Offer ongoing care, assistance	Bold
Documentation	In notes Incident notification	
Notifications	GP, IP unit, hospital admin	Bold
Staff Support		
Notification to RMO involved	Avoid punitive attitude Gain info from his/her perspective Counsel re indemnity	Bold
Staff education	Training re clinical red flags Clinical pathways and protocols Optimise on-floor support from senior clinicians Liaise also with other staff, esp Emergency Nursing	Bold

Comments: (if you fail the candidate, please state why)

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If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?

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SCENARIO 6

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